

**Search Tip:**

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

**SISC - Book of Business Drug List  
Alphabetical Index  
Last Updated 3/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
8-MOP CAP	-	B	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	G	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	G	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	G	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	G	ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	QL	B	ANTI PSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	-	B	ANTI PSYCHOTICS/ANTIMANIC AGENTS
ABRAXANE INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	B	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ACANYA GEL, ONEXTON GEL	-	NC	DERMATOLOGICALS
acarbose tab (PRECOSE equiv)	-	G	ANTIDIABETICS
ACCU-CHECK GUIDE CARE METER	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS METER	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC-PA	B	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP	OTC-PA	B	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC-PA	B	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC-PA	B	DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	G	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	B	ANALGESICS - OPIOID
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	G	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	G	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	G	ANALGESICS - OPIOID
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	G	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	B	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	G	DIURETICS
acetazolamide tab	-	G	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	G	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	G	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	G	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	G	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	B	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	G	DERMATOLOGICALS
ACLARO EMULSION	-	NC	DERMATOLOGICALS
ACTEMRA IV INJ	MSP-PA	B	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	B	ANTINEOPLASTICS
ACTOPLUS MET XR TAB	-	B	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	B	OPHTHALMIC AGENTS

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QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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acyclovir cap (ZOVIRAX equiv)	-	G	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	G	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	G	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	G	ANTIVIRALS
ACZONE GEL 7.5%	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
ADAGEN INJ	MSP-PA	B	BIOLOGICALS MISC
adapalene cream (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADCIRCA TAB	LMSP-PA	B	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	B	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADOXA CAP 150MG	-	NC	TETRACYCLINES
ADOXA TAB 150MG	-	NC	TETRACYCLINES
ADOXA TAB 75MG	-	NC	TETRACYCLINES
ADRENALICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADVAIR DISKUS INHALER	-	B	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	B	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AEROCHAMBER	OTC	B	MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AGGRENOX CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
AIRDUO RESPICLICK	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	B	ANTIEMETICS
ALAMAST OPHTH SOLN	-	B	OPHTHALMIC AGENTS
ALBENZA TAB	-	B	ANTHELMINTICS

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	RxCENTS				

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albuterol neb soln 0.083% (PROVENTIL equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	G	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	G	DERMATOLOGICALS
ALCOHOL SWABS	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALDURAZYME INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN (Step Therapy requires trial of ACTONEL)	ST	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	LMSP	B	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	B	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	B	ANTI-INFECTIVE AGENTS - MISC.
allopurinol tab (ZYLORIM equiv)	-	G	GOUT AGENTS
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	B	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day)	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day)	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day)	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	B	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH (Step Therapy requires trial of estradiol patch)	ST	B	ESTROGENS
alosetron tab (LOTROXEX equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	B	OPHTHALMIC AGENTS
ALPHANATE/HEMOPHIL/KOATE INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD/MONONINE INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	G	ANTI-ANXIETY AGENTS

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alprazolam ODT (NIRAVAM equiv)	-	G	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	G	ANTIANKXIETY AGENTS
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	B	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT (Step Therapy requires trial of mupirocin oint)	ST	B	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
aluminum chloride soln (DRYSOL equiv)	-	G	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	G	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	G	ANTIPARKINSON AGENTS
amantadine tab	-	G	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINT	-	NC	DERMATOLOGICALS
AMERGE TAB	-	NC	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	B	HEMOSTATICS
AMICAR SYRUP	-	B	HEMOSTATICS
AMICAR TAB	-	B	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	G	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	G	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	G	HEMOSTATICS
AMINOCAPROIC ACID TAB	-	B	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	G	HEMOSTATICS
aminophylline tab	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	G	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	G	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	G	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	G	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	NC	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	G	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	G	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	G	DERMATOLOGICALS
AMOXAPINE TAB	-	G	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	G	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	G	PENICILLINS

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AMOXICILLIN CHEW TAB 250MG	-	G	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	G	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	G	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	G	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	G	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	G	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	G	PENICILLINS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	G	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	G	PENICILLINS
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMTURNIDE TAB (Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan)	ST	B	ANTIHYPERTENSIVES
anagrelide cap (AGRYLIN equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	B	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	B	ANDROGENS-ANABOLIC
ANDROGEL 1% 25MG	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	B	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	B	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1%	-	NC	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	B	ANDROGENS-ANABOLIC
ANDROXY TAB	-	B	ANDROGENS-ANABOLIC
ANGELIQ TAB (Step Therapy requires trial of PREMPHASE or PREMPRO)	ST	B	ESTROGENS
ANORO ELLIPTA INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
anusol-HC supp	-	NC	ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	B	ANTIEMETICS
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	B	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ	PA	B	ANTIDIABETICS
APIDRA SOLOSTAR INJ	PA	B	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	B	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	G	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	G	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	G	ANTIEMETICS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP	-	B	GASTROINTESTINAL AGENTS - MISC.

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APTOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	B	ANTIVIRALS
APTIVUS SOLN	-	B	ANTIVIRALS
ARALAST/PROLASTIN/ZEMAIRA INJ	MSP-PA	B	RESPIRATORY AGENTS - MISC.
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCREDIT)	LMSP-ST	B	HEMATOPOIETIC AGENTS
ARCALYST INJ	MSP-PA	B	ANALGESICS - ANTI-INFLAMMATORY
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	¢	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	G	THYROID AGENTS
ARNUIITY ELLIPTA INHALER	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARRANON INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ARZERRA INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	G	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ASTEPRO NASAL SPRAY (Step therapy requires trial of azelastine nasal spray 0.1%)	ST	B	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	G	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	G	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	G	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA CAP equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS

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SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	G	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	G	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	G	ANTIMALARIALS
ATRIPLA TAB	-	B	ANTIVIRALS
atropine ophth oint	-	G	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	G	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	B	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB (Step Therapy requires trial of RENVELA and FOSRENOL)	ST	B	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ, EPIPEN (JR) INJ	-	NC	VASOPRESSORS
AVANDAMET TAB	-	B	ANTIDIABETICS
AVANDARYL TAB	-	B	ANTIDIABETICS
AVANDIA TAB	-	B	ANTIDIABETICS
AVAR AEROSOL FOAM	-	B	DERMATOLOGICALS
AVAR GEL	-	B	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVASTIN INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVC VAGINAL CREAM	-	B	VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVONEX INJ	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
azacitidine inj (VIDAZA equiv)	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASAN TAB	-	B	ASSORTED CLASSES
AZASITE SOLN	-	B	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	G	ASSORTED CLASSES
azelastine nasal spray (ASTELIN equiv)	-	G	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (Step therapy requires trial of azelastine nasal spray 0.1%)	ST	G	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	G	OPHTHALMIC AGENTS
AZELEX CREAM (Step Therapy requires trial of RETIN-A MICRO or tretinoin)	ST	B	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
azithromycin susp (ZITHROMAX equiv)	-	G	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	G	MACROLIDES
AZOPT OPHTH SUSP	-	B	OPHTHALMIC AGENTS
AZOR TAB	-	NC	ANTI-HYPERTENSIVES
BACITRACIN OPHTH OINT	-	B	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	G	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	G	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	G	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	B	DERMATOLOGICALS

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baclofen tab	-	G	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN NASAL OINT (QL= 10 tubes/fill)	QL	B	NASAL AGENTS - SYSTEMIC AND TOPICAL
balsalazide cap (COLAZAL equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	-	B	ANTICONVULSANTS
BANZEL TAB	-	B	ANTICONVULSANTS
BASAGLAR INJ	-	NC	ANTIDIABETICS
BAXDELA TAB	-	NC	FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	G	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	G	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BEBULIN/PROFILNINE INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	B	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
BELVIQ XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benazepril tab (LOTENSIN equiv)	-	G	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	G	ANTIHYPERTENSIVES
BENEFIX INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
BENEFIX/RIXUBIS INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENICAR TAB	-	NC	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	-	NC	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	G	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benztropine tab	-	G	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BERINERT INJ	MSP	B	HEMATOLOGICAL AGENTS - MISC.
BESIVANCE OPHTH SUSP (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	B	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	G	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	G	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	G	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	G	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	G	DERMATOLOGICALS
betamethasone dipropionate lotion	-	G	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	G	DERMATOLOGICALS
betamethasone valerate cream	-	G	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	G	DERMATOLOGICALS
betamethasone valerate oint	-	G	DERMATOLOGICALS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv)	-	G	OPHTHALMIC AGENTS

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	RxCENTS				

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betaxolol tab (KERLONE equiv)	-	G	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	G	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	B	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	B	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	\$0	VACCINES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIKTARVY TAB	-	NC	ANTIVIRALS
BILTRICIDE TAB	-	B	ANTHELMINTICS
BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days Step Therapy requires trial of latanoprost and TRAVATAN Z)	QL-ST	B	OPHTHALMIC AGENTS
bimatoprost topical soln (LATISSE equiv)	-	NC	DERMATOLOGICALS
bisoprolol tab (ZEBETA equiv)	-	G	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	G	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	B	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	B	OPHTHALMIC AGENTS
BOSULIF TAB	MSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	B	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln (ALPHAGAN P equiv)	-	G	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	G	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	G	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	G	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	G	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BROVANA NEB SOLN (Step Therapy requires trial of PERFOROMIST)	ST	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide inh susp (PULMICORT equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine)	ST	G	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	G	DIURETICS
BUNAVAIL SL FILM	-	NC	ANALGESICS - OPIOID

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	B	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	G	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	G	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	G	ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	G	ANTIAXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC	ANTIAXIETY AGENTS
butalbital/acetaminophen tab (PHRENILIN equiv)	-	G	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine cap (FIORICET equiv)	-	G	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	G	ANALGESICS - NONNARCOTIC
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	G	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	B	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
BUTISOL TAB	-	B	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	G	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	B	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	B	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	B	ANTIDIABETICS
BYETTA INJ (Step Therapy requires trial of VICTOZA or BYDUREON)	ST	B	ANTIDIABETICS
BYSTOLIC TAB	¢	B	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	G	DERMATOLOGICALS
calcipotriene oint	-	G	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	G	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	G	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	LMSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	LMSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	G	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS

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CALQUENCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
CANASA SUPP	-	B	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	NC	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CANTIL TAB	-	B	ULCER DRUGS
capecitabine tab (XELODA equiv)	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	B	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	B	ANALGESICS - OPIOID
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	G	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	G	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	G	ULCER DRUGS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	G	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	G	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	G	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	G	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	G	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	G	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	G	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	G	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	G	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	B	ANTIPARKINSON AGENTS
carbinoxamine soln (PALGIC equiv)	-	G	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	G	ANTIHISTAMINES
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC	ANTIHISTAMINES
CARDENE SR CAP	-	B	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	B	GENITOURINARY AGENTS - MISCELLANEOUS
CARIMUNE INJ	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
carisoprodol tab (SOMA equiv) (QL= 90 tabs/21 days, 1 fill/90 days)	QL	G	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CAROSPIR SUSP	-	NC	DIURETICS
carteolol ophth soln (OCUPRESS equiv)	-	G	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	G	BETA BLOCKERS
CAVERJECT INJ (QL= 6 inj/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	B	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	B	CEPHALOSPORINS
CEDAX SUSP	-	B	CEPHALOSPORINS

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CEENU CAP	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	G	CEPHALOSPORINS
CEFACTOR ER TAB	-	B	CEPHALOSPORINS
CEFACTOR SUSP	-	B	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	G	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	G	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	G	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	G	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	G	CEPHALOSPORINS
CEFDITOREN TAB	-	B	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	G	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	G	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	G	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	G	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	G	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	G	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	G	CEPHALOSPORINS
CELEBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBEX equiv) (QL= 2 caps/day)	QL	G	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	B	ANTICONVULSANTS
CENESTIN TAB	-	B	ESTROGENS
CENTANY OINT	-	NC	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	G	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	G	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CEREZYME INJ	MSP-PA	B	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	\$0	VACCINES
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	B	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	B	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	G	ANTIANKXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	G	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	G	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	G	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	G	DIURETICS
chlorpheniramine ER cap	-	G	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	G	ANTIDIABETICS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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CHLORTHALIDONE TAB	-	G	DIURETICS
CHLORZOXAZONE TAB	-	G	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	B	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	G	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	G	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	G	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	G	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	G	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	G	ANALGESICS - NONNARCOTIC
CIALIS TAB (QL= 6 tabs/30 days)	QL	B	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG (QL= 1 tab/day)	QL	B	CARDIOVASCULAR AGENTS - MISC.
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	G	DERMATOLOGICALS
ciclopirox gel (LOPROX equiv)	-	NC	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	G	DERMATOLOGICALS
ciclopirox shampoo (LOPROX equiv) (Step Therapy requires trial of ketoconazole shampoo)	ST	G	DERMATOLOGICALS
ciclopirox topical susp (LOPROX equiv)	-	NC	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	B	OPHTHALMIC AGENTS
CIMETIDINE SOLN	-	G	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	G	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	GASTROINTESTINAL AGENTS - MISC.
CIPRO HC OTIC SUSP (Step Therapy requires trial of CIPRODEX)	ST	B	OTIC AGENTS
CIPRO SUSP 5%	-	B	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	B	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	B	FLUOROQUINOLONES
ciprofloxacin ER tab (CIPRO XR equiv)	-	G	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	G	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	B	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	G	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	G	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	G	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	G	ANTIDEPRESSANTS
CLARINEX REDITAB	-	NC	ANTIHISTAMINES
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX TAB	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	B	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	G	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	G	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	G	MACROLIDES
CLARITIN CAP	OTC	NC	ANTIHISTAMINES
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN VAGINAL SUPP	-	B	VAGINAL PRODUCTS
CLIMARA PRO PATCH (Step Therapy requires trial of COMBIPATCH)	ST	B	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
clindamycin cap 300mg (CLEOCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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clindamycin gel (CLEOCIN GEL equiv)	-	NC	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	G	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	G	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	G	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	G	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	G	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	B	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	PA	G	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	PA	G	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	PA	G	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	G	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	G	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	PA	G	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	PA	G	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	PA	G	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	PA	G	DERMATOLOGICALS
CLOCORTOLONE CREAM, CLODERM CREAM	-	B	DERMATOLOGICALS
CLOMIPHENE CITRATE TAB	INF	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	G	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	G	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	G	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	G	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	G	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	G	ANTIAXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv) (Rx Only)	-	G	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LOTRISONE equiv)	-	NC	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	NC	DERMATOLOGICALS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CODEINE SULFATE SOLN	-	B	ANALGESICS - OPIOID
codeine sulfate tab	-	G	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
COLCHICINE TAB, COLCRYS TAB	-	NC	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	G	GOUT AGENTS
colestipol granule (COLESTID equiv)	-	G	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	G	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	G	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	MSP	B	ANTI-INFECTIVE AGENTS - MISC.

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	RxCENTS				

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COLY-MYCIN S OTIC SUSP	-	B	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	B	OPHTHALMIC AGENTS
COMBIPATCH	-	B	ESTROGENS
COMBIVENT INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	B	ANTIVIRALS
CONDYLOX GEL	-	B	DERMATOLOGICALS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
CORDRAN TAPE	-	B	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
CORLANOR TAB	PA	B	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN	-	NC	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	G	CORTICOSTEROIDS
CORTIFOAM	-	B	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	B	CORTICOSTEROIDS
CORTISPORIN CREAM	-	B	DERMATOLOGICALS
CORTISPORIN OINT	-	B	DERMATOLOGICALS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	B	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	B	DERMATOLOGICALS
COSOPT PF OPHTH SOLN	-	B	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COVERA-HS TAB	-	B	CALCIUM CHANNEL BLOCKERS
CREON CAP	-	B	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG	-	NC	ANTIHYPERLIPIDEMICS
CRINONE GEL	PA	B	VAGINAL PRODUCTS
CRIXIVAN CAP	-	B	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	G	OPHTHALMIC AGENTS
cryselle tab (OGESTREL equiv)	-	\$0	CONTRACEPTIVES
CUPRIMINE CAP	-	NC	ASSORTED CLASSES
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVPOSA SOLN	-	B	ULCER DRUGS
cyanocobalamin inj	-	G	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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CYCLOMYDRIL OPHTH SOLN	-	B	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	G	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	G	ANTINEOPLASTICS
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	B	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	G	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	G	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	G	ASSORTED CLASSES
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
cyproheptadine syrup	-	G	ANTIHISTAMINES
cyproheptadine tab	-	G	ANTIHISTAMINES
CYSTADANE POWDER	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	B	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	B	OPHTHALMIC AGENTS
CYTOGAM INJ	MSP	B	PASSIVE IMMUNIZING AGENTS
CYTRA-3 SYRUP	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB	-	NC	ANTIVIRALS
DALIRESP TAB	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	G	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	G	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	B	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	NC	URINARY ANTISPASMODICS
DAXBIA CAP	-	NC	CEPHALOSPORINS
DAYTRANA PATCH (Step Therapy requires trial of ADDERALL XR or VYVANSE)	ST	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
decitabine inj (DACOGEN equiv)	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DECON-A LIQUID	OTC	NC	COUGH/COLD/ALLERGY
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	NC	TETRACYCLINES
DENAVIR CREAM	-	B	DERMATOLOGICALS
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPEN TITRATAB	-	B	ASSORTED CLASSES
DEPLIN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-ESTRADIOL INJ	-	G	ESTROGENS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMASORB XM KIT	-	B	DERMATOLOGICALS
DESCOVY TAB	PA	B	ANTIVIRALS

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desipramine tab (NORPRAMIN equiv)	-	G	ANTIDEPRESSANTS
DESLORATADINE ODT	-	NC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	NC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	NC	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	G	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	G	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DETROL LA CAP	-	NC	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	G	CORTICOSTEROIDS
dexamethasone elixir	-	G	CORTICOSTEROIDS
dexamethasone ophth soln	-	G	OPHTHALMIC AGENTS
dexamethasone soln	-	G	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	G	CORTICOSTEROIDS
DEXILANT CAP	-	NC	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DEXPAK TAB	-	B	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DIABETIC METER (all other diabetic meters)	OTC-PA	B	MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	G	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	G	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	G	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	B	ANTICONVULSANTS

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SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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diazepam conc (VALIUM equiv)	-	G	ANTIANKXIETY AGENTS
DIAZEPAM SOLN	-	G	ANTIANKXIETY AGENTS
diazepam tab (VALIUM equiv)	-	G	ANTIANKXIETY AGENTS
DICLEGIS TAB	-	NC	ANTIEMETICS
diclofenac gel (SOLARAZE equiv)	-	NC	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	G	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	G	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DICLOPR KIT	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	G	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	G	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	G	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	G	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	G	ANTIVIRALS
DIFFERIN OTC GEL 0.1%	OTC	NC	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	B	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	G	DERMATOLOGICALS
DIFLORASONE OINT (PSORCON equiv)	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	G	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	G	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	G	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	B	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	B	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	G	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	G	CALCIUM CHANNEL BLOCKERS
DIOVAN TAB	-	NC	ANTIHYPERTENSIVES
DIPENTUM CAP	-	B	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	G	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	G	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	G	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	G	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	G	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	B	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	G	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	G	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	G	ANTICONVULSANTS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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DIVIGEL GEL, ELESTRIN GEL	-	B	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	G	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	B	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	B	ULCER DRUGS
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	G	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	G	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	G	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	G	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	G	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	NC	DERMATOLOGICALS
doxercalciferol cap (HECTOROL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	G	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	PA	G	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	G	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv)	-	G	TETRACYCLINES
doxycycline monohydrate cap 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	G	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab 75mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	G	TETRACYCLINES
dronabinol cap (MARINOL equiv)	PA	G	ANTIEMETICS
DROXIA CAP	-	B	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	G	DERMATOLOGICALS
DST PLUS PAK KIT	-	NC	DERMATOLOGICALS
DUAC CS KIT	-	B	DERMATOLOGICALS
DUAVEE TAB	-	B	ESTROGENS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv)	-	G	ANTIDEPRESSANTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	B	DERMATOLOGICALS
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
DUREZOL OPHTH EMULSION	-	B	OPHTHALMIC AGENTS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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dutasteride cap (AVODART equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYMISTA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIRC CR TAB	-	B	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	B	DIURETICS
DYSPORT INJ	MSP	B	NEUROMUSCULAR AGENTS
EARLEADA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
econazole cream (SPECTAZOLE equiv) (QL= 30gm/30 days)	QL	G	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDEX INJ (QL= 6 inj/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B	CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
EDURANT TAB	-	B	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	G	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	G	ANTIVIRALS
EFFEXOR XR CAP	-	NC	ANTIDEPRESSANTS
EGRIFTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELAPRASE INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
eletriptan tab (RELPAX equiv)	-	NC	MIGRAINE PRODUCTS
ELIDEL CREAM	-	B	DERMATOLOGICALS
ELIGEN B12 TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB	-	B	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	B	GENITOURINARY AGENTS - MISCELLANEOUS
EMADINE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMSAM PATCH	-	B	ANTIDEPRESSANTS
EMTRIVA CAP	-	B	ANTIVIRALS
EMTRIVA SOLN	-	B	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS

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enalapril tab (VASOTEC equiv)	-	G	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	G	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	B	VAGINAL PRODUCTS
ENGERIX-B INJ	VAC	\$0	VACCINES
ENGERIX-B/RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
ENJUVIA TAB (Step Therapy requires trial of PREMARIN)	ST	B	ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	G	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	G	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-¢	G	ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	PA	B	ANTIHYPERTENSIVES
EPANED SOLN	PA	B	ANTIHYPERTENSIVES
EPCLUSA TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANTIVIRALS
EPIDUO FORTE GEL	PA	B	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	B	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	G	OPHTHALMIC AGENTS
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	B	VASOPRESSORS
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	B	VASOPRESSORS
EPIVIR HBV SOLN	-	B	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	¢	G	ANTIHYPERTENSIVES
EPOGEN INJ	LMSP	B	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	NC	ANTIHYPERTENSIVES
EQUETRO CAP	-	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERBITUX INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/cafeine tab (CAFERGOT equiv)	-	G	MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERYPED SUSP	-	B	MACROLIDES
ERY-TAB	-	G	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	G	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	G	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	B	MACROLIDES
erythromycin gel	-	G	DERMATOLOGICALS
erythromycin ophth oint	-	G	OPHTHALMIC AGENTS

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erythromycin pad	-	G	DERMATOLOGICALS
erythromycin soln	-	G	DERMATOLOGICALS
erythromycin stearate tab	-	G	MACROLIDES
ERYTHROMYCIN TAB (all forms except PCE)	-	B	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	B	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	MSP-PA-QL-SF	B	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	MSP-PA-QL-SF	B	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	G	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	G	ANTIDEPRESSANTS
esomeprazole cap	PA	G	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	G	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	NC	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	G	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	G	ESTROGENS
estradiol tab (ESTRACE equiv)	-	G	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	G	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	G	ESTROGENS
ESTRASORB EMULSION (Step Therapy requires trial of PREMARIN)	ST	B	ESTROGENS
ESTRING (3 copays per Rx)	-	B	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	G	ESTROGENS
estropipate tab (OGEN equiv)	-	G	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ethacrynic tab (EDECIN equiv)	-	G	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	G	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	G	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	G	ANTICONVULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	G	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	LMSP	B	ANTINEOPLASTICS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EUFLEXXA/HYALGAN/SUPARTZ INJ	MSP	B	MUSCULOSKELETAL THERAPY AGENTS
EURAX CREAM	-	B	DERMATOLOGICALS
EURAX LOTION	-	B	DERMATOLOGICALS
EVAMIST SPRAY (Step Therapy requires trial of PREMARIN)	ST	B	ESTROGENS
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	B	ANTIVIRALS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM	-	NC	DERMATOLOGICALS

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EXELDERM SOLN	-	NC	DERMATOLOGICALS
EXELON SOLN (Step Therapy requires trial of NAMENDA XR)	ST	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	MSP	B	ANTIDOTES
EXTAVIA INJ	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ezetimibe tab (ZETIA equiv)	-	G	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab (VYTORIN equiv)	-	NC	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERTENSIVES
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	G	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	G	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	G	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	B	ANTIMALARIALS
FARESTON TAB	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	B	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEIBA INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	-	G	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	G	ANTICONVULSANTS
FELBATOL TAB	-	B	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	G	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	B	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	B	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	G	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	G	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	NC	ANTIHYPERTENSIVES
FENOFIBRIC TAB, FIBRICOR TAB	-	B	ANTIHYPERTENSIVES
fenopropfen calcium tab	-	G	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	G	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv)	-	G	ANALGESICS - OPIOID

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	B	ANALGESICS - OPIOID
ferrex 150 forte cap	-	G	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	G	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	B	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	B	ANTIDOTES
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP (QL= 1 cap/day)	PA-QL	B	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	B	ANTIDEPRESSANTS
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	B	DERMATOLOGICALS
FINACEA GEL	-	B	DERMATOLOGICALS
FINACEA PLUS KIT	-	B	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	NC	DERMATOLOGICALS
FIRMAGON INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FIRST METRONIDAZOLE SUSP	-	B	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	B	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	PA	B	ULCER DRUGS
FLAGYL ER TAB	-	B	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	B	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	G	URINARY ANTISPASMODICS
FLEBOGAMMA/GAMMAPLEX/OCTAGAM/PRIVIGEN INJ	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
flecainide tab (TAMBOCOR equiv)	-	G	ANTIARRHYTHMICS
FLECTOR PATCH (QL= 30 patches/fill; Step Therapy requires trial of celecoxib)	QL-ST	B	DERMATOLOGICALS
FLOLIPID SUSP	-	NC	ANTIHYPERLIPIDEMICS
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	B	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	G	ASTHMA AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	G	ASTHMA AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	G	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	G	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	G	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	G	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES

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FLUNISOLIDE NASAL SPRAY (NASAREL equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	G	DERMATOLOGICALS
fluocinolone acetonide oil	-	G	DERMATOLOGICALS
fluocinolone acetonide oint	-	G	DERMATOLOGICALS
fluocinolone acetonide soln	-	G	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	G	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	G	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC	DERMATOLOGICALS
fluocinonide emollient cream	-	G	DERMATOLOGICALS
fluocinonide gel	-	G	DERMATOLOGICALS
fluocinonide oint	-	G	DERMATOLOGICALS
fluocinonide soln	-	G	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	G	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	G	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	G	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	NC	DERMATOLOGICALS
FLUOROURACIL SOLN	-	B	DERMATOLOGICALS
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap (PROZAC equiv)	-	G	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	G	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	G	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	G	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	G	DERMATOLOGICALS
FLURAZEPAM CAP	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
FLURBIPROFEN OPHTH SOLN	-	G	OPHTHALMIC AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	G	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	G	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	G	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	NC	ANTHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	NC	ANTHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES

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	RxCENTS				

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fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	G	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	G	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUADRIVALENT INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	B	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	B	OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	G	MULTIVITAMINS
folbee tab	-	G	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLOTYN INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fondaparinux inj (ARIXTRA equiv)	PA	G	ANTICOAGULANTS
FORADIL AEROLIZER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	LMSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL, TESTOSTERONE GEL	-	NC	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB (Step Therapy requires trial of ACTONEL)	ST	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	G	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	G	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	G	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	B	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	B	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	B	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULIN SYRINGE	OTC	G	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FUROSEMIDE SOLN	-	G	DIURETICS
furosemide soln (LASIX equiv)	-	G	DIURETICS
furosemide tab (LASIX equiv)	-	G	DIURETICS
FUZEON INJ	LMSP	B	ANTIVIRALS
FYCOMPA TAB	-	B	ANTICONVULSANTS

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FYCOMPA SUSP	-	B	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	G	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	G	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	G	ANTICONVULSANTS
GABITRIL TAB 12MG, 16MG	-	B	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	¢	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	B	MINERALS & ELECTROLYTES
GAMASTAN S/D INJ	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
GAMUNEX INJ	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR CAP	-	B	ANTIVIRALS
GANCICLOVIR INJ	MSP	B	ANTIVIRALS
ganciclovir inj (CYTOVENE equiv)	MSP	B	ANTIVIRALS
GARDASIL 9 INJ	VAC	\$0	VACCINES
GARDASIL INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	G	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	NC	LAXATIVES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	B	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE GEL	PA	B	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	G	ANTIHYPERTENSIVES
GENOTROPIN INJ	LMSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	G	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	G	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	G	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	G	DERMATOLOGICALS
gentamicin sulfate oint	-	G	DERMATOLOGICALS
GENVOYA TAB	-	B	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	NC	CONTRACEPTIVES
GILENYA CAP	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLASSIA INJ	MSP-PA	B	RESPIRATORY AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	G	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	G	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	G	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	G	ANTIDIABETICS

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GLUCAGEN HYPOKIT INJ	-	B	ANTIDIABETICS
GLUCAGEN INJ	-	B	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	B	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	G	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	G	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	G	ANTIDIABETICS
GLYCATE TAB 1.5MG	-	NC	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	G	ULCER DRUGS
GLYGEST PAK	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	B	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTI-PARKINSON AGENTS
GOLYTELY PACKET	PA	G	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	G	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	B	ANTIEMETICS
GRANIX INJ	LMSP	B	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	G	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	G	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	G	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	G	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	B	ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	G	ANTIHYPERTENSIVES
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HALFLYTELY BOWEL PREP KIT	PA	B	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	G	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	G	DERMATOLOGICALS
HALOG CREAM	-	B	DERMATOLOGICALS
HALOG OINT	-	B	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
HDC DM SYRUP	-	NC	COUGH/COLD/ALLERGY
HELIXATE/KOGENATE INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	-	NC	VACCINES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
HERCEPTIN INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HEXALEN CAP	-	B	ANTINEOPLASTICS
HIZENTRA INJ	MSP	B	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	G	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ, ADMELOG INJ	PA	B	ANTIDIABETICS
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	PA	B	ANTIDIABETICS
HUMALOG MIX INJ	PA	B	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	PA	B	ANTIDIABETICS
HUMALOG PEN INJ	PA	B	ANTIDIABETICS
HUMATE-P/WILATE INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC-PA	B	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC-PA	B	ANTIDIABETICS
HUMULIN N INJ	OTC-PA	B	ANTIDIABETICS
HUMULIN N PEN INJ	OTC-PA	B	ANTIDIABETICS
HUMULIN R INJ	OTC-PA	B	ANTIDIABETICS
HUMULIN R INJ U-500	-	B	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	B	ANTIDIABETICS
HYALGAN INJ	MSP	B	MUSCULOSKELETAL THERAPY AGENTS
HYCAMTIN CAP	LMSP-PA	B	ANTINEOPLASTICS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	G	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	G	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	G	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	G	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	G	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	G	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	G	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	G	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	G	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	G	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	G	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	G	ANORECTAL AGENTS

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SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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hydrocortisone lotion (HYTONE equiv)	-	G	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	G	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	G	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	G	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	G	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	G	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	G	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroquinone cream/sunscreen (LUSTRA ULTRA equiv)	-	NC	DERMATOLOGICALS
hydroquinone micro cream (EPIQUIN MICRO equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	G	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	G	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	G	ANTIANKXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	G	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	G	ANTIANKXIETY AGENTS
HYOPHEN TAB	-	B	URINARY ANTI-INFECTIVES
hyophen tab (PROSED DS equiv)	-	G	URINARY ANTI-INFECTIVES
hyoscyamine sulfate CR tab (LEVBID equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	G	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	G	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	G	URINARY ANTISPASMODICS
HYSINGLA ER TAB (QL= 1 tab/day)	QL	B	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	G	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab ((RX only))	-	G	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	B	OPHTHALMIC AGENTS
ILUVIEN/RETISERT INJ	MSP	B	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	G	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	G	ANTIDEPRESSANTS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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imiquimod cream (ALDARA equiv)	-	G	DERMATOLOGICALS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
IMITREX TAB	-	NC	MIGRAINE PRODUCTS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
INCIVEK TAB	-	NC	ANTIVIRALS
INCRELEX INJ	MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	G	DIURETICS
INDOCIN SUPP (Step Therapy requires trial of celecoxib)	ST	B	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP (Step Therapy requires trial of celecoxib)	ST	B	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ	LMSP	B	ANTIVIRALS
INGREZZA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	B	BETA BLOCKERS
INSULIN SYRINGE	OTC	G	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	B	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	MSP	B	ANTINEOPLASTICS
INVEGA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP	-	B	ANTIVIRALS
INVIRASE TAB	-	B	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	G	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN 1%	-	B	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	G	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
IPRIVASK INJ	MSP	B	ANTICOAGULANTS
irbesartan tab (AVAPRO equiv)	-	G	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	G	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B	ANTINEOPLASTICS
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	B	ANTIVIRALS
ISENTRESS CHEW TAB	-	B	ANTIVIRALS
ISENTRESS POWDER PACK	-	B	ANTIVIRALS

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ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	B	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	G	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	G	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	G	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	B	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	B	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	B	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	B	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	G	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	G	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	G	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	B	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	G	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	G	ANTIANGINAL AGENTS
isotretinoin cap (AC CUTANE equiv)	-	G	DERMATOLOGICALS
isradipine cap (DYNACIRC equiv)	-	G	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	B	OPHTHALMIC AGENTS
ISTODAX INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISTODAX OVR INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
itraconazole cap (SPORANOX equiv)	PA	G	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	G	ANTHELMINTICS
IXEMPRA KIT	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JADENU SPRINKLE	LMSP	B	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB	LMSP	B	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-¢	B	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	B	ANTIDIABETICS
JENTADUETO TAB (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
JEVTANA INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
jinteli tab (FEMHRT equiv)	-	G	ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	NC	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERTENSIVES
K/NA CITRATE SOLN CITRIC ACID	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
KALETRA TAB	-	B	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-SF	B	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	B	RESPIRATORY AGENTS - MISC.

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KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KETEK TAB	-	B	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	G	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	G	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	G	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	G	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	B	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	G	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	G	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	G	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	NC	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB	-	NC	ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLOR-CON M15 TAB	-	B	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	B	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	B	ANTIDIABETICS
K-PHOS TAB	-	B	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	B	LAXATIVES
KRYSTEXXA INJ	MSP	B	GOUT AGENTS
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
labetalol tab (NORMODYNE equiv)	-	G	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	B	OPHTHALMIC AGENTS
lactulose soln	-	G	LAXATIVES
LAMICTAL CHEW TAB 2MG	-	B	ANTICONVULSANTS

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LAMICTAL XR KIT	-	B	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	G	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	G	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	G	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	G	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	G	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	G	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	G	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	G	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	G	ANTICONVULSANTS
LANCET KIT	OTC	G	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	G	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv) (Rx Only)	-	G	ULCER DRUGS
LANSOPRAZOLE SUSP	PA	B	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	G	ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	B	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	B	ANTIDIABETICS
LASTACFT OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	G	OPHTHALMIC AGENTS
LATISSE SOLN	-	NC	DERMATOLOGICALS
LATUDA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	B	ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP	-	NC	ANTIHYPERTENSIVES
LESCOL XL TAB	-	NC	ANTIHYPERTENSIVES
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	G	ANTINEOPLASTICS
LEUKERAN TAB	-	B	ANTINEOPLASTICS
LEUKINE INJ	LMSP-PA	B	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (Step Therapy requires trial of VENTOLIN HFA)	ST	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	B	BETA BLOCKERS
LEVEMIR FLEXTOUCH INJ	-	B	ANTIDIABETICS
LEVEMIR INJ	-	B	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	G	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	G	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	G	ANTICONVULSANTS
LEVITRA TAB (QL= 6 tabs/30 days)	QL	B	CARDIOVASCULAR AGENTS - MISC.
levobunolol ophth soln (BETAGAN equiv)	-	G	OPHTHALMIC AGENTS

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SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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levocarnitine soln (CARNITOR equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	G	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	G	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	G	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	B	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEXIVA SUSP	-	B	ANTIVIRALS
LIALDA TAB	-	G	GASTROINTESTINAL AGENTS - MISC.
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	G	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	G	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 36gm/fill)	QL	G	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	B	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	PA-QL	G	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	G	DERMATOLOGICALS
lidocaine viscous soln	-	G	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	G	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	G	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LINDANE LOTION	-	B	DERMATOLOGICALS
lindane lotion	-	G	DERMATOLOGICALS
lindane shampoo	-	G	DERMATOLOGICALS
linezolid susp (Restricted to Infectious Disease Specialist)	RS	G	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	G	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	PA	B	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	G	THYROID AGENTS
LIPITOR TAB	-	NC	ANTIHYPERLIPIDEMICS
LIPTRUZET TAB (Step Therapy requires trial of 1 generic STATIN and rosuvastatin)	ST	B	ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	G	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	G	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	B	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	NC	ANTIHYPERLIPIDEMICS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	B	CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	B	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LOESTRIN 24 FE TAB	-	B	CONTRACEPTIVES
LOFIBRA TAB, TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv)	-	G	ANTIVIRALS
LOPROX GEL	-	NC	DERMATOLOGICALS
loratadine cap (CLARITIN equiv)	OTC	NC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	G	ANTIAXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	G	ANTIAXIETY AGENTS
LORTAB ELIXIR	-	B	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	G	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	G	ANTIHYPERTENSIVES
LOTEMAX OPPTH GEL	-	B	OPHTHALMIC AGENTS
LOTEMAX OPPTH OINT	-	B	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRISONE CREAM	-	NC	DERMATOLOGICALS
LOTRISONE LOTION	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUCENTIS INJ	MSP-PA	B	OPHTHALMIC AGENTS
LUFYLLIN TAB	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LUMIZYME/MYOZYME INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT PED INJ	MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LUZU CREAM	-	NC	DERMATOLOGICALS
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	B	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	B	ANTICONVULSANTS

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LYSODREN TAB	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MACUGEN INJ	MSP-PA	B	OPHTHALMIC AGENTS
MALARONE TAB	-	B	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	G	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	G	ANTIEMETICS
MAPROTILINE TAB	-	G	ANTIDEPRESSANTS
MARPLAN TAB	-	B	ANTIDEPRESSANTS
MATULANE CAP	-	B	ANTINEOPLASTICS
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	B	ANTIVIRALS
MAXALT MLT TAB	-	NC	MIGRAINE PRODUCTS
MAXALT TAB	-	NC	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	B	OPHTHALMIC AGENTS
meclizine chew tab (BONINE equiv) (Rx Only)	-	G	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	G	ANTIEMETICS
MECLOFENAMATE CAP (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen)	ST	G	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	G	PROGESTINS
mefenamic acid cap (PONSTEL equiv) (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen)	ST	G	ANALGESICS - ANTI-INFLAMMATORY
MEFLOQUINE TAB	-	B	ANTIMALARIALS
mefloquine tab (LARIAM equiv)	-	G	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	G	PROGESTINS
megestrol susp (MEGACE equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	LMSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELQUIN 3 SOLN	-	NC	DERMATOLOGICALS
memantine ER cap (NAMENDA XR equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	\$0	VACCINES
MENEST TAB	-	B	ESTROGENS
MENHIBRIX INJ	VAC	\$0	VACCINES
MENOMUNE A/C/Y/W INJ	VAC	\$0	VACCINES
MENOSTAR PATCH (Step Therapy requires trial of estradiol patch)	ST	B	ESTROGENS
MENTAX CREAM	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES
meperidine tab (DEMEROL equiv)	-	G	ANALGESICS - OPIOID
MEPHYTON TAB	-	B	VITAMINS
meprobamate tab (MILTOWN equiv)	-	G	ANTIANKXIETY AGENTS

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¢	Smoking Cessation		Step Therapy		
	RxCENTS				

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mercaptopurine tab (PURINETHOL equiv)	-	G	ANTINEOPLASTICS
mesalamine DR tab (LIALDA equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema kit (ROWASA equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	LMSP	B	ANTINEOPLASTICS
MESTINON SYRUP	-	B	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	G	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	G	ANTIDIABETICS
METHADONE SOLN	-	G	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	G	ANALGESICS - OPIOID
methadose tab	-	G	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	G	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	G	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	G	URINARY ANTI-INFECTIVES
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	G	OXYTOCICS
methimazole tab (TAPAZOLE equiv)	-	G	THYROID AGENTS
METHITEST TAB (Step Therapy requires trial of ANDROGEL or ANDRODERM)	ST	B	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate inj	-	G	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	G	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	G	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	G	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	G	DIURETICS
methyl dopa tab (ALDOMET equiv)	-	G	ANTIHYPERTENSIVES
methyl dopa/hydrochlorothiazide tab (ALDORIL equiv)	-	G	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	G	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE CHEW TAB	-	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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METHYLPHENIDATE ER TAB 72MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	G	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	G	CORTICOSTEROIDS
methyltestosterone cap (ANDROID, TESTRED equiv)	PA	G	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	B	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	G	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	G	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	G	BETA BLOCKERS
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	G	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	G	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	G	DERMATOLOGICALS
metronidazole gel 1% (METROGEL equiv) (Step Therapy requires trial of metronidazole gel 0.75%)	ST	G	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	G	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	G	VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	G	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	LMSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	G	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
midodrine tab (PROAMATINE equiv)	-	G	VASOPRESSORS
MIDRIN CAP	-	B	MIGRAINE PRODUCTS
MIGERGOT SUPP	-	B	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	G	ANTIDIABETICS
MILLIPRED DP PAK	-	B	CORTICOSTEROIDS
MILLIPRED TAB	-	B	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	G	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv) (Step therapy requires trial of minocycline caps)	ST	G	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	G	ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC	LAXATIVES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	-	\$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	G	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	G	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS

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misoprostol tab (CYTOTEC equiv)	-	G	ULCER DRUGS
MITIGARE CAP	-	B	GOUT AGENTS
mitoxantrone inj	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
M-M-R II INJ	VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
moexipril tab (UNIVASC equiv)	-	G	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	G	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	G	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	G	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	G	DERMATOLOGICALS
MONOCLATE-P INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
MONODOX CAP 75MG	-	NC	TETRACYCLINES
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	G	ASTHMA AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	G	ASTHMA AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	G	ASTHMA AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	B	URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	B	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	G	ANALGESICS - OPIOID
morphine sulfate soln	-	G	ANALGESICS - OPIOID
morphine sulfate supp	-	G	ANALGESICS - OPIOID
morphine sulfate tab	-	G	ANALGESICS - OPIOID
MOVANTIK TAB	PA	B	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	B	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN	-	B	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	G	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	G	FLUOROQUINOLONES
MOZOBIL INJ	MSP-PA	B	HEMATOPOIETIC AGENTS
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULTAQ TAB	-	B	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	G	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	G	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	G	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	G	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv) (Step Therapy requires trial of mupirocin oint)	ST	G	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	G	DERMATOLOGICALS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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MUSE SUPP (QL= 6 units/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	G	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	G	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	G	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	G	ASSORTED CLASSES
MYDAYIS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYLERAN TAB	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	NC	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	G	BETA BLOCKERS
naftifine cream (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN CREAM	-	NC	DERMATOLOGICALS
NAFTIN GEL	-	NC	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
NAGLAZYME INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
naloxone inj	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	B	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	G	ANTIDOTES
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN CR TAB 375MG, 750MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	PA	B	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	PA	B	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	PA	G	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	G	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	B	ANTIDOTES
NARDIL TAB	-	B	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	B	HEMATOPOIETIC AGENTS
NATAZIA TAB	-	B	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	G	ANTIDIABETICS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	B	DERMATOLOGICALS
NEBUPENT NEB SOLN	-	B	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	B	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
necon tab 1-50 (NORYNIL equiv)	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB	-	G	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	G	ANTIDEPRESSANTS
neomycin tab	-	G	AMINOGLYCOSIDES
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	G	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	G	OTIC AGENTS
neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv)	-	G	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	G	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	G	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	G	OPHTHALMIC AGENTS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEPHRON FA TAB	-	B	HEMATOPOIETIC AGENTS
NERLYNX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	LMSP	B	HEMATOPOIETIC AGENTS
NEUMEGA INJ	LMSP	B	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	B	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	B	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	G	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	B	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	G	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	B	ANTINEOPLASTICS
NEXICLON XR SUSP	-	B	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	B	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
niacin cap	OTC	NC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	NC	VITAMINS
niacin ER tab (NIASPAN equiv)	-	NC	ANTIHYPERLIPIDEMICS
niacin tab	OTC	NC	VITAMINS
NIACIN TR TAB	OTC	NC	VITAMINS
niacinamide tab	OTC	NC	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	G	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	G	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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	RxCENTS				

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nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	G	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	G	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	G	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	G	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	B	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	B	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	G	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	G	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	G	URINARY ANTI-INFECTIVES
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	G	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	G	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	G	ANTIANGINAL AGENTS
nitroglycerin SR cap	-	G	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	B	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
nizatidine cap (AXID equiv)	-	G	ULCER DRUGS
nizatidine soln (AXID equiv)	-	G	ULCER DRUGS
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	G	PROGESTINS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NOROXIN TAB	-	B	FLUOROQUINOLONES
NORPACE CR CAP	-	B	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	G	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	G	ANTIDEPRESSANTS
NORVIR CAP	-	B	ANTIVIRALS
NORVIR SOLN	-	B	ANTIVIRALS
NORVIR TAB	-	B	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	G	MEDICAL DEVICES AND SUPPLIES
NOVOLIN INJ	OTC	B	ANTIDIABETICS
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	B	ANTIDIABETICS
NOVOLOG INJ, FIASP INJ	-	B	ANTIDIABETICS

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NOVOLOG MIX FLEXPEN INJ	-	B	ANTIDIABETICS
NOVOLOG MIX INJ	-	B	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	B	ANTIDIABETICS
NOVOPEN ECHO	-	B	MEDICAL DEVICES AND SUPPLIES
NOVOSEVEN INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	G	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	G	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	-	B	ANTIFUNGALS
NOXAFIL TAB	-	B	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	G	THYROID AGENTS
NPLATE INJ	MSP-PA	B	HEMATOPOIETIC AGENTS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	B	ANALGESICS - OPIOID
NUCYNTA TAB	-	B	ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUQUIN HP CREAM	-	NC	DERMATOLOGICALS
NUVARING	-	\$0	CONTRACEPTIVES
nystatin cream (MYCOSTATIN CREAM equiv)	-	G	DERMATOLOGICALS
nystatin oint	-	G	DERMATOLOGICALS
nystatin powder	-	G	ANTIFUNGALS
nystatin susp	-	G	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	G	ANTIFUNGALS
nystatin topical powder	-	G	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	G	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	NC	DERMATOLOGICALS
nystatin/triamcinolone oint	-	NC	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	B	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	B	ANTIVIRALS
ODOMZO CAP	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	B	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	G	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	G	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	G	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	B	ANTIDEPRESSANTS
OLLIZAC POWDER	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	G	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	G	ANTIHYPERTENSIVES

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olopatadine nasal spray (PATANASE equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln (PATANOL equiv)	-	G	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%)	QL-ST	G	OPHTHALMIC AGENTS
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	G	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	G	ULCER DRUGS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ondansetron ODT (ZOFTRAN equiv)	-	G	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	G	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	G	ANTIEMETICS
ONETOUCH METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	PA	B	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	G	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAVIG TAB	-	B	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	B	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	B	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	B	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
ORTHOVISC/MONOVISC INJ	MSP	B	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill, 1 fill/calendar year)	QL	G	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill, 1 fill/calendar year)	QL	G	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill, 1 fill per calendar year)	QL	G	ANTIVIRALS
OSMOPREP TAB	-	B	LAXATIVES
OSPHENA TAB	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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OTEZLA STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	B	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
oxandrolone tab (OXANDRIN equiv)	-	G	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	G	ANTIAXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	G	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	G	ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	G	URINARY ANTISPASMODICS
oxybutynin syrup	-	G	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	G	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	G	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	G	ANALGESICS - OPIOID
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	G	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	G	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	G	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	G	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	G	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	G	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	G	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH	-	NC	URINARY ANTISPASMODICS
OZEMPIC INJ	-	NC	ANTIDIABETICS
OZURDEX INJ	MSP	B	OPHTHALMIC AGENTS
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of ABILIFY or quetiapine ER)	ST	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PANCREAZE CAP (Step Therapy requires trial of CREON)	ST	B	DIGESTIVE AIDS
PANCRELIPASE CAP (Step Therapy requires trial of CREON)	ST	B	DIGESTIVE AIDS
PANDEL CREAM	-	B	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	G	ULCER DRUGS
PAPAVERINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PAPAVERINE/PHENTOLAMINE INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PARAGARD IUD	-	\$0	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	G	AMINOGLYCOSIDES

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	G	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	G	ANTIDEPRESSANTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
PCE TAB	-	B	MACROLIDES
PEAK FLOW METER	OTC	G	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	G	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	G	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	G	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	B	ANTICONVULSANTS
PEGASYS INJ	LMSP	B	ANTIVIRALS
PEGASYS INJ KIT	LMSP	B	ANTIVIRALS
PEG-INTRON INJ	LMSP	B	ANTIVIRALS
PEN NEEDLE	OTC	G	MEDICAL DEVICES AND SUPPLIES
penicillin vk soln (VEETIDS equiv)	-	G	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	G	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN 1.5%	-	NC	DERMATOLOGICALS
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	G	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	G	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENAL equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
PERFOROMIST NEB SOLN	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	G	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	G	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERTZYE CAP (Step Therapy requires trial of CREON)	ST	B	DIGESTIVE AIDS
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	B	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	G	ANTIDEPRESSANTS
phenobarbital elixir	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	G	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	G	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PHENTOLAMINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
phenylephrine ophth soln (MYDFRIN equiv)	-	G	OPHTHALMIC AGENTS

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	RxCENTS				

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phenytoin cap (DILANTIN equiv)	-	G	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	G	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	G	ANTICONVULSANTS
PHISOHEX LIQUID	-	B	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	B	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	G	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	B	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PHRENILIN FORTE CAP	-	B	ANALGESICS - NONNARCOTIC
PICATO GEL (QL= 1 box/fill)	QL	B	DERMATOLOGICALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	G	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	B	OPHTHALMIC AGENTS
pimozide tab (ORAP equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	G	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	G	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	G	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	G	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PNEUMOVAX INJ	VAC	\$0	VACCINES
PODIAPN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	B	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	G	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	G	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	B	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	G	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POMALYST CAP	PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen)	ST	B	ANALGESICS - ANTI-INFLAMMATORY
POTABA POWDER PACKET	-	B	VITAMINS
POTABA TAB	-	B	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	G	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	G	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	G	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	G	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	G	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	G	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	G	MINERALS & ELECTROLYTES
potassium chloride soln	-	G	MINERALS & ELECTROLYTES

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potassium citrate CR tab (UROKIT-K TAB equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	B	ANTICONVULSANTS
PRADAXA CAP	-	B	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	G	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	G	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	B	DERMATOLOGICALS
PRAMOSONE E CREAM	-	B	DERMATOLOGICALS
PRAMOSONE LOTION	-	B	DERMATOLOGICALS
PRAMOSONE OINT	-	B	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	G	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	G	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	B	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	G	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	G	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	G	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	B	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	B	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	G	DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	G	DERMATOLOGICALS
PREDNICARBATE OIN	-	G	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	G	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	G	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	G	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	G	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISON PAK	-	B	CORTICOSTEROIDS
PREDNISON SOLN	-	G	CORTICOSTEROIDS
PREDNISON TAB	-	G	CORTICOSTEROIDS
prednison tab (DELTASONE equiv)	-	G	CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	B	ESTROGENS
PREMARIN TAB	-	B	ESTROGENS
PREMARIN VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	B	ESTROGENS
PRENATAL VITAMINS (NON-PREFERRED)	-	B	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	G	MULTIVITAMINS
PREPOIK PAK	-	NC	LAXATIVES

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PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PREVACID OTC CAP	OTC	NC	ULCER DRUGS
PREVACID SOLUTAB	-	NC	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	B	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT RINSE	-	B	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0	VACCINES
PREVMIS TAB	-	NC	ANTIVIRALS
PREZCOBIX TAB	-	B	ANTIVIRALS
PREZISTA SUSP	-	B	ANTIVIRALS
PREZISTA TAB	-	B	ANTIVIRALS
PRIALT INJ	MSP	B	ANALGESICS - NONNARCOTIC
PRIFTIN TAB	-	B	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	-	NC	ULCER DRUGS
PRIMAQUINE TAB	-	B	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	G	ANTICONVULSANTS
PRIMSOL SOLN	-	B	ANTI-INFECTIVE AGENTS - MISC.
PROAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	G	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	LMSP	B	HEMATOPOIETIC AGENTS
PROCTOCORT SUPP	-	NC	ANORECTAL AGENTS
PROCTOFOAM HC FOAM	-	B	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	G	ANORECTAL AGENTS
PROCYSBI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	B	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	G	PROGESTINS
progesterone oil inj	-	NC	PROGESTINS
PROGESTERONE SUPP	PA	B	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	B	ANTIDIABETICS
PROLENSA OPHTH SOLN	-	B	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS
PROLIA INJ (QL= 1 fill/6 months)	LMSP-QL	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA TAB	LMSP-PA	B	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	G	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	G	ANTIHISTAMINES
promethazine syrup	-	G	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	G	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	G	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	G	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	G	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	G	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	G	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	B	ULCER DRUGS

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proparacaine ophth soln (ALCAINE equiv)	-	G	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	G	BETA BLOCKERS
PROPRANOLOL SOLN	-	G	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	G	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	G	ANTIHYPERTENSIVES
propylthiouracil tab	-	G	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSTIGMIN TAB	-	B	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX PAK	-	NC	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	G	ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	B	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	B	ULCER DRUGS
pyrazinamide tab	-	G	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	G	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	G	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridoxine inj	-	G	VITAMINS
QBRELIS SOLN	PA	B	ANTIHYPERTENSIVES
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	B	MULTIVITAMINS
QUILLICHEW ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	G	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	G	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	G	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	B	ANTIARRHYTHMICS
quinidine sulfate tab	-	G	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUTENZA INJ	MSP	B	DERMATOLOGICALS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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rabeprazole EC tab (ACIPHEX equiv)	PA	G	ULCER DRUGS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
rajani tab (BEYAZ equiv)	-	NC	CONTRACEPTIVES
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	G	ANTIHYPERTENSIVES
RANEXA TAB	-	B	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	G	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	G	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	G	ULCER DRUGS
RAPAFLO CAP (Restricted to Urology Specialist)	RS	B	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	B	ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	¢	G	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN	LMSP	B	ANTIVIRALS
REBIF INJ	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RECOMBINATE INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
RECTIV OINT	-	B	ANORECTAL AGENTS
REGANEX GEL (QL= 30gm/fill)	QL	B	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/calendar year)	QL	B	ANTIVIRALS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB	-	NC	MIGRAINE PRODUCTS
REMICADE INJ	MSP-PA	B	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ (Only available through Accredo 888-773-7376)	LD-PA	B	CARDIOVASCULAR AGENTS - MISC.
RENAGEL TAB (Step Therapy requires trial of RENVELA and FOSRENOL)	ST	B	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	G	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA TAB	-	B	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	G	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	B	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	B	ANTIVIRALS
RESERPINE TAB	-	B	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	PA-RS	B	OPHTHALMIC AGENTS
RETIN-A CREAM (QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization)	PA-QL	B	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
RETIN-A/ATRALIN GEL (QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization)	PA-QL	B	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.

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REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	B	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXASIL KIT	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK	-	B	ANTIVIRALS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	B	ANALGESICS - ANTI-INFLAMMATORY
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RHOPHYLAC/MICRHOGAM/RHOGAM PLUS INJ	MSP	B	PASSIVE IMMUNIZING AGENTS
RIASTAP INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
RIBAPAK TAB	-	NC	ANTIVIRALS
RIBATAB	LMSP	B	ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	B	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	LMSP	B	ANTIVIRALS
RIDAURA CAP	-	B	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	G	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	B	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	G	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	G	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	G	ANTIVIRALS
RIOMET SOLN	-	B	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP 10MG	-	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RITALIN LA CAP 60MG	-	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RITUXAN INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	G	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	G	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	G	MIGRAINE PRODUCTS
ropinirole ER tab (REQUIP XL equiv)	-	G	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	G	ANTIPARKINSON AGENTS
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv)	-	G	ANTIHYPERLIPIDEMICS
rosuvastatin tab 40mg (CRESTOR equiv)	-	G	ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS

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ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYDAPT CAP	LMSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	B	ANTIPARKINSON AGENTS
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	B	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
salicylic acid shampoo (SALEX equiv)	-	G	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	G	ANALGESICS - NONNARCOTIC
SAMSCA TAB	MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/fill)	QL	B	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	B	ASSORTED CLASSES
SANDOSTATIN INJ	LMSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	B	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA PAK	-	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
scopolamine patch (TRANSDERM-SCOP equiv)	-	G	ANTIEMETICS
seb-prev cream (OVACE CREAM equiv)	-	G	DERMATOLOGICALS
SECONAL CAP	-	B	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB	-	NC	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	G	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	G	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	G	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	G	DERMATOLOGICALS
SELZENTRY SOLN	-	B	ANTIVIRALS
SELZENTRY TAB	-	B	ANTIVIRALS
SENSIPAR TAB	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS

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sertraline conc (ZOLOFT equiv)	-	G	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	G	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	B	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 50 or older)	VAC	\$0	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil inj (REVATIO equiv)	MSP	B	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	G	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SILIQ INJ	-	NC	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	G	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	B	OPHTHALMIC AGENTS
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ (QL= 1 inj/28 days; Step Therapy requires trial of ENBREL and HUMIRA.)	LMSP-QL-ST	B	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv)	-	NC	ANTIHYPERLIPIDEMICS
sirolimus tab (RAPAMUNE equiv)	-	G	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	B	ANTI-INFECTIVE AGENTS - MISC.
SKELID TAB	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	B	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride neb soln (HYPER-SAL equiv)	-	G	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS

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sodium phenylbutyrate powder (BUPHENYL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	G	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	G	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	G	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	G	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	B	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	G	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	G	DERMATOLOGICALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAZE GEL	-	NC	DERMATOLOGICALS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOLIRIS INJ	MSP	B	HEMATOLOGICAL AGENTS - MISC.
SOLOSEC GRANULES PACKET	-	NC	AMEBICIDES
SOMATULINE INJ	MSP-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	B	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SORIATANE CK KIT	-	B	DERMATOLOGICALS
SORILUX FOAM	-	B	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	G	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	G	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	B	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	B	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	G	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	G	DIURETICS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
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SPORANOX SOLN	PA	B	ANTIFUNGALS
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	PA	B	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	LMSP-PA-SF	B	ANTINEOPLASTICS
SSKI SOLN	-	B	MINERALS & ELECTROLYTES
STAMARIL INJ	-	NC	VACCINES
stavudine cap (ZERIT equiv)	-	G	ANTIVIRALS
stavudine soln (ZERIT equiv)	-	G	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STAXYN ODT (QL= 6 tabs/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B	CARDIOVASCULAR AGENTS - MISC.
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ	-	NC	DERMATOLOGICALS
STENDRA TAB (QL= 6 tabs/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B	CARDIOVASCULAR AGENTS - MISC.
STIMATE NASAL SOLN	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB	-	B	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	G	ANALGESICS - OPIOID
SUBOXONE SL TAB	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	PA	B	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate tab (CARAFATE equiv)	-	G	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	G	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	G	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	G	SULFONAMIDES
SULFAMYLON CREAM	-	B	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT	-	NC	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	G	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	G	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	G	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	G	MIGRAINE PRODUCTS

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QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	G	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREMIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUPPRELIN LA INJ	MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SUPRAX CAP	-	B	CEPHALOSPORINS
SUPRAX CHEW TAB	-	B	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	B	CEPHALOSPORINS
SUPRAX TAB	-	B	CEPHALOSPORINS
SUPREP SOLN	PA	B	LAXATIVES
SUSTIVA TAB	-	B	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP	MSP-PA-SF	B	ANTINEOPLASTICS
SYLATRON INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	B	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB	-	NC	RESPIRATORY AGENTS - MISC.
SYMLINPEN INJ	PA	B	ANTIDIABETICS
SYMPROIC TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
SYNAGIS INJ (Only available through Avella Specialty Pharmacy 888-792-3888)	MSP-PA	B	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNJARDY TAB (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	B	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	G	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYNVISC INJ	MSP	B	MUSCULOSKELETAL THERAPY AGENTS
TABLOID TAB	-	B	ANTINEOPLASTICS
TACLONEX SCALP SUSP	-	B	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	G	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	G	DERMATOLOGICALS
TAFINLAR CAP	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALTZ INJ	-	NC	DERMATOLOGICALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	LMSP-PA	B	DERMATOLOGICALS

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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TASIGNA CAP	LMSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream (TAZORAC equiv) (Step Therapy requires trial of RETIN-A MICRO, tretinoin, or EPIDUO FORTE)	ST	G	DERMATOLOGICALS
TAZORAC CREAM	ST	B	DERMATOLOGICALS
TAZORAC CREAM (Step Therapy requires trial of RETIN-A MICRO, tretinoin, or EPIDUO FORTE)	ST	B	DERMATOLOGICALS
TAZORAC GEL (Step Therapy requires trial of RETIN-A MICRO, tretinoin, or EPIDUO FORTE)	ST	B	DERMATOLOGICALS
TECFIDERA CAP	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LMSP	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEKAMLO TAB (Step Therapy requires trial of valsartan)	ST	B	ANTIHYPERTENSIVES
TEKURNA HCT TAB (Step Therapy requires trial of valsartan/hctz)	ST	B	ANTIHYPERTENSIVES
TEKURNA TAB (Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan)	ST-¢	B	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	G	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	LMSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	G	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	G	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	G	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	G	VAGINAL PRODUCTS
TERCONAZOLE CREAM 8%	-	G	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	G	VAGINAL PRODUCTS
TEST STRIP (all other test strips)	OTC-PA	B	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	G	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	B	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	G	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	B	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	G	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	G	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	B	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv)	-	NC	ANDROGENS-ANABOLIC
TETANUS-DIPHThERIA TOXOID INJ	VAC	\$0	TOXOIDS

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	RxCENTS				

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tetrabenazine tab (XENAZINE equiv)	LMSP-PA	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	NC	TETRACYCLINES
TEVETEN HCT TAB	-	B	ANTIHYPERTENSIVES
TEVETEN TAB	-	NC	ANTIHYPERTENSIVES
THALOMID CAP	MSP-PA	B	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	B	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	G	ANTICONVULSANTS
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	G	HEMATOLOGICAL AGENTS - MISC.
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	G	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	G	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	G	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	G	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	B	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN	-	B	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT CAP	-	B	THYROID AGENTS
TIVICAY TAB (QL= 2 tabs/day)	QL	B	ANTIVIRALS
TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
tizanidine cap (ZANAFLEX equiv)	PA	G	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	G	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	B	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	B	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	B	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	B	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	G	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	G	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	B	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	G	ANTIDIABETICS
TOLBUTAMIDE TAB	-	B	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	G	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	G	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	G	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	B	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	G	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	¢	G	URINARY ANTISPASMODICS

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TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	G	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	G	ANTICONVULSANTS
TORISEL INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torseamide tab (DEMADEX equiv)	-	G	DIURETICS
TOUJEO SOLOSTAR INJ	-	B	ANTIDIABETICS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	B	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	G	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	G	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	G	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	G	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	G	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	G	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	B	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	G	ANTIDEPRESSANTS
TRAVATAN Z OPTH SOLN (QL= 5ml/30 days)	QL	B	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	G	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TREANDA INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRELEGY ELLIPTA INHALER	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ	-	NC	DERMATOLOGICALS
TRESIBA INJ	-	B	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	B	ANTINEOPLASTICS
tretinoin cream (QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization)	PA-QL	G	DERMATOLOGICALS
tretinoin gel (QL= 20gm/fill)	PA-QL	G	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization)	PA-QL	G	DERMATOLOGICALS
tretinoin gel 0.05% (ATRALIN equiv)	-	NC	DERMATOLOGICALS
tretinoin gel pump 0.04% (TRETINOIN GEL PUMP 0.04% equiv)	-	NC	DERMATOLOGICALS
tretinoin gel pump 0.1% (TRETINOIN GEL PUMP 0.1% equiv)	-	NC	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
triamcinolone cream	-	G	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	G	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	G	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	G	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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triamcinolone spray (KENALOG equiv)	-	G	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	G	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	B	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	G	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	G	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	G	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv)	MSP-PA	B	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	G	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	G	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	G	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	G	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	G	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	G	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	G	ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	B	ANTIDEPRESSANTS
TRIUMEQ TAB	-	B	ANTIVIRALS
TROKENDI XR CAP	PA	B	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	G	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	G	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	G	URINARY ANTISPASMODICS
TRULANCE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ	-	NC	ANTIDIABETICS
TRUMENBA INJ	VAC	\$0	VACCINES
TRUVADA TAB	PA	B	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	B	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	G	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	\$0	VACCINES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB	LMSP-PA	B	ANTINEOPLASTICS
TYMLOS INJ	LMSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYSABRI INJ	MSP-PA	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	-	NC	ANTIVIRALS
UCERIS RECTAL FOAM	-	B	ANORECTAL AGENTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	B	CORTICOSTEROIDS
U-CORT CREAM	-	B	DERMATOLOGICALS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	B	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	B	GOUT AGENTS
ULTRAVATE LOTION	-	B	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
ULTRESA CAP (Step Therapy requires trial of CREON)	ST	B	DIGESTIVE AIDS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
UREA EMULSION	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA LOTION	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UROQID #2 TAB	-	B	URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	G	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
valacyclovir tab (VALTREX equiv)	-	G	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	B	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	G	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	G	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	G	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	G	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	G	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	G	ANTIHYPERTENSIVES
VALTURNA TAB (Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan)	ST	B	ANTIHYPERTENSIVES
VANCOICIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOICIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	G	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	NC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VARIVAX INJ	VAC	\$0	VACCINES

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	RxCENTS				

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VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	B	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXCHORA SUSP	-	NC	VACCINES
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0	VAGINAL PRODUCTS
VECTIBIX INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELCADE INJ	MSP-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELETRI INJ	MSP-PA	B	CARDIOVASCULAR AGENTS - MISC.
VELPHORO CHEW TAB	-	B	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	B	ASSORTED CLASSES
VEMLIDY TAB	-	B	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	G	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	G	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil SR cap (VERELAN PM equiv)	-	G	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN SR equiv)	-	G	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	G	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	G	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	B	DERMATOLOGICALS
VEREGEN OINT	-	B	DERMATOLOGICALS
VERSACLOZ SUSP	-	NC	ANTI PSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE TAB	-	NC	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	B	OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	B	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB (QL=6 tabs/30 days)	QL	G	CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	B	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days)	QL	B	ANTIDIABETICS
VICTRELIS CAP	-	NC	ANTIVIRALS
VIDEX EC CAP 125MG	-	B	ANTIVIRALS
VIDEX SOLN	-	B	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	B	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	B	OPHTHALMIC AGENTS

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	RxCENTS				

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VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	B	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	B	ANTICONVULSANTS
VIRACEPT POWDER	-	B	ANTIVIRALS
VIRACEPT TAB	-	B	ANTIVIRALS
VIRAMUNE SUSP	-	B	ANTIVIRALS
VIREAD TAB	-	B	ANTIVIRALS
VISICOL TAB	-	B	LAXATIVES
VISTOGARD PAK	-	NC	ANTIDOTES
vitamin D cap (RX strength only)	-	G	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITAMIN D TAB 2000IU	OTC	NC	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITEKTA TAB	-	B	ANTIVIRALS
VIVITROL INJ	LMSP-PA	B	ANTIDOTES
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF BERNA CAP (QL= 4 caps/fill)	QL-VAC	\$0	VACCINES
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOPAC 5 CREAM	-	B	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	G	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	G	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANTIVIRALS
VOTRIENT TAB	LMSP-PA-SF	B	ANTINEOPLASTICS
VPRIV INJ	MSP-PA	B	HEMATOPOIETIC AGENTS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VYVANE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYVANSE CAP	-	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	B	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
warfarin tab (COUMADIN equiv)	-	G	ANTICOAGULANTS
WELCHOL PAK	-	B	ANTIHYPERTENSIVES
WELCHOL TAB	-	B	ANTIHYPERTENSIVES
WELLBUTRIN SR TAB	-	NC	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	NC	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
WINRHO SDF INJ	MSP	B	PASSIVE IMMUNIZING AGENTS
wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
XADAGO TAB	-	NC	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	B	ANTICOAGULANTS
XARELTO TAB	-	B	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	B	ANALGESICS - ANTI-INFLAMMATORY
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XEOMIN INJ	MSP	B	NEUROMUSCULAR AGENTS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	MSP	B	ENDOCRINE AND METABOLIC AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIAFLEX INJ	MSP-PA	B	ASSORTED CLASSES
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	B	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	B	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	B	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	B	ANTIDIABETICS
XIIDRA OPTH SOLN	PA	B	OPHTHALMIC AGENTS
XIMINO CAP	-	NC	TETRACYCLINES
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOLAIR INJ	LMSP-PA	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	B	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	B	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYNTHA INJ	MSP-PA	B	HEMATOLOGICAL AGENTS - MISC.
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	B	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YASMIN TAB	-	\$0	CONTRACEPTIVES
YAZ TAB	-	\$0	CONTRACEPTIVES
YODOXIN TAB	-	B	AMEBICIDES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZADITOR OPTH SOLN	OTC	NC	OPHTHALMIC AGENTS

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zafirlukast tab (ACCOLATE equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	G	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZANTAC EFFER TAB	-	B	ULCER DRUGS
ZARXIO INJ	LMSP	B	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	B	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	NC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	B	ANTIPARKINSON AGENTS
ZELBORAF TAB	MSP-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENPEP CAP (Step Therapy requires trial of CREON)	ST	B	DIGESTIVE AIDS
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZERIT SOLN	-	B	ANTIVIRALS
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
zidovudine cap (RETROVIR equiv)	-	G	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	G	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	G	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv)	-	G	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	G	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	G	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	B	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	B	MACROLIDES
ZMAX SUSP	-	B	MACROLIDES
ZOCOR TAB 80MG	-	NC	ANTIHYPERLIPIDEMICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLADEX INJ	MSP	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLINZA CAP	LMSP-PA-SF	B	ANTINEOPLASTICS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	G	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	G	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	G	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS

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ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray)	QL-ST	B	MIGRAINE PRODUCTS
ZOMIG TAB	-	NC	MIGRAINE PRODUCTS
zonisamide cap (ZONEGRAN equiv)	-	G	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	B	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	B	ANALGESICS - NONNARCOTIC
ZORTRESS TAB	PA	B	ASSORTED CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0	VACCINES
ZOVIRAX CREAM	-	B	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZUBSOLV SL TAB	-	NC	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	B	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 5 caps/day)	LMSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	B	OPHTHALMIC AGENTS
ZYTIGA TAB 250MG (QL= 4 tabs/day)	LMSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG (QL= 2 tabs/day)	LMSP-PA-QL-SF	B	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MSP	Infertility	OTC	Limited Distribution	PA	Lumicera Mandatory Specialty Pharmacy Program
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
VYVANSE CAP	-	B
VYVANSE CHEW TAB	-	B
ADDERALL XR CAP	-	G
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	G
dextroamphetamine ER cap (DEXEDRINE equiv)	-	G
dextroamphetamine soln (PROCENTRA equiv)	-	G
dextroamphetamine tab (DEXEDRINE equiv)	-	G
ADZENYS XR TAB	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
<b>ANALEPTICS</b>		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	G
CAFCIT INJ	-	NC
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	G
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	G
<b>ANTI-OBESITY AGENTS</b>		
BELVIQ XR TAB	-	NC
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
atomoxetine cap (STRATTERA CAP equiv)	-	G
guanfacine ER tab (INTUNIV equiv)	-	G
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STRATTERA CAP	-	NC
<b>STIMULANTS - MISC.</b>		
DAYTRANA PATCH (Step Therapy requires trial of ADDERALL XR or VYVANSE)	ST	B
METHYLPHENIDATE CHEW TAB	-	B
METHYLPHENIDATE ER TAB	-	B
RITALIN LA CAP 10MG	-	B
RITALIN LA CAP 60MG	-	B
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	G
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	G
dexmethylphenidate tab (FOCALIN equiv)	-	G
methylphenidate CD cap (METADATE CD equiv)	-	G
methylphenidate ER cap (RITALIN LA equiv)	-	G
methylphenidate ER tab	-	G
methylphenidate soln (METHYLIN equiv)	-	G
methylphenidate tab (RITALIN equiv)	-	G
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	G
COTEMPLA XR ODT	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
ODACTRA SL TAB	-	NC
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - R'S</b>		
RESERVAPAK SYRUP	-	NC
<b>AMEBICIDES</b>		
<b>AMEBICIDES</b>		
YODOXIN TAB	-	B
SOLOSEC GRANULES PACKET	-	NC
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	B
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	B
neomycin tab	-	G
paromomycin cap (HUMATIN equiv)	-	G
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	B
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	B
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RHEUMATREX TAB	-	B
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HUMIRA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
HUMIRA PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
SIMPONI SC INJ (QL= 1 inj/28 days; Step Therapy requires trial of ENBREL and HUMIRA.)	LMSP-QL-ST	B
SIMPONI ARIA INJ	-	NC
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP	-	B
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ	MSP-PA	B
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	B
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA IV INJ	MSP-PA	B
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
KEVZARA INJ	-	NC
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
INDOCIN SUPP (Step Therapy requires trial of celecoxib)	ST	B

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
INDOCIN SUSP (Step Therapy requires trial of celecoxib)	ST	B
KETOPROFEN ER CAP	-	B
NAPROSYN SUSP	PA	B
NAPROXEN SUSP	PA	B
PONSTEL CAP (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen)	ST	B
SPRIX NASAL SPRAY	PA	B
TOLMETIN TAB	-	B
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	G
diclofenac potassium tab (CATAFLAM equiv)	-	G
diclofenac sodium EC tab (VOLTAREN equiv)	-	G
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	G
etodolac cap (LODINE equiv)	-	G
etodolac ER tab (LODINE XL equiv)	-	G
etodolac tab	-	G
fenoprofen calcium tab	-	G
flurbiprofen tab (ANSAID equiv)	-	G
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	G
ibuprofen tab	-	G
ibuprofen tab ((RX only))	-	G
indomethacin cap (INDOCIN equiv)	-	G
indomethacin CR cap (INDOCIN SR equiv)	-	G
KETOPROFEN CAP	-	G
ketoprofen cap (ORUDIS equiv)	-	G
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	G
MECLOFENAMATE CAP (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen)	ST	G
mefenamic acid cap (PONSTEL equiv) (Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen)	ST	G
meloxicam tab (MOBIC equiv)	-	G
nabumetone tab (RELAFFEN equiv)	-	G
naproxen EC tab (NAPROSYN EC equiv)	-	G
naproxen sodium tab (ANAPROX equiv)	-	G
naproxen susp (NAPROSYN equiv)	PA	G
naproxen tab (NAPROSYN equiv)	-	G
oxaprozin tab (DAYPRO equiv)	-	G
piroxicam cap (FELDENE equiv)	-	G
sulindac tab (CLINORIL equiv)	-	G
TOLMETIN CAP	-	G
tolmetin cap (TOLECTIN DS equiv)	-	G
ARTHROTEC TAB	-	NC
CELEBREX CAP	-	NC
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	NC
DUEXIS TAB	-	NC
FENOPROFEN CAP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC

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	RxCENTS				

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 375MG, 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
TIVORBEX CAP	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA STARTER PACK	-	NC
OTEZLA TAB	-	NC
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	-	G
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	B
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	B
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	B
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	B
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	B
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	B
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	B
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	B
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
DOLGIC PLUS TAB	-	B
PHRENILIN FORTE CAP	-	B
butalbital/acetaminophen tab (PHRENILIN equiv)	-	G
butalbital/acetaminophen/caffeine cap (FIORICET equiv)	-	G
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	G
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	G
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
<b>ANALGESICS-PEPTIDE CHANNEL BLOCKERS</b>		
PRIALT INJ	MSP	B
<b>SALICYLATES</b>		
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0
ZORPRIN TAB	-	B
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	G
choline magnesium trisalicylate tab (TRILISATE equiv)	-	G
diflunisal tab (DOLOBID equiv)	-	G

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	RxCENTS				

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<b>ANALGESICS - NONNARCOTIC Cont.</b>		
salsalate tab (DISALCID equiv)	-	G
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	B
CODEINE SULFATE SOLN	-	B
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	B
HYSINGLA ER TAB (QL= 1 tab/day)	QL	B
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	B
LEVORPHANOL TAB	-	B
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	B
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	B
NUCYNTA TAB	-	B
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	B
codeine sulfate tab	-	G
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	G
fentanyl patch (DURAGESIC equiv)	-	G
HYDROMORPHONE SUPP	-	G
hydromorphone tab (DILAUDID equiv)	-	G
meperidine tab (DEMEROL equiv)	-	G
METHADONE SOLN	-	G
methadone tab (DOLOPHINE equiv)	-	G
methadose tab	-	G
morphine sulfate ER tab (MS CONTIN equiv)	-	G
morphine sulfate soln	-	G
morphine sulfate supp	-	G
morphine sulfate tab	-	G
oxycodone cap (OXYIR equiv)	-	G
oxycodone conc (ROXICODONE equiv)	-	G
oxycodone soln (ROXICODONE equiv)	-	G
oxycodone tab (ROXICODONE equiv)	-	G
tramadol ER tab (ULTRAM ER equiv)	-	G
tramadol tab (ULTRAM equiv)	-	G
ARYMO ER TAB	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
MORPHABOND TAB	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC

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<b>ANALGESICS - OPIOID Cont.</b>		
TRAMADOL ER CAP	-	NC
ZOXYDOL ER CAP	-	NC
<b>OPIOID COMBINATIONS</b>		
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	B
CAPITAL/CODEINE SUSP	-	B
LORTAB ELIXIR	-	B
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	G
acetaminophen/codeine soln	-	G
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	G
aspirin/codeine tab	-	G
hydrocodone/acetaminophen cap (LORCET equiv)	-	G
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	G
hydrocodone/acetaminophen tab (LORTAB equiv)	-	G
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	G
oxycodone/acetaminophen cap (TYLOX equiv)	-	G
OXYCODONE/ACETAMINOPHEN SOLN	-	G
oxycodone/acetaminophen tab (PERCOCET equiv)	-	G
oxycodone/aspirin tab (PERCODAN equiv)	-	G
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	G
pentazocine/acetaminophen tab (TALACEN equiv)	-	G
tramadol/acetaminophen tab (ULTRACET equiv)	-	G
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
<b>OPIOID PARTIAL AGONISTS</b>		
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	B
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	G
pentazocine/naloxone tab (TALWIN NX equiv)	-	G
SUBOXONE SL FILM	-	G
BELBUCA FILM	-	NC
BUNAVAIL SL FILM	-	NC
buprenorphine SL tab (SUBUTEX equiv)	-	NC
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL TAB	-	NC
ZUBSOLV SL TAB	-	NC

**ANDROGENS-ANABOLIC**

**ANABOLIC STEROIDS**

oxandrolone tab (OXANDRIN equiv)	-	G
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**ANDROGENS**

ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	B
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	B

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<b>ANDROGENS-ANABOLIC Cont.</b>		
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	B
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	B
ANDROXY TAB	-	B
METHITEST TAB (Step Therapy requires trial of ANDROGEL or ANDRODERM)	ST	B
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	B
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	B
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	B
danazol cap (DANOCRINE equiv)	-	G
methyltestosterone cap (ANDROID, TESTRED equiv)	PA	G
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	G
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	G
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	G
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	G
ANDROGEL 1% 25MG	-	NC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC
ANDROGEL PUMP 1%	-	NC
FORTESTA GEL, TESTOSTERONE GEL	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
testosterone soln (AXIRON equiv)	-	NC
VOGELXO PUMP	-	NC

**ANORECTAL AGENTS**

**INTRARECTAL STEROIDS**

CORTIFOAM	-	B
UCERIS RECTAL FOAM	-	B
hydrocortisone enema (CORTENEMA equiv)	-	G

**RECTAL COMBINATIONS**

ANALPRAM-E KIT	-	B
PROCTOFOAM HC FOAM	-	B
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	G
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	G
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	G

**RECTAL STEROIDS**

hydrocortisone supp (ANUSOL HC equiv)	-	G
proctosol HC cream (ANUSOL HC equiv)	-	G
anusol-HC supp	-	NC
PROCTOCORT SUPP	-	NC

**VASODILATING AGENTS**

RECTIV OINT	-	B
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**ANTHELMINTICS**

**ANTHELMINTICS**

ALBENZA TAB	-	B
BILTRICIDE TAB	-	B
ivermectin tab (STROMEKTOL equiv)	-	G
BENZNIDAZOLE TAB	-	NC
EMVERM TAB	-	NC

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	RxCENTS				

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**ANTIANGINAL AGENTS**

**ANTIANGINALS-OTHER**

RANEXA TAB	-	B
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**NITRATES**

ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	B
NITRO-BID OINT	-	B
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	B
NITROMIST SPRAY	-	B
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	G
isosorbide dinitrate SL tab	-	G
isosorbide dinitrate tab (ISORDIL equiv)	-	G
isosorbide mononitrate ER tab (IMDUR equiv)	-	G
isosorbide mononitrate tab (MONOKET equiv)	-	G
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	G
nitroglycerin patch (NITRO-DUR equiv)	-	G
nitroglycerin SL tab (NITROSTAT equiv)	-	G
nitroglycerin SR cap	-	G
GONITRO POWDER	-	NC

**ANTIANSXIETY AGENTS**

**ANTIANSXIETY AGENTS - MISC.**

buspirone tab (BUSPAR equiv)	-	G
hydroxyzine pamoate cap (VISTARIL equiv)	-	G
hydroxyzine syrup (ATARAX equiv)	-	G
hydroxyzine tab (ATARAX equiv)	-	G
meprobamate tab (MILTOWN equiv)	-	G
buspirone tab 30mg (BUSPAR equiv)	-	NC

**BENZODIAZEPINES**

alprazolam ER tab (XANAX XR equiv)	-	G
alprazolam ODT (NIRAVAM equiv)	-	G
alprazolam tab (XANAX equiv)	-	G
chlordiazepoxide cap (LIBRIUM equiv)	-	G
clorazepate tab (TRANXENE-T equiv)	-	G
diazepam conc (VALIUM equiv)	-	G
DIAZEPAM SOLN	-	G
diazepam tab (VALIUM equiv)	-	G
lorazepam conc (ATIVAN equiv)	-	G
lorazepam tab (ATIVAN equiv)	-	G
oxazepam cap (SERAX equiv)	-	G

**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS TYPE I-A**

NORPACE CR CAP	-	B
QUINIDINE SULFATE ER TAB	-	B
disopyramide cap (NORPACE equiv)	-	G
disopyramide ER cap (NORPACE CR equiv)	-	G
quinidine gluconate CR tab	-	G
quinidine sulfate tab	-	G

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<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine cap (MEXITIL equiv)	-	G
<b>ANTIARRHYTHMICS TYPE I-C</b>		
flecainide tab (TAMBOCOR equiv)	-	G
propafenone ER cap (RYTHMOL SR equiv)	-	G
propafenone tab (RYTHMOL equiv)	-	G
<b>ANTIARRHYTHMICS TYPE III</b>		
MULTAQ TAB	-	B
amiodarone tab (CORDARONE equiv)	-	G
dofetilide cap (TIKOSYN equiv)	-	G
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
XOLAIR INJ	LMSP-PA	B
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn neb soln (INTAL equiv)	-	G
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA INHALER	-	B
INCRUSE ELLIPTA INHALER	-	B
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	B
ipratropium neb soln (ATROVENT equiv)	-	G
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
TUDORZA PRESSAIR INHALER	-	NC
<b>LEUKOTRIENE MODULATORS</b>		
ZYFLO TAB	-	B
montelukast chew tab (SINGULAIR equiv)	-	G
montelukast granule pack (SINGULAIR equiv)	-	G
montelukast tab (SINGULAIR equiv)	-	G
zafirlukast tab (ACCOLATE equiv)	-	G
zileuton ER tab (ZYFLO CR equiv)	-	G
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB	-	B
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA INHALER	-	G
ASMANEX HFA INHALER	-	G
ASMANEX INHALER	-	G
budesonide inh susp (PULMICORT equiv)	-	G
FLOVENT DISKUS INHALER	-	G
FLOVENT HFA INHALER	-	G
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDHALER	-	NC
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKUS INHALER	-	B
ADVAIR HFA INHALER	-	B
ALBUTEROL TAB ER	-	B
ANORO ELLIPTA INHALER	-	B
BREO ELLIPTA INHALER	-	B
BROVANA NEB SOLN (Step Therapy requires trial of PERFOROMIST)	ST	B
COMBIVENT INHALER	-	B
COMBIVENT RESPIMAT INHALER	-	B
DULERA INHALER	-	B
FORADIL AEROLIZER	-	B
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (Step Therapy requires trial of VENTOLIN HFA)	ST	B
METAPROTERENOL TAB	-	B
PERFOROMIST NEB SOLN	-	B
SEREVENT DISKUS INHALER	-	B
STIOLTO INHALER	-	B
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	B
TRELEGY ELLIPTA INHALER	-	B
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	B
albuterol neb soln 0.083% (PROVENTIL equiv)	-	G
albuterol neb soln 0.5% (VENTOLIN equiv)	-	G
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	G
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	G
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	G
albuterol sulfate syrup	-	G
albuterol sulfate tab	-	G
albuterol/ipratropium neb soln (DUONEB equiv)	-	G
FLUTICASONE/SALMETEROL INHALER	-	G
levalbuterol neb soln (XOPENEX equiv)	-	G
METAPROTERENOL SYRUP	-	G
terbutaline sulfate tab (BRETHINE equiv)	-	G
AIRDUO RESPICLICK	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
PROAIR HFA INHALER	-	NC
PROVENTIL HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
<b>XANTHINES</b>		
ELIXOPHYLLIN ELIXIR	-	B
LUFYLLIN TAB	-	B
aminophylline tab	-	G
theophylline CR tab (QUIBRON-T equiv)	-	G
theophylline ER tab (UNIPHYL equiv)	-	G

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
theophylline soln	-	G
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
warfarin tab (COUMADIN equiv)	-	G
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TAB	-	B
XARELTO STARTER PACK	-	B
XARELTO TAB	-	B
BEVYXXA CAP	-	NC
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
FRAGMIN INJ	-	B
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	G
fondaparinux inj (ARIXTRA equiv)	PA	G
<b>THROMBIN INHIBITORS</b>		
IPRIVASK INJ	MSP	B
PRADAXA CAP	-	B
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB	-	B
FYCOMPA SUSP	-	B
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	B
ONFI TAB	PA	B
clonazepam ODT (KLONOPIN equiv)	-	G
clonazepam tab (KLONOPIN equiv)	-	G
ONFI SUSP	-	NC
<b>ANTICONVULSANTS - MISC.</b>		
BANZEL SUSP	-	B
BANZEL TAB	-	B
LAMICTAL CHEW TAB 2MG	-	B
LAMICTAL XR KIT	-	B
LYRICA CAP	-	B
LYRICA SOLN	-	B
POTIGA TAB (QL= 3 tabs/day)	QL	B
TROKENDI XR CAP	PA	B
VIMPAT SOLN	-	B
VIMPAT TAB (QL= 2 tabs/day)	QL	B
carbamazepine chew tab (TEGRETOL equiv)	-	G
carbamazepine ER cap (CARBATROL equiv)	-	G
carbamazepine ER tab (TEGRETOL XR equiv)	-	G
carbamazepine susp (TEGRETOL equiv)	-	G
carbamazepine tab (TEGRETOL equiv)	-	G
gabapentin cap (NEURONTIN equiv)	-	G
gabapentin soln (NEURONTIN equiv)	-	G
gabapentin tab (NEURONTIN equiv)	-	G

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<b>ANTICONVULSANTS Cont.</b>		
lamotrigine chew tab (LAMICTAL equiv)	-	G
lamotrigine ER tab (LAMICTAL XR equiv)	-	G
lamotrigine ODT (LAMICTAL equiv)	-	G
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	G
lamotrigine tab (LAMICTAL equiv)	-	G
levetiracetam ER tab (KEPPRA XR equiv)	-	G
levetiracetam soln (KEPPRA equiv)	-	G
levetiracetam tab (KEPPRA equiv)	-	G
oxcarbazepine susp (TRILEPTAL equiv)	-	G
oxcarbazepine tab (TRILEPTAL equiv)	-	G
primidone tab (MYSOLINE equiv)	-	G
topiramate sprinkle cap (TOPAMAX equiv)	-	G
topiramate tab (TOPAMAX equiv)	-	G
zonisamide cap (ZONEGRAN equiv)	-	G
APTIOM TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
<b>CARBAMATES</b>		
FELBATOL TAB	-	B
felbamate susp (FELBATOL equiv)	-	G
felbamate tab (FELBATOL equiv)	-	G
<b>GABA MODULATORS</b>		
GABITRIL TAB 12MG, 16MG	-	B
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	B
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	B
tiagabine tab (GABITRIL equiv)	-	G
<b>HYDANTOINS</b>		
DILANTIN CAP 30MG	-	B
PEGANONE TAB	-	B
phenytoin cap (DILANTIN equiv)	-	G
phenytoin chew tab (DILANTIN equiv)	-	G
phenytoin susp (DILANTIN equiv)	-	G
<b>SUCCINIMIDES</b>		
CELONTIN CAP	-	B
ethosuximide cap (ZARONTIN equiv)	-	G
ethosuximide soln (ZARONTIN equiv)	-	G
<b>VALPROIC ACID</b>		
divalproex ER tab (DEPAKOTE ER equiv)	-	G
divalproex sodium DR tab (DEPAKOTE equiv)	-	G
divalproex sprinkle cap (DEPAKOTE equiv)	-	G
valproic acid cap (DEPAKENE equiv)	-	G
valproic acid syrup (DEPAKENE equiv)	-	G
DEPACON INJ	-	NC
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<b>NC</b> =Not Covered INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation ¢ RxCENTS	LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy	<b>generic</b> =small letters LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to Two 15 Day Fills per Month for the First 3 M VAC Vaccine Program

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<b>ANTICONVULSANTS Cont.</b>		
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	G
mirtazapine tab (REMERON equiv)	-	G
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion ER tab (WELLBUTRIN equiv)	-	G
bupropion tab (WELLBUTRIN equiv)	-	G
bupropion XL tab (WELLBUTRIN XL equiv)	-	G
MAPROTILINE TAB	-	G
APLENZIN TAB	-	NC
WELLBUTRIN SR TAB	-	NC
WELLBUTRIN XL TAB	-	NC
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM PATCH	-	B
MARPLAN TAB	-	B
NARDIL TAB	-	B
phenelzine tab (NARDIL equiv)	-	G
tranylcypromine tab (PARNATE equiv)	-	G
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	B
citalopram soln (CELEXA equiv)	-	G
citalopram tab (CELEXA equiv)	-	G
escitalopram soln (LEXAPRO equiv)	-	G
escitalopram tab (LEXAPRO equiv)	-	G
fluoxetine cap (PROZAC equiv)	-	G
fluoxetine soln (PROZAC equiv)	-	G
fluoxetine tab (PROZAC equiv)	-	G
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	G
fluvoxamine tab (LUVOX equiv)	-	G
paroxetine ER tab (PAXIL CR equiv)	-	G
paroxetine tab (PAXIL equiv)	-	G
sertraline conc (ZOLOFT equiv)	-	G
sertraline tab (ZOLOFT equiv)	-	G
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PROZAC WEEKLY CAP	-	NC
<b>SEROTONIN MODULATORS</b>		
OLEPTRO TAB	-	B
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	B
NEFAZODONE TAB	-	G
nefazodone tab 50mg, 250mg	-	G
trazodone tab (DESYREL equiv)	-	G
trazodone tab 300mg (DESYREL equiv)	-	NC

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<b>ANTIDEPRESSANTS Cont.</b>		
VIIBRYD STARTER KIT	-	NC
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
FETZIMA CAP (QL= 1 cap/day)	PA-QL	B
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	B
desvenlafaxine ER tab (PRISTIQ equiv)	-	G
duloxetine EC cap (CYMBALTA equiv)	-	G
venlafaxine ER cap (EFFEXOR XR equiv)	-	G
venlafaxine tab (EFFEXOR equiv)	-	G
DESVENLAFAXINE ER TAB	-	NC
EFFEXOR XR CAP	-	NC
KHEDEZLA ER TAB	-	NC
venlafaxine ER tab	-	NC
<b>TRICYCLIC AGENTS</b>		
amitriptyline tab (ELAVIL equiv)	-	G
AMOXAPINE TAB	-	G
clomipramine cap (ANAFRANIL equiv)	-	G
desipramine tab (NORPRAMIN equiv)	-	G
doxepin cap (SINEQUAN equiv)	-	G
doxepin conc (SINEQUAN equiv)	-	G
imipramine pamoate cap (TOFRANIL PM equiv)	-	G
imipramine tab (TOFRANIL equiv)	-	G
nortriptyline cap (PAMELOR equiv)	-	G
NORTRIPTYLINE SOLN	-	G
protriptyline tab (VIVACTIL equiv)	-	G
trimipramine cap (SURMONTIL equiv)	-	G
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	G
miglitol tab (GLYSET equiv)	-	G
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	PA	B
<b>ANTIDIABETIC COMBINATIONS</b>		
ACTOPLUS MET XR TAB	-	B
AVANDAMET TAB	-	B
AVANDARYL TAB	-	B
GLYXAMBI TAB (QL= 1 tab/day)	QL	B
JANUMET TAB (QL= 2 tabs/day)	QL	B
JANUMET XR TAB (QL= 2 tabs/day)	QL	B
JENTADUETO TAB (QL= 2 tabs/day)	QL	B
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	B
SYNJARDY TAB (QL= 2 tabs/day)	QL	B
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	B
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	B
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	B
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	B
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	B
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<b>ANTIDIABETICS Cont.</b>		
glipizide/metformin tab (METAGLIP equiv)	-	G
glyburide/metformin tab (GLUCOVANCE equiv)	-	G
pioglitazone/glimepiride tab (DUETACT equiv)	-	G
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	G
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day)	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day)	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
<b>BIGUANIDES</b>		
RIOMET SOLN	-	B
metformin ER tab (GLUCOPHAGE XR equiv)	-	G
metformin tab (GLUCOPHAGE equiv)	-	G
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
<b>DIABETIC OTHER</b>		
GLUCAGEN HYPOKIT INJ	-	B
GLUCAGON INJ KIT	-	B
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	B
PROGLYCEM SUSP	-	B
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	B
TRADJENTA TAB (QL= 1 tab/day)	QL	B
ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day)	-	NC
ONGLYZA TAB	-	NC
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	B
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	B
BYDUREON INJ (QL= 4 inj/28 days)	QL	B
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	B
BYETTA INJ (Step Therapy requires trial of VICTOZA or BYDUREON)	ST	B
VICTOZA INJ (QL= 9ml/30 days)	QL	B
ADLYXIN INJ	-	NC
OZEMPIC INJ	-	NC
TANZEUM INJ	-	NC
TRULICITY INJ	-	NC
<b>INSULIN</b>		

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
APIDRA INJ	PA	B
APIDRA SOLOSTAR INJ	PA	B
HUMALOG INJ, ADMELOG INJ	PA	B
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	PA	B
HUMALOG MIX INJ	PA	B
HUMALOG MIX KWIKPEN INJ	PA	B
HUMALOG PEN INJ	PA	B
HUMULIN MIX INJ	OTC-PA	B
HUMULIN MIX PEN INJ	OTC-PA	B
HUMULIN N INJ	OTC-PA	B
HUMULIN N PEN INJ	OTC-PA	B
HUMULIN R INJ	OTC-PA	B
HUMULIN R INJ U-500	-	B
HUMULIN R U-500 KWIKPEN INJ	-	B
LANTUS INJ	-	B
LANTUS SOLOSTAR INJ	-	B
LEVEMIR FLEXTOUCH INJ	-	B
LEVEMIR INJ	-	B
NOVOLIN INJ	OTC	B
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	B
NOVOLOG INJ, FIASP INJ	-	B
NOVOLOG MIX FLEXPEN INJ	-	B
NOVOLOG MIX INJ	-	B
NOVOLOG PENFILL INJ	-	B
TOUJEO SOLOSTAR INJ	-	B
TRESIBA INJ	-	B
BASAGLAR INJ	-	NC
<b>INSULIN SENSITIZING AGENTS</b>		
AVANDIA TAB	-	B
pioglitazone tab (ACTOS equiv)	-	G
<b>MEGLITINIDE ANALOGUES</b>		
nateglinide tab (STARLIX equiv)	-	G
repaglinide tab (PRANDIN equiv)	-	G
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB (QL= 1 tab/day)	QL	B
JARDIANCE TAB (QL= 1 tab/day)	QL	B
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
<b>SULFONYLUREAS</b>		
TOLBUTAMIDE TAB	-	B
chlorpropamide tab (DIABINESE equiv)	-	G
glimepiride tab (AMARYL equiv)	-	G
glipizide ER tab (GLUCOTROL XL equiv)	-	G
glipizide tab (GLUCOTROL equiv)	-	G
glyburide micronized tab (GLYNASE equiv)	-	G
glyburide tab (MICRONASE equiv)	-	G

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	RxCENTS				

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<b>ANTIDIABETICS Cont.</b>		
tolazamide tab (TOLINASE equiv)	-	G
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB	-	NC
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	G
diphenoxylate/atropine tab (LOMOTIL equiv)	-	G
opium tincture	-	G
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
VISTOGARD PAK	-	NC
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	B
EXJADE TAB	MSP	B
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	B
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	B
JADENU TAB	LMSP	B
<b>OPIOID ANTAGONISTS</b>		
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	B
VIVITROL INJ	LMSP-PA	B
naltrexone tab (REVIA equiv)	-	G
EVZIO INJ	-	NC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
JADENU SPRINKLE	LMSP	B
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
CETYLEV TAB	-	NC
<b>OPIOID ANTAGONISTS</b>		
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	B
naloxone inj	-	NC
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET TAB (QL= 9 tabs/fill)	QL	B
GRANISOL SOLN (QL= 60ml/fill)	QL	B
SANCUSO PATCH (QL= 4 patches/fill)	QL	B
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	G
ondansetron ODT (ZOFTRAN equiv)	-	G
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	RxCENTS				

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<b>ANTIEMETICS Cont.</b>		
ondansetron soln (ZOFTRAN equiv)	-	G
ondansetron tab (ZOFTRAN equiv)	-	G
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
TRANSDERM-SCOP PATCH	-	B
maldemar tab (SCOPACE equiv)	-	G
meclizine chew tab (BONINE equiv) (Rx Only)	-	G
meclizine tab (ANTIVERT equiv) (Rx Only)	-	G
scopolamine patch (TRANSDERM-SCOP equiv)	-	G
trimethobenzamide cap (TIGAN equiv)	-	G
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	B
CESAMET CAP	-	B
dronabinol cap (MARINOL equiv)	PA	G
DICLEGIS TAB	-	NC
SYNDROS SOLN	-	NC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	B
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	G
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	G
EMEND SUSP	-	NC
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
flucytosine cap (ANCOBON equiv)	-	G
griseofulvin micro tab (GRIFULVIN V equiv)	-	G
griseofulvin susp (GRIFULVIN equiv)	-	G
griseofulvin tab (GRIS-PEG equiv)	-	G
nystatin powder	-	G
nystatin tab	-	G
terbinafine tab (LAMISIL equiv)	-	G
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
NOXAFIL SUSP	-	B
NOXAFIL TAB	-	B
SPORANOX SOLN	PA	B
fluconazole susp (DIFLUCAN equiv)	-	G
fluconazole tab (DIFLUCAN equiv)	-	G
itraconazole cap (SPORANOX equiv)	PA	G
ketoconazole tab (NIZORAL equiv)	-	G
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	G
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	G
CRESEMBA CAP	-	NC
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
chlorpheniramine ER cap	-	G

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	RxCENTS				

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**ANTIHISTAMINES Cont.**

**ANTIHISTAMINES - ETHANOLAMINES**

carbinoxamine soln (PALGIC equiv)	-	G
carbinoxamine tab (PALGIC equiv)	-	G
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	G
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC
KARBINAL ER SUSP	-	NC

**ANTIHISTAMINES - NON-SEDATING**

CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARINEX TAB	-	NC
CLARITIN CAP	OTC	NC
DES Loratadine ODT	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
loratadine cap (CLARITIN equiv)	OTC	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC

**ANTIHISTAMINES - PHENOTHIAZINES**

promethazine supp (PHENERGAN equiv)	-	G
promethazine syrup	-	G
promethazine tab (PHENERGAN equiv)	-	G

**ANTIHISTAMINES - PIPERIDINES**

cyproheptadine syrup	-	G
cyproheptadine tab	-	G

**ANTIHYPERLIPIDEMICS**

**ANTIHYPERLIPIDEMICS - COMBINATIONS**

LIPTRUZET TAB (Step Therapy requires trial of 1 generic STATIN and rosuvastatin)	ST	B
ezetimibe/simvastatin tab (VYTORIN equiv)	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC

**ANTIHYPERLIPIDEMICS - MISC.**

omega-3-acid ethyl esters cap (LOVAZA equiv)	-	G
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC

**BILE ACID SEQUESTRANTS**

WELCHOL PAK	-	B
WELCHOL TAB	-	B
cholestyramine lite powder (QUESTRAN LITE equiv)	-	G
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	G
cholestyramine powder (QUESTRAN equiv)	-	G
cholestyramine powder pack (QUESTRAN equiv)	-	G
colestipol granule (COLESTID equiv)	-	G
colestipol powder packet (COLESTID equiv)	-	G
colestipol tab (COLESTID equiv)	-	G

**FIBRIC ACID DERIVATIVES**

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	RxCENTS				

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<b>ANTIHYPERTENSIVES Cont.</b>		
FENOFIBRIC TAB, FIBRICOR TAB	-	B
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	G
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	G
gemfibrozil tab (LOPID equiv)	-	G
TRILIPIX CAP	-	G
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
fenofibric acid DR cap (TRILIPIX equiv)	-	NC
LOFIBRA TAB, TRIGLIDE TAB	-	NC
TRIGLIDE TAB	-	NC
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	G
atorvastatin tab 80mg (LIPITOR equiv)	-	G
rosuvastatin tab 20mg (CRESTOR equiv)	-	G
rosuvastatin tab 40mg (CRESTOR equiv)	-	G
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
CRESTOR TAB 20MG	-	NC
FLOLIPID SUSP	-	NC
fluvastatin cap (LESCOL equiv)	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC
LESCOL CAP	-	NC
LESCOL XL TAB	-	NC
LIPITOR TAB	-	NC
LIVALO TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv)	-	NC
ZOCOR TAB 80MG	-	NC
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab (ZETIA equiv)	-	G
ZETIA TAB	-	NC
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP	-	NC
<b>NICOTINIC ACID DERIVATIVES</b>		
NIASPAN ER TAB	-	G
niacin ER tab (NIASPAN equiv)	-	NC
NIACOR TAB	-	NC
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		

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<b>ANTIHYPERTENSIVES Cont.</b>		
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	B

**ANTIHYPERTENSIVES**

**ACE INHIBITORS**

EPANED PREMIXED SOLN	PA	B
EPANED SOLN	PA	B
QBRELIS SOLN	PA	B
benazepril tab (LOTENSIN equiv)	-	G
captopril tab (CAPOTEN equiv)	-	G
enalapril tab (VASOTEC equiv)	-	G
fosinopril tab (MONOPRIL equiv)	-	G
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	G
moexipril tab (UNIVASC equiv)	-	G
perindopril tab (ACEON equiv)	-	G
quinapril tab (ACCUPRIL equiv)	-	G
ramipril cap (ALTACE equiv)	-	G
trandolapril tab (MAVIK equiv)	-	G

**AGENTS FOR PHEOCHROMOCYTOMA**

phenoxybenzamine cap (DIBENZYLIN equiv)	-	G
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**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

irbesartan tab (AVAPRO equiv)	-	G
losartan tab (COZAAR equiv)	-	G
olmesartan tab (BENICAR equiv)	-	G
telmisartan tab (MICARDIS equiv)	-	G
valsartan tab (DIOVAN equiv)	-	G
ATACAND TAB	-	NC
BENICAR TAB	-	NC
candesartan tab (ATACAND equiv)	-	NC
DIOVAN TAB	-	NC
EDARBI TAB	-	NC
EPROSARTAN TAB	-	NC
TEVETEN TAB	-	NC

**ANTIADRENERGIC ANTIHYPERTENSIVES**

GUANABENZ TAB	-	B
NEXICLON XR SUSP	-	B
NEXICLON XR TAB	-	B
RESERPINE TAB	-	B
clonidine patch (CATAPRES-TTS equiv)	-	G
clonidine tab (CATAPRES equiv)	-	G
doxazosin tab (CARDURA equiv)	-	G
guanfacine IR tab (TENEX equiv)	-	G
methyldopa tab (ALDOMET equiv)	-	G
prazosin cap (MINIPRESS equiv)	-	G
terazosin cap (HYTRIN equiv)	-	G

**ANTIHYPERTENSIVE COMBINATIONS**

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	RxCENTS				

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<b>ANTIHYPERTENSIVES Cont.</b>		
AMTURNIDE TAB (Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan)	ST	B
TEKAMLO TAB (Step Therapy requires trial of valsartan)	ST	B
TEKTURNA HCT TAB (Step Therapy requires trial of valsartan/hctz)	ST	B
TEVETEN HCT TAB	-	B
VALTURNA TAB (Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan)	ST	B
amlodipine/benazepril cap (LOTREL equiv)	-	G
amlodipine/valsartan tab (EXFORGE equiv)	-	G
atenolol/chlorthalidone tab (TENORETIC equiv)	-	G
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	G
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	G
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	G
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	G
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	G
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	G
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	G
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	G
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	G
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	G
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	G
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	G
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	G
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	G
trandolapril/verapamil ER tab (TARKA equiv)	-	G
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	G
amlodipine/olmesartan tab (AZOR equiv)	-	NC
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
AZOR TAB	-	NC
BENICAR HCT TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRIBENZOR TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA TAB (Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan)	ST-¢	B
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPIRA equiv)	¢	G
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	-	G
minoxidil tab (LONITEN equiv)	-	G

**ANTI-INFECTIVE AGENTS - MISC.**

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INF	NC =Not Covered	LD	generic =small letters	LMSP	BRANDS =CAPITAL LETTERS
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QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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**ANTI-INFECTIVE AGENTS - MISC. Cont.**

**ANTI-INFECTIVE AGENTS - MISC.**

CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	B
colistimethate inj (COLY-MYCIN M equiv)	MSP	B
FIRST METRONIDAZOLE SUSP	-	B
FLAGYL ER TAB	-	B
NEBUPENT NEB SOLN	-	B
PRIMSOL SOLN	-	B
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	B
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	B
metronidazole cap (FLAGYL equiv)	-	G
metronidazole tab (FLAGYL equiv)	-	G
tinidazole tab (TINDAMAX equiv)	-	G
trimethoprim tab (PROLOPRIM equiv)	-	G
VANCOMYCIN SOLN KIT	-	G
IMPAVIDO CAP	-	NC
VANCOCIN CAP	-	NC
vancomycin cap (VANCOCIN equiv)	-	NC

**ANTI-INFECTIVE MISC. - COMBINATIONS**

erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	G
smz/tmp (DS) tab (BACTRIM DS equiv)	-	G
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	G

**ANTIPROTOZOAL AGENTS**

ALINIA SUSP (QL= 60ml/3 days)	PA-QL	B
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	B
atovaquone susp (MEPRON equiv)	-	G

**KETOLIDES**

KETEK TAB	-	B
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**LEPROSTATICS**

dapsone tab	-	G
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**LINCOSAMIDES**

clindamycin cap (CLEOCIN equiv)	-	G
clindamycin soln (CLEOCIN equiv)	-	G
clindamycin cap 300mg (CLEOCIN equiv)	-	NC

**OXAZOLIDINONES**

SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	B
linezolid susp (Restricted to Infectious Disease Specialist)	RS	G
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	G

**ANTIMALARIALS**

**ANTIMALARIAL COMBINATIONS**

FANSIDAR TAB	-	B
MALARONE TAB	-	B
atovaquone/proguanil tab (MALARONE equiv)	-	G

**ANTIMALARIALS**

DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	B
MEFLOQUINE TAB	-	B

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INF MSP QL SMKG ¢	<b>NC</b> =Not Covered Infertility Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS	<b>LD</b> <b>OTC</b> <b>RS</b> <b>ST</b>	<b>generic</b> =small letters Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy	<b>LMSP</b> <b>PA</b> <b>SF</b> <b>VAC</b>	<b>BRANDS</b> =CAPITAL LETTERS Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to Two 15 Day Fills per Month for the First 3 M Vaccine Program
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIMALARIALS Cont.</b>		
PRIMAQUINE TAB	-	B
chloroquine tab (ARALEN equiv)	-	G
hydroxychloroquine tab (PLAQUENIL equiv)	-	G
mefloquine tab (LARIAM equiv)	-	G
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
MESTINON SYRUP	-	B
PROSTIGMIN TAB	-	B
pyridostigmine CR tab (MESTINON equiv)	-	G
pyridostigmine tab (MESTINON equiv)	-	G
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	B
<b>ANTIMYCOBACTERIAL AGENTS</b>		
PRIFTIN TAB	-	B
ethambutol tab (MYAMBUTOL equiv)	-	G
ISONIAZID SYRUP	-	G
isoniazid tab	-	G
pyrazinamide tab	-	G
rifabutin cap (MYCOBUTIN equiv)	-	G
rifampin cap (RIFADIN equiv)	-	G
CYCLOSERINE CAP	-	NC
SIRTURO TAB	-	NC
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
HEXALEN CAP	-	B
LEUKERAN TAB	-	B
cyclophosphamide tab (CYTOXAN equiv)	-	G
<b>ANTIMETABOLITES</b>		
TABLOID TAB	-	B
mercaptopurine tab (PURINETHOL equiv)	-	G
methotrexate tab (TREXALL equiv)	-	G
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B
NEXAVAR TAB	MSP-PA-SF	B
SPRYCEL TAB	LMSP-PA-SF	B
SUTENT CAP	MSP-PA-SF	B
TYKERB TAB	LMSP-PA	B
VOTRIENT TAB	LMSP-PA-SF	B
ZOLINZA CAP	LMSP-PA-SF	B
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	B
ALFERON-N INJ	LMSP	B
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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS Cont.</b>		
INTRON-A INJ	MSP	B
MATULANE CAP	-	B
tretinoin cap (VESANOID equiv)	LMSP	B
hydroxyurea cap (HYDREA equiv)	-	G
PROLEUKIN INJ	-	NC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
MESNEX TAB	LMSP	B
leucovorin tab	-	G
<b>MITOTIC INHIBITORS</b>		
etoposide cap (VEPESID equiv)	LMSP	B
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP	LMSP-PA	B
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	B
CEENU CAP	-	B
CYCLOPHOSPHAMIDE CAP	-	B
GLEOSTINE/LOMUSTINE CAP	-	B
MYLERAN TAB	LMSP	B
temozolomide cap (TEMODAR equiv)	LMSP	B
TREANDA INJ	MSP-PA	B
melphalan tab (ALKERAN equiv)	-	G
<b>ANTIMETABOLITES</b>		
ARRANON INJ	MSP	B
azacitidine inj (VIDAZA equiv)	MSP	B
capecitabine tab (XELODA equiv)	LMSP	B
decitabine inj (DACOGEN equiv)	MSP	B
FOLOTYN INJ	MSP	B
METHOTREXATE INJ	-	B
methotrexate inj	-	G
PURIXAN SUSP	-	NC
XATMEP SOLN	-	NC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
AVASTIN INJ	MSP-PA	B
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
ARZERRA INJ	MSP-PA	B
ERBITUX INJ	MSP	B
HERCEPTIN INJ	MSP-PA	B
RITUXAN INJ	MSP-PA	B
VECTIBIX INJ	MSP	B
GAZYVA INJ	-	NC
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	B
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ERIVEDGE CAP	MSP-PA-SF	B
ODOMZO CAP	LMSP-PA-SF	B
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
EMCYT CAP	-	B
FARESTON TAB	-	B
FIRMAGON INJ	MSP	B
LYSODREN TAB	LMSP	B
nilutamide tab (NILANDRON equiv)	LMSP	B
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	B
ZOLADEX INJ	MSP	B
ZYTIGA TAB 250MG (QL= 4 tabs/day)	LMSP-PA-QL-SF	B
ZYTIGA TAB 500MG (QL= 2 tabs/day)	LMSP-PA-QL-SF	B
anastrozole tab (ARIMIDEX equiv)	-	G
bicalutamide tab (CASODEX equiv)	-	G
exemestane tab (AROMASIN equiv)	-	G
flutamide cap (EULEXIN equiv)	-	G
letrozole tab (FEMARA equiv)	-	G
megestrol susp (MEGACE equiv)	-	G
megestrol tab (MEGACE equiv)	-	G
EARLEADA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP	PA	B
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
mitoxantrone inj	MSP	B
<b>ANTINEOPLASTIC COMBINATIONS</b>		
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	B
LONSURF TAB	MSP-PA	B
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	B
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	B
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	B
BOSULIF TAB	MSP-PA-SF	B
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	B
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	B
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	B
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	B
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	B
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	B
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	B
imatinib tab (GLEEVEC equiv)	LMSP-PA-SF	B
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	B
ISTODAX INJ	MSP	B
ISTODAX OVR INJ	MSP	B
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	B
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	B
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	B
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	B
MEKINIST TAB	LMSP-PA	B
NINLARO CAP	MSP-PA	B
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	B
RYDAPT CAP	LMSP-PA	B
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	B
TAFINLAR CAP	LMSP-PA-SF	B
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B
TARCEVA TAB	LMSP-PA-SF	B
TASIGNA CAP	LMSP-PA-SF	B
TORISEL INJ	MSP-PA	B
VELCADE INJ	MSP-PA	B
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	B
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	B
ZELBORAF TAB	MSP-PA-SF	B
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	B
ZYKADIA CAP (QL= 5 caps/day)	LMSP-PA-QL-SF	B
ALUNBRIG PAK	-	NC
CALQUENCE CAP	-	NC
IDHIFA TAB	-	NC
NERLYNX TAB	-	NC
VERZENIO TAB	-	NC
<b>ANTINEOPLASTICS MISC.</b>		
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	B
SYLATRON INJ	MSP-PA	B
SYNRIBO INJ	-	NC
<b>MITOTIC INHIBITORS</b>		
ABRAXANE INJ	MSP	B
HALAVEN INJ	MSP	B
IXEMPRA KIT	MSP	B
JEVTANA INJ	MSP	B

**ANTIPARKINSON AGENTS**

<b>ANTIPARKINSON ADJUVANTS</b>		
carbidopa tab (LODOSYN equiv)	-	G
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine tab	-	G
trihexyphenidyl elixir (ARTANE equiv)	-	G
trihexyphenidyl tab (ARTANE equiv)	-	G
<b>ANTIPARKINSON COMT INHIBITORS</b>		

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**ANTIPARKINSON AGENTS Cont.**

entacapone tab (COMTAN equiv)	-	G
tolcapone tab (TASMAR equiv)	-	G
<b>ANTIPARKINSON DOPAMINERGICS</b>		
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	B
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	B
NEUPRO PATCH	-	B
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	B
amantadine cap (SYMMETREL equiv)	-	G
amantadine syrup (SYMMETREL equiv)	-	G
amantadine tab	-	G
bromocriptine cap (PARLODEL equiv)	-	G
bromocriptine tab (PARLODEL equiv)	-	G
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	G
carbidopa/levodopa ODT (PARCOPA equiv)	-	G
carbidopa/levodopa tab (SINEMET equiv)	-	G
pramipexole ER tab (MIRAPEX ER equiv)	-	G
pramipexole tab (MIRAPEX equiv)	-	G
ropinirole ER tab (REQUIP XL equiv)	-	G
ropinirole tab (REQUIP equiv)	-	G
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC

**ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

ZELAPAR ODT	-	B
rasagiline tab (AZILECT equiv)	¢	G
selegiline cap (ELDEPRYL equiv)	-	G
selegiline tab (ELDEPRYL equiv)	-	G
XADAGO TAB	-	NC

**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

**ANTIMANIC AGENTS**

lithium carbonate cap (ESKALITH ER equiv)	-	G
lithium carbonate ER tab (LITHOBID equiv)	-	G
lithium carbonate tab	-	G
lithium citrate soln	-	G

**ANTIPSYCHOTICS - MISC.**

EQUETRO CAP	-	B
ziprasidone cap (GEODON equiv)	-	G
LATUDA TAB	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC

**BENZISOXAZOLES**

FANAPT TAB (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B
FANAPT TITRATION PACK (QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B
RISPERIDONE ODT	-	B
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of ABILIFY or quetiapine ER)	ST	G
risperidone ODT (RISPERDAL M equiv)	-	G

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
risperidone soln (RISPERDAL equiv)	-	G
risperidone tab (RISPERDAL equiv)	-	G
INVEGA INJ	-	NC
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	G
haloperidol tab (HALDOL equiv)	-	G
<b>DIBENZAPINES</b>		
CLOZAPINE ODT, FAZACLO ODT	-	B
SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER)	QL-ST	B
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	G
clozapine tab (CLOZARIL equiv)	-	G
loxapine cap (LOXITANE equiv)	-	G
olanzapine ODT (ZYPREXA equiv)	-	G
olanzapine tab (ZYPREXA equiv)	-	G
quetiapine tab (SEROQUEL equiv)	-	G
quetiapine XR tab (SEROQUEL XR equiv)	-	G
ADASUVE INHALER	-	NC
VERSACLOZ SUSP	-	NC
<b>PHENOTHIAZINES</b>		
chlorpromazine tab (THORAZINE equiv)	-	G
fluphenazine tab (PROLIXIN equiv)	-	G
perphenazine tab (TRILAFON equiv)	-	G
prochlorperazine supp (COMPAZINE equiv)	-	G
prochlorperazine tab (COMPAZINE equiv)	-	G
thioridazine tab (MELLARIL equiv)	-	G
trifluoperazine tab (STELAZINE equiv)	-	G
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY DISC MELT (QL= 2 tabs/day)	QL	B
ABILIFY SOLN	-	B
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	G
aripiprazole soln (ABILIFY equiv)	-	G
aripiprazole tab (ABILIFY equiv)	¢	G
REXULTI TAB	-	NC
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	G
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>CHLORINE ANTISEPTICS</b>		
PHISOHEX LIQUID	-	B
<b>IODINE ANTISEPTICS</b>		
IODOFLEX PAD	-	NC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
APTIVUS CAP	-	B
APTIVUS SOLN	-	B
ATRIPLA TAB	-	B

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SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
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	RxCENTS				

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
COMPLERA TAB	-	B
CRIVAN CAP	-	B
DESCOVY TAB	PA	B
EDURANT TAB	-	B
EMTRIVA CAP	-	B
EMTRIVA SOLN	-	B
EVOTAZ TAB	-	B
FUZEON INJ	LMSP	B
GENVOYA TAB	-	B
INTELENCE TAB	-	B
INVIRASE CAP	-	B
INVIRASE TAB	-	B
ISENTRESS (HD) TAB	-	B
ISENTRESS CHEW TAB	-	B
ISENTRESS POWDER PACK	-	B
KALETRA TAB	-	B
LEXIVA SUSP	-	B
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	B
NORVIR CAP	-	B
NORVIR SOLN	-	B
NORVIR TAB	-	B
ODEFSEY TAB	-	B
PREZCOBIX TAB	-	B
PREZISTA SUSP	-	B
PREZISTA TAB	-	B
RESCRIPTOR TAB	-	B
REYATAZ POWDER PACK	-	B
SELZENTRY SOLN	-	B
SELZENTRY TAB	-	B
STRIBILD TAB	-	B
SUSTIVA TAB	-	B
TIVICAY TAB (QL= 2 tabs/day)	QL	B
TRIUMEQ TAB	-	B
TRUVADA TAB	PA	B
VIDEX EC CAP 125MG	-	B
VIDEX SOLN	-	B
VIRACEPT POWDER	-	B
VIRACEPT TAB	-	B
VIRAMUNE SUSP	-	B
VIREAD TAB	-	B
VITEKTA TAB	-	B
ZERIT SOLN	-	B
abacavir soln (ZIAGEN equiv)	-	G
abacavir tab (ZIAGEN equiv)	-	G
abacavir/lamivudine tab (EPZICOM equiv)	-	G
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	G
atazanavir cap (REYATAZ equiv)	-	G

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<b>ANTIVIRALS Cont.</b>		
didanosine DR cap (VIDEX EC equiv)	-	G
efavirenz cap (SUSTIVA equiv)	-	G
efavirenz tab (SUSTIVA equiv)	-	G
fosamprenavir tab (LEXIVA equiv)	-	G
lamivudine soln (EPIVIR equiv)	-	G
lamivudine tab (EPIVIR equiv)	-	G
lamivudine/zidovudine tab (COMBIVIR equiv)	-	G
lopinavir/ritonavir soln (KALETRA equiv)	-	G
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	G
nevirapine tab (VIRAMUNE equiv)	-	G
stavudine cap (ZERIT equiv)	-	G
stavudine soln (ZERIT equiv)	-	G
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	G
zidovudine cap (RETROVIR equiv)	-	G
zidovudine syrup (RETROVIR equiv)	-	G
zidovudine tab (RETROVIR equiv)	-	G
BIKTARVY TAB	-	NC
JULUCA TAB	-	NC
TYBOST TAB	-	NC
<b>CMV AGENTS</b>		
GANCICLOVIR CAP	-	B
GANCICLOVIR INJ	MSP	B
ganciclovir inj (CYTOVENE equiv)	MSP	B
valganciclovir soln (VALCYTE equiv)	-	G
valganciclovir tab (VALCYTE equiv)	-	G
PREVYMIS TAB	-	NC
<b>HEPATITIS AGENTS</b>		
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	B
EPCLUSA TAB (QL= 1 tab/day)	LMSP-PA-QL	B
EPIVIR HBV SOLN	-	B
HARVONI TAB (QL= 1 tab/day)	LMSP-PA-QL	B
INFERGEN INJ	LMSP	B
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	B
PEGASYS INJ	LMSP	B
PEGASYS INJ KIT	LMSP	B
PEG-INTRON INJ	LMSP	B
REBETOL SOLN	LMSP	B
RIBATAB	LMSP	B
ribavirin cap (REBETOL equiv)	LMSP	B
ribavirin tab (COPEGUS equiv)	LMSP	B
VEMLIDY TAB	-	B
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	B
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-¢	G
lamivudine tab 100mg (EPIVIR HBV equiv)	-	G
DAKLINZA TAB	-	NC
INCIVEK TAB	-	NC

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<b>ANTIVIRALS Cont.</b>		
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
TYZEKA TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
<b>HERPES AGENTS</b>		
acyclovir cap (ZOVIRAX equiv)	-	G
acyclovir susp (ZOVIRAX equiv)	-	G
acyclovir tab (ZOVIRAX equiv)	-	G
famciclovir tab (FAMVIR equiv)	-	G
valacyclovir tab (VALTREX equiv)	-	G
SITAVIG TAB	-	NC
<b>INFLUENZA AGENTS</b>		
RELENZA DISKHALER (QL= 1 inhaler/calendar year)	QL	B
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill, 1 fill/calendar year)	QL	G
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill, 1 fill/calendar year)	QL	G
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill, 1 fill per calendar year)	QL	G
rimantadine tab (FLUMADINE equiv)	-	G
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
<b>ASSORTED CLASSES</b>		
<b>CHELATING AGENTS</b>		
DEPEN TITRATAB	-	B
CUPRIMINE CAP	-	NC
<b>ENZYMES</b>		
XIAFLEX INJ	MSP-PA	B
<b>IMMUNOMODULATORS</b>		
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	B
THALOMID CAP	MSP-PA	B
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
AZASAN TAB	-	B
RAPAMUNE SOLN	-	B
SANDIMMUNE SOLN 100MG/ML	-	B
ZORTRESS TAB	PA	B
azathioprine tab (IMURAN equiv)	-	G
cyclosporine cap (SANDIMMUNE equiv)	-	G
cyclosporine modified cap (NEORAL equiv)	-	G
cyclosporine modified soln (NEORAL equiv)	-	G
mycophenolate DR tab (MYFORTIC equiv)	-	G
mycophenolate mofetil cap (CELLCEPT equiv)	-	G
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	G
mycophenolate mofetil tab (CELLCEPT equiv)	-	G

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**ASSORTED CLASSES Cont.**

sirolimus tab (RAPAMUNE equiv)	-	G
tacrolimus cap (PROGRAF equiv)	-	G
ENVARUSUS XR TAB	-	NC

**POTASSIUM REMOVING RESINS**

VELTASSA POWDER	PA	B
sodium polystyrene powder (KAYEXALATE equiv)	-	G
sodium polystyrene susp (SPS equiv)	-	G

**BETA BLOCKERS**

**ALPHA-BETA BLOCKERS**

carvedilol tab (COREG equiv)	-	G
labetalol tab (NORMODYNE equiv)	-	G
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC

**BETA BLOCKERS CARDIO-SELECTIVE**

BYSTOLIC TAB	¢	B
acebutolol cap (SECTRAL equiv)	-	G
atenolol tab (TENORMIN equiv)	-	G
betaxolol tab (KERLONE equiv)	-	G
bisoprolol tab (ZEBETA equiv)	-	G
metoprolol ER tab (TOPROL XL equiv)	-	G
metoprolol tab (LOPRESSOR equiv)	-	G
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC

**BETA BLOCKERS NON-SELECTIVE**

INNOPRAN XL CAP	-	B
LEVATOL TAB	-	B
nadolol tab (CORGARD equiv)	-	G
pindolol tab (VISKEN equiv)	-	G
propranolol ER cap (INDERAL LA equiv)	-	G
PROPRANOLOL SOLN	-	G
propranolol tab (INDERAL equiv)	-	G
sotalol AF tab (BETAPACE AF equiv)	-	G
sotalol tab (BETAPACE equiv)	-	G
timolol maleate tab (BLOCADREN equiv)	-	G
HEMANGEOL SOLN	-	NC
SOTYLIZE SOLN	-	NC

**BIOLOGICALS MISC**

**ALLERGENIC EXTRACTS**

GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC

**BIOLOGICALS MISC**

ADAGEN INJ	MSP-PA	B
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**CALCIUM CHANNEL BLOCKERS**

**CALCIUM CHANNEL BLOCKERS**

CARDENE SR CAP	-	B
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<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
COVERA-HS TAB	-	B
DYNACIRC CR TAB	-	B
amlodipine tab (NORVASC equiv)	-	G
diltiazem ER cap (CARDIZEM CD equiv)	-	G
diltiazem ER cap (CARDIZEM SR equiv)	-	G
diltiazem ER cap (DILACOR XR equiv)	-	G
diltiazem ER cap (TIAZAC equiv)	-	G
diltiazem ER tab (CARDIZEM LA equiv)	-	G
diltiazem tab (CARDIZEM equiv)	-	G
felodipine ER tab (PLENDIL equiv)	-	G
isradipine cap (DYNACIRC equiv)	-	G
nicardipine cap (CARDENE equiv)	-	G
nifedipine cap (PROCARDIA equiv)	-	G
nifedipine ER tab (ADALAT CC equiv)	-	G
nimodipine cap (NIMOTOP equiv)	-	G
nisoldipine ER tab (SULAR equiv)	-	G
verapamil SR cap (VERELAN PM equiv)	-	G
verapamil SR cap (VERELAN SR equiv)	-	G
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	G
verapamil tab (CALAN equiv)	-	G

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

digoxin soln (LANOXIN equiv)	-	G
digoxin tab (LANOXIN equiv)	-	G
LANOXIN INJ	-	NC
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC

**CARDIOVASCULAR AGENTS - MISC.**

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	B
amlodipine/atorvastatin tab (CADUET equiv)	-	NC

**IMPOTENCE AGENTS**

CAVERJECT INJ (QL= 6 inj/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B
CIALIS TAB (QL= 6 tabs/30 days)	QL	B
CIALIS TAB 2.5MG (QL= 1 tab/day)	QL	B
EDEX INJ (QL= 6 inj/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B
LEVITRA TAB (QL= 6 tabs/30 days)	QL	B
MUSE SUPP (QL= 6 units/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B
STAXYN ODT (QL= 6 tabs/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B
STENDRA TAB (QL= 6 tabs/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA)	QL-ST	B
VIAGRA TAB (QL=6 tabs/30 days)	QL	G
PAPAVERINE/ALPROSTADIL INJ	-	NC
PAPAVERINE/PHENTOLAMINE INJ	-	NC
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	-	NC
PHENTOLAMINE/ALPROSTADIL INJ	-	NC
sildenafil tab (VIAGRA equiv)	-	NC

**PROSTAGLANDIN VASODILATORS**

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**CARDIOVASCULAR AGENTS - MISC. Cont.**

REMODULIN INJ (Only available through Accredo 888-773-7376)	LD-PA	B
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B
VELETRI INJ	MSP-PA	B
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B
ORENITRAM TAB	-	NC

**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	B

**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

ADCIRCA TAB	LMSP-PA	B
sildenafil inj (REVATIO equiv)	MSP	B
sildenafil tab 20mg (REVATIO equiv)	PA	G
REVATIO SUSP	-	NC

**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B
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**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B
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**SINUS NODE INHIBITORS**

CORLANOR TAB	PA	B
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**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

cefadroxil cap (DURICEF equiv)	-	G
cefadroxil susp (DURICEF equiv)	-	G
cefadroxil tab (DURICEF equiv)	-	G
cephalexin cap (KEFLEX equiv)	-	G
cephalexin susp (KEFLEX equiv)	-	G
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC

**CEPHALOSPORINS - 2ND GENERATION**

CEFACLOR ER TAB	-	B
CEFACLOR SUSP	-	B
cefaclor cap (CECLOR equiv)	-	G
cefprozil susp (CEFZIL equiv)	-	G
cefprozil tab (CEFZIL equiv)	-	G
cefuroxime susp (CEFTIN equiv)	-	G
cefuroxime tab (CEFTIN equiv)	-	G

**CEPHALOSPORINS - 3RD GENERATION**

CEDAX CAP	-	B
CEDAX SUSP	-	B
CEFDITOREN TAB	-	B
SPECTRACEF TAB	-	B
SUPRAX CAP	-	B
SUPRAX CHEW TAB	-	B

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<b>CEPHALOSPORINS Cont.</b>		
SUPRAX SUSP 500MG/5ML	-	B
SUPRAX TAB	-	B
cefdinir cap (OMNICEF equiv)	-	G
cefdinir susp (OMNICEF equiv)	-	G
cefixime susp (SUPRAX equiv)	-	G
cefprozime proxetil susp (VANTIN equiv)	-	G
cefprozime proxetil tab (VANTIN equiv)	-	G
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab (OGESTREL equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0
necon tab (ORTHO-NOVUM equiv)	-	\$0
necon tab 1-50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
YASMIN TAB	-	\$0
YAZ TAB	-	\$0
LO LOESTRIN TAB	-	B
LO MINASTRIN 24 FE CHEW TAB	-	B
LOESTRIN 24 FE TAB	-	B
NATAZIA TAB	-	B
mibelas chew tab (MINASTRIN equiv)	-	G
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	NC
rajani tab (BEYAZ equiv)	-	NC
SAFYRAL TAB	-	NC
TAYTULLA CAP	-	NC
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
XULANE PATCH	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
NUVARING	-	\$0
<b>COPPER CONTRACEPTIVES - IUD (NEW)</b>		

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<b>CONTRACEPTIVES Cont.</b>		
PARAGARD IUD	-	\$0
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	-	NC
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
MIRENA IUD	-	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	-	\$0
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
CORTISONE ACETATE TAB	-	B
DEXPAK TAB	-	B
MILLIPRED DP PAK	-	B
MILLIPRED TAB	-	B
PREDNISON PAK	-	B
UCERIS TAB (QL= 1 tab/day)	PA-QL	B
budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine)	ST	G
CORTEF TAB	-	G
DEXAMETHASONE CONC	-	G
dexamethasone elixir	-	G
dexamethasone soln	-	G
dexamethasone tab (DECADRON equiv)	-	G
hydrocortisone tab (CORTEF equiv)	-	G
methylprednisolone dose pack (MEDROL equiv)	-	G
methylprednisolone tab (MEDROL equiv)	-	G
prednisolone ODT (ORAPRED equiv)	-	G
prednisolone soln (PEDIAPRED equiv)	-	G
prednisolone syrup (PRELONE equiv)	-	G
PREDNISON SOLN	-	G
PREDNISON TAB	-	G
prednisone tab (DELTASONE equiv)	-	G
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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**CORTICOSTEROIDS Cont.**

**MINERALOCORTICIDS**

fludrocortisone tab (FLORINEF equiv)	-	G
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**COUGH/COLD/ALLERGY**

**ANTITUSSIVES**

benzonatate cap (TESSALON equiv)	-	G
hydrocodone/homatropine syrup (HYCODAN equiv)	-	G
tussion tab (HYCODAN equiv)	-	G

**COUGH/COLD/ALLERGY COMBINATIONS**

TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	B
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	G
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	G
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	G
promethazine DM syrup	-	G
promethazine VC syrup (PHENERGAN VC equiv)	-	G
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	G
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	G
CLARINEX-D TAB	-	NC
DECON-A LIQUID	OTC	NC
DURAVENT PE TAB	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSI-PRES LIQUID	-	NC
TUZISTRA XR SUSP	-	NC

**EXPECTORANTS**

GUAIFENESEN SYRUP	-	NC
MUCINEX TAB	-	NC

**MISC. RESPIRATORY INHALANTS**

NEBUSAL NEB SOLN	-	B
sodium chloride neb soln (HYPER-SAL equiv)	-	G

**MUCOLYTICS**

acetylcysteine soln (MUCOMYST equiv)	-	G
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**DERMATOLOGICALS**

**ACNE PRODUCTS**

AVAR AEROSOL FOAM	-	B
AVAR GEL	-	B
AZELEX CREAM (Step Therapy requires trial of RETIN-A MICRO or tretinoin)	ST	B
DUAC CS KIT	-	B
EPIDUO FORTE GEL	PA	B
PRASCION RA CREAM	-	B
RETIN-A CREAM (QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization)	PA-QL	B
RETIN-A/ATRALIN GEL (QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization)	PA-QL	B
SODIUM SULFACETAMIDE/SULFUR LOTION	-	B
clindamycin lotion (CLEOCIN- T equiv)	-	G

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clindamycin pad (CLEOCIN-T equiv)	-	G
clindamycin topical soln (CLEOCIN-T equiv)	-	G
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	G
erythromycin gel	-	G
erythromycin pad	-	G
erythromycin soln	-	G
isotretinoin cap (AC CUTANE equiv)	-	G
sodium sulfacetamide lotion (KLARON equiv)	-	G
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	G
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	G
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	G
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	G
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	G
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	G
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	G
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	G
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	G
tretinoin cream (QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization)	PA-QL	G
tretinoin gel (QL= 20gm/fill)	PA-QL	G
tretinoin gel (RETIN-A GEL equiv) (QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization)	PA-QL	G
ABSORICA CAP	-	NC
ACANYA GEL, ONEXTON GEL	-	NC
ACZONE GEL 7.5%	-	NC
adapalene cream (DIFFERIN equiv)	-	NC
adapalene gel (DIFFERIN equiv)	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	NC
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	NC
AVAR PAD	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin gel (CLEOCIN GEL equiv)	-	NC
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
DIFFERIN OTC GEL 0.1%	OTC	NC
EPIDUO GEL 0.1-2.5%	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
tretinoin gel 0.05% (ATRALIN equiv)	-	NC
tretinoin gel pump 0.04% (TRETINOIN GEL PUMP 0.04% equiv)	-	NC
tretinoin gel pump 0.1% (TRETINOIN GEL PUMP 0.1% equiv)	-	NC
TRETIN-X CREAM	-	NC
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	B
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
<b>ANALGESICS - TOPICAL</b>		
BACLOFEN CREAM COMPOUND KIT	-	B
TRAMADOL COMPOUND KIT	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX OINT (Step Therapy requires trial of mupirocin oint)	ST	B
CORTISPORIN CREAM	-	B
CORTISPORIN OINT	-	B
gentamicin sulfate cream	-	G
gentamicin sulfate oint	-	G
mupirocin cream (BACTROBAN CREAM equiv) (Step Therapy requires trial of mupirocin oint)	ST	G
mupirocin oint (BACTROBAN OINT equiv)	-	G
CENTANY OINT	-	NC
NEO-SYNALAR CREAM	-	NC
<b>ANTIFUNGALS - TOPICAL</b>		
ciclopirox cream (LOPROX CREAM equiv)	-	G
ciclopirox nail soln (PENLAC equiv)	-	G
ciclopirox shampoo (LOPROX equiv) (Step Therapy requires trial of ketoconazole shampoo)	ST	G
clotrimazole cream (LOTRIMIN AF CREAM equiv) (Rx Only)	-	G
econazole cream (SPECTAZOLE equiv) (QL= 30gm/30 days)	QL	G
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	G
ketoconazole cream (NIZORAL CREAM equiv)	-	G
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	G
nystatin cream (MYCOSTATIN CREAM equiv)	-	G
nystatin oint	-	G
nystatin topical powder	-	G
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
ciclopirox gel (LOPROX equiv)	-	NC
ciclopirox topical susp (LOPROX equiv)	-	NC
clotrimazole/betamethasone cream (LOTRISONE equiv)	-	NC
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM	-	NC
EXELDERM SOLN	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC

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iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOPROX GEL	-	NC
LOTRIMIN AF CREAM	-	NC
LOTRISONE CREAM	-	NC
LOTRISONE LOTION	-	NC
LUZU CREAM	-	NC
MENTAX CREAM	-	NC
naftifine cream (NAFTIN equiv)	-	NC
NAFTIN CREAM	-	NC
NAFTIN GEL	-	NC
NAFTIN GEL 2%	-	NC
nystatin/triamcinolone cream	-	NC
nystatin/triamcinolone oint	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PENLAC SOLN	-	NC
VYTONNE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
FLECTOR PATCH (QL= 30 patches/fill; Step Therapy requires trial of celecoxib)	QL-ST	B
VOPAC 5 CREAM	-	B
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	G
diclofenac soln 1.5% (PENNSAID equiv)	-	NC
DICLOPR KIT	-	NC
DST PLUS PAK KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PENNSAID SOLN 1.5%	-	NC
REXAPHENAC CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
FLUOROURACIL SOLN	-	B
PICATO GEL (QL= 1 box/fill)	QL	B
TARGRETIN GEL	LMSP-PA	B
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	B
fluorouracil cream (EFUDEX CREAM equiv)	-	G
CARAC CREAM	-	NC
diclofenac gel (SOLARAZE equiv)	-	NC
FLUORAC CREAM	-	NC
FLUOROPLEX CREAM	-	NC
FLUOROURACIL CREAM 0.5%	-	NC
SOLARAZE GEL	-	NC

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<b>ANTIPRURITICS - TOPICAL</b>		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	NC
<b>ANTIPSORIATICS</b>		
8-MOP CAP	-	B
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	B
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	B
SORIATANE CK KIT	-	B
SORILUX FOAM	-	B
TAZORAC CREAM	ST	B
TAZORAC CREAM (Step Therapy requires trial of RETIN-A MICRO, tretinoin, or EPIDUO FORTE)	ST	B
TAZORAC GEL (Step Therapy requires trial of RETIN-A MICRO, tretinoin, or EPIDUO FORTE)	ST	B
acitretin cap (SORIATANE equiv)	-	G
calcipotriene cream (DOVONEX CREAM equiv)	-	G
calcipotriene oint	-	G
calcipotriene soln (DOVONEX SOLN equiv)	-	G
methoxsalen cap (OXSORALEN ULTRA equiv)	-	G
tazarotene cream (TAZORAC equiv) (Step Therapy requires trial of RETIN-A MICRO, tretinoin, or EPIDUO FORTE)	ST	G
SILIQ INJ	-	NC
STELARA INJ	-	NC
TALTZ INJ	-	NC
TREMFYA INJ	-	NC
VECTICAL OINT	-	NC
<b>ANTISEBORRHEIC PRODUCTS</b>		
OVACE PLUS CREAM	-	B
seb-prev cream (OVACE CREAM equiv)	-	G
selenium sulfide lotion	-	G
selenium sulfide shampoo (SELSEB equiv)	-	G
sodium sulfacetamide gel (OVACE PLUS equiv)	-	G
sodium sulfacetamide shampoo (OVACE equiv)	-	G
sodium sulfacetamide wash (OVACE WASH equiv)	-	G
sodium sulfacetamide/urea pad (ROSULA equiv)	-	G
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
<b>ANTIVIRALS - TOPICAL</b>		
DENAVIR CREAM	-	B
ZOVIRAX CREAM	-	B
acyclovir oint (ZOVIRAX OINT equiv)	-	G
XERESE CREAM	-	NC
ZOVIRAX OINT	-	NC
<b>BURN PRODUCTS</b>		
SULFAMYLON CREAM	-	B
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	G
<b>CORTICOSTEROIDS - TOPICAL</b>		
CAPEX SHAMPOO	-	B
CLOCORTOLONE CREAM, CLODERM CREAM	-	B
CORDRAN TAPE	-	B
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EPIFOAM AEROSOL	-	B
HALOG CREAM	-	B
HALOG OINT	-	B
PANDEL CREAM	-	B
PRAMOSONE CREAM	-	B
PRAMOSONE E CREAM	-	B
PRAMOSONE LOTION	-	B
PRAMOSONE OINT	-	B
TACLONEX SCALP SUSP	-	B
U-CORT CREAM	-	B
ULTRAVATE LOTION	-	B
VERDESO FOAM	-	B
alclometasone cream (ACLOVATE equiv)	-	G
alclometasone oint (ACLOVATE OINT equiv)	-	G
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	G
betamethasone augmented gel	-	G
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	G
betamethasone augmented oint (DIPROLENE OINT equiv)	-	G
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	G
betamethasone dipropionate lotion	-	G
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	G
betamethasone valerate cream	-	G
betamethasone valerate lotion	-	G
betamethasone valerate oint	-	G
calcipotriene/betamethasone oint (TACLONEX equiv)	-	G
clobetasol foam (OLUX equiv)	PA	G
clobetasol lotion (CLOBEX equiv)	PA	G
clobetasol propionate cream (TEMOVATE equiv)	PA	G
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	G
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	G
clobetasol propionate oint (TEMOVATE equiv)	PA	G
clobetasol propionate soln (TEMOVATE equiv)	PA	G
clobetasol shampoo (CLOBEX equiv)	PA	G
clobetasol spray (CLOBEX equiv)	PA	G
desoximetasone cream (TOPICORT CREAM equiv)	-	G
diflorasone oint	-	G
flucinolone acetonide cream	-	G
flucinolone acetonide oil	-	G
flucinolone acetonide oint	-	G
flucinolone acetonide soln	-	G
fluocinonide cream 0.05% (LIDEX equiv)	-	G
fluocinonide emollient cream	-	G
fluocinonide gel	-	G
fluocinonide oint	-	G
fluocinonide soln	-	G
flurandrenolide cream (CORDRAN equiv)	-	G
flurandrenolide lotion (CORDRAN equiv)	-	G

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fluticasone propionate cream (CUTIVATE equiv)	-	G
fluticasone propionate oint (CUTIVATE equiv)	-	G
halobetasol propionate cream (ULTRAVATE equiv)	-	G
halobetasol propionate oint (ULTRAVATE equiv)	-	G
hydrocortisone cream (PROCTOCORT equiv)	-	G
hydrocortisone lotion (HYTONE equiv)	-	G
hydrocortisone oint	-	G
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	G
mometasone cream (ELOCON equiv)	-	G
mometasone oint (ELOCON equiv)	-	G
mometasone soln (ELOCON equiv)	-	G
PREDNICARBATE CREAM	-	G
prednicarbate cream (DERMATOP equiv)	-	G
PREDNICARBATE OIN	-	G
triamcinolone cream	-	G
triamcinolone lotion	-	G
triamcinolone oint	-	G
triamcinolone spray (KENALOG equiv)	-	G
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide cream (DESOWEN equiv)	-	NC
desonide lotion (DESOWEN equiv)	-	NC
desonide oint (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
DIFLORASONE OINT (PSORCON equiv)	-	NC
ENSTILAR FOAM	-	NC
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipcream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC

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	RxCENTS				

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<b>DERMATOLOGICALS Cont.</b>		
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPOYZ CREAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
OLUX E FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
SERNIVO SPRAY	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
TRIANEX OINT	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
WESTCORT OINT	-	NC

**ECZEMA AGENTS**

DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	B
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**EMOLLIENT/KERATOLYTIC AGENTS**

DERMASORB XM KIT	-	B
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA LOTION	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC

**EMOLLIENTS**

ammonium lactate cream (LAC-HYDRIN equiv)	-	G
ammonium lactate lotion (LAC-HYDRIN equiv)	-	G

**ENZYMES - TOPICAL**

SANTYL OINT (QL= 90gm/30 days)	QL	B
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<b>DERMATOLOGICALS Cont.</b>		
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
<b>GLABELLAR LINES (FROWN LINES) AGENTS</b>		
DYSPORT INJ	MSP	B
<b>HAIR GROWTH AGENTS</b>		
bimatoprost topical soln (LATISSE equiv)	-	NC
finasteride tab (PROPECIA equiv)	-	NC
LATISSE SOLN	-	NC
<b>HAIR REDUCTION AGENTS</b>		
VANIQA CREAM	-	NC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	G
ZYCLARA CREAM	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CREAM	-	B
tacrolimus oint (PROTOPIC OINT equiv)	-	G
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CONDYLOX GEL	-	B
PODOCON SOLN	-	B
podofilox soln (CONDYLOX equiv)	-	G
salicylic acid shampoo (SALEX equiv)	-	G
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
QUTENZA INJ	MSP	B
lidocaine cream 3% (LIDAMANTLE equiv)	-	G
lidocaine gel (XYLOCAINE equiv)	-	G
lidocaine oint (QL= 36gm/fill)	QL	G
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	PA-QL	G
lidocaine soln (XYLOCAINE equiv)	-	G
lidocaine/prilocaine cream (EMLA equiv)	-	G
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
LIDOCIN GEL	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		

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<b>DERMATOLOGICALS Cont.</b>		
NEOSALUS FOAM	-	NC
<b>MISC. TOPICAL</b>		
aluminum chloride soln (DRYSOL equiv)	-	G
DRYSOL SOLN	-	G
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT	-	NC
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
ACLARO EMULSION	-	NC
hydroquinone cream (LUSTRA equiv)	-	NC
hydroquinone cream/sunscreen (LUSTRA ULTRA equiv)	-	NC
hydroquinone micro cream (EPIQUIN MICRO equiv)	-	NC
MELQUIN 3 SOLN	-	NC
NUQUIN HP CREAM	-	NC
TRI-LUMA CREAM	-	NC
<b>ROSACEA AGENTS</b>		
FINACEA FOAM	-	B
FINACEA GEL	-	B
FINACEA PLUS KIT	-	B
metronidazole cream (METROCREAM equiv)	-	G
metronidazole gel (METROGEL equiv)	-	G
metronidazole gel 1% (METROGEL equiv) (Step Therapy requires trial of metronidazole gel 0.75%)	ST	G
metronidazole lotion (METROLOTION equiv)	-	G
DOXYCYCLINE CAP, ORACEA CAP	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSADAN KIT	-	NC
<b>SCABICIDES &amp; PEDICULICIDES</b>		
EURAX CREAM	-	B
EURAX LOTION	-	B
LINDANE LOTION	-	B
NATROBA SUSP (QL= 1 bottle/fill)	QL	B
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	B
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	B
ULESFIA LOTION (QL= 4 bottles/fill)	QL	B
lindane lotion	-	G
lindane shampoo	-	G
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	G
permethrin cream (ELIMITE CREAM equiv)	-	G
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL (QL= 30gm/fill)	QL	B
BIAFINE EMULSION	-	NC
REXASIL KIT	-	NC

**DIAGNOSTIC PRODUCTS**

**DIAGNOSTIC DRUGS**

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<b>DIAGNOSTIC PRODUCTS Cont.</b>		
GLUCAGEN INJ	-	B
GLUCAGON DIAGNOSTIC INJ	-	NC
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
FREESTYLE LITE TEST STRIP	OTC	G
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC-PA	B
ACCU-CHEK GUIDE TEST STRIP	OTC-PA	B
ACCU-CHEK SMARTVIEW TEST STRIP	OTC-PA	B
ACCU-CHEK TEST STRIP	OTC-PA	B
TEST STRIP (all other test strips)	OTC-PA	B
CLINISTIX TEST STRIP	OTC	G
FREESTYLE INSULINX TEST STRIP	OTC	G
FREESTYLE PRECISION NEO TEST STRIP	OTC	G
FREESTYLE TEST STRIP	OTC	G
KETO-DIASTIX TEST STRIP	OTC	G
KETOSTIX	OTC	G
ONETOUCH TEST STRIP	OTC	G
PRECISION XTRA TEST STRIP	OTC	G
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP	-	B
PANCREAZE CAP (Step Therapy requires trial of CREON)	ST	B
PANCRELIPASE CAP (Step Therapy requires trial of CREON)	ST	B
PERTZYE CAP (Step Therapy requires trial of CREON)	ST	B
ULTRESA CAP (Step Therapy requires trial of CREON)	ST	B
ZENPEP CAP (Step Therapy requires trial of CREON)	ST	B
SUCRAID SOLN	-	NC
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	G
acetazolamide tab	-	G
methazolamide tab (NEPTAZANE equiv)	-	G

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<b>DIURETICS Cont.</b>		
KEVEYIS TAB	-	NC
<b>DIURETIC COMBINATIONS</b>		
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	B
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	G
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	G
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	G
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	G
<b>LOOP DIURETICS</b>		
bumetanide tab (BUMEX equiv)	-	G
ethacrynic tab (EDECIN equiv)	-	G
FUROSEMIDE SOLN	-	G
furosemide soln (LASIX equiv)	-	G
furosemide tab (LASIX equiv)	-	G
torsemide tab (DEMADEX equiv)	-	G
<b>POTASSIUM SPARING DIURETICS</b>		
DYRENIUM CAP	-	B
amiloride tab (MIDAMOR equiv)	-	G
spironolactone tab (ALDACTONE equiv)	-	G
CAROSPIR SUSP	-	NC
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
DIURIL SUSP	-	B
chlorothiazide tab (DIURIL equiv)	-	G
CHLOROTHIAZIDE TAB 250MG	-	G
CHLORTHALIDONE TAB	-	G
hydrochlorothiazide cap (MICROZIDE equiv)	-	G
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	G
indapamide tab (LOZOL equiv)	-	G
METHYCLOTHIAZIDE TAB	-	G
metolazone tab (ZAROXOLYN equiv)	-	G
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
ALENDRONATE TAB 40MG	-	B
FORTICAL NASAL SPRAY	-	B
FOSAMAX+D TAB (Step Therapy requires trial of ACTONEL)	ST	B
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	B
PROLIA INJ (QL= 1 fill/6 months)	LMSP-QL	B
SKELID TAB	-	B
TYMLOS INJ	LMSP	B
XGEVA INJ	MSP	B
alendronate tab (FOSAMAX equiv)	-	G
calcitonin nasal spray (MIACALCIN equiv)	-	G
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	G
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	G
risedronate tab (ACTONEL equiv)	-	G
<b>CALCIUM REGULATORS - MISC.</b>		

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
ALENDRONATE SOLN (Step Therapy requires trial of ACTONEL)	ST	B
FORTEO INJ	LMSP	B
MIACALCIN INJ	LMSP	B
etidronate disodium tab 200mg (DIDRONEL equiv)	-	G
<b>FERTILITY REGULATORS</b>		
CLOMIPHENE CITRATE TAB	INF	G
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	B
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	NC
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ	LMSP-PA	B
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	B
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ	MSP	B
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPRON DEPOT PED INJ	MSP	B
LUPRON DEPOT-PED INJ	MSP	B
SUPPRELIN LA INJ	MSP	B
SYNAREL NASAL SOLN	-	B
<b>METABOLIC MODIFIERS</b>		
ALDURAZYME INJ	MSP-PA	B
CALCITRIOL INJ	LMSP	B
calcitriol inj (CALCIJEX equiv)	LMSP	B
CYSTADANE POWDER	MSP-PA	B
ELAPRASE INJ	MSP-PA	B
FABRAZYME INJ	MSP-PA	B
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	B
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	B
LUMIZYME/MYOZYME INJ	MSP-PA	B
NAGLAZYME INJ	MSP-PA	B
SENSIPAR TAB	-	B
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	B
calcitriol cap (ROCALTROL equiv)	-	G
calcitriol soln (ROCALTROL equiv)	-	G
doxercalciferol cap (HECTOROL equiv)	-	G
levocarnitine soln (CARNITOR equiv)	-	G
levocarnitine tab (CARNITOR equiv)	-	G
paricalcitol cap (ZEMPLAR equiv)	-	G
sodium phenylbutyrate powder (BUPHENYL equiv)	-	G

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sodium phenylbutyrate tab (BUPHENYL equiv)	-	G
CARBAGLU TAB	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
XURIDEN POWDER	-	NC
<b>POSTERIOR PITUITARY HORMONES</b>		
STIMATE NASAL SOLN	-	B
desmopressin acetate inj (DDAVP equiv)	-	G
desmopressin acetate nasal spray (DDAVP equiv)	-	G
desmopressin acetate tab (DDAVP equiv)	-	G
desmopressin nasal soln (DDAVP equiv)	-	G
NOCTIVA EMULSION SPRAY	-	NC
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	-	G
<b>SOMATOSTATIC AGENTS</b>		
octreotide inj (SANDOSTATIN equiv)	LMSP	B
SANDOSTATIN INJ	LMSP	B
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	B
SOMATULINE INJ	MSP-PA	B
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
SAMSCA TAB	MSP	B
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
ANGELIQ TAB (Step Therapy requires trial of PREMPHASE or PREMPRO)	ST	B
CLIMARA PRO PATCH (Step Therapy requires trial of COMBIPATCH)	ST	B
COMBIPATCH	-	B
DUAVEE TAB	-	B
PREFEST TAB	-	B
PREMPHASE TAB, PREMPRO TAB	-	B
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	G
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	G
jinteli tab (FEMHRT equiv)	-	G
<b>ESTROGENS</b>		
ALORA PATCH (Step Therapy requires trial of estradiol patch)	ST	B
CENESTIN TAB	-	B
DIVIGEL GEL, ELESTRIN GEL	-	B
ENJUVIA TAB (Step Therapy requires trial of PREMARIN)	ST	B
ESTRASORB EMULSION (Step Therapy requires trial of PREMARIN)	ST	B
EVAMIST SPRAY (Step Therapy requires trial of PREMARIN)	ST	B

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<b>ESTROGENS Cont.</b>		
MENEST TAB	-	B
MENOSTAR PATCH (Step Therapy requires trial of estradiol patch)	ST	B
PREMARIN TAB	-	B
DEPO-ESTRADIOL INJ	-	G
estradiol patch (CLIMARA equiv)	-	G
estradiol patch (VIVELLE-DOT equiv)	-	G
estradiol tab (ESTRACE equiv)	-	G
ESTROPIPATE TAB	-	G
estropipate tab (OGEN equiv)	-	G

**FLUROQUINOLONES**

<b>FLUROQUINOLONES</b>		
CIPRO SUSP 5%	-	B
CIPROFLOXACIN 100MG TAB	-	B
NOROXIN TAB	-	B
ciprofloxacin ER tab (CIPRO XR equiv)	-	G
ciprofloxacin susp (CIPRO equiv)	-	G
ciprofloxacin tab (CIPRO equiv)	-	G
levofloxacin soln (LEVAQUIN equiv)	-	G
levofloxacin tab (LEVAQUIN equiv)	-	G
moxifloxacin tab (AVELOX equiv)	-	G
ofloxacin tab (FLOXIN equiv)	-	G
BAXDELA TAB	-	NC
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC

**GASTROINTESTINAL AGENTS - MISC.**

<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB	-	NC

<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	B

<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	B

<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	G
ursodiol tab (URSO (FORTE) equiv)	-	G

<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	G

<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP	-	NC

<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide soln (REGLAN equiv)	-	G
metoclopramide tab (REGLAN equiv)	-	G
METZOZLV ODT	-	NC

<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CAP	-	B
CANASA SUPP	-	B

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	RxCENTS				

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	B
DIPENTUM CAP	-	B
REMICADE INJ	MSP-PA	B
balsalazide cap (COLAZAL equiv)	-	G
LIALDA TAB	-	G
mesalamine enema (ROWASA equiv)	-	G
mesalamine enema kit (ROWASA equiv)	-	G
sulfasalazine EC tab (AZULFIDINE equiv)	-	G
sulfasalazine tab (AZULFIDINE equiv)	-	G
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
mesalamine DR tab (LIALDA equiv)	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	G
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
LINZESS CAP	PA	B
alosetron tab (LOTRONEX equiv)	-	G
VIBERZI TAB	-	NC
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB	PA	B
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
SYMPROIC TAB	-	NC
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB (Step Therapy requires trial of RENVELA and FOSRENOL)	ST	B
FOSRENOL CHEW TAB	-	B
FOSRENOL POWDER PACK	-	B
PHOSLYRA SOLN	-	B
RENAGEL TAB (Step Therapy requires trial of RENVELA and FOSRENOL)	ST	B
RENVELA TAB	-	B
SEVELAMER CARBONATE TAB	-	B
VELPHORO CHEW TAB	-	B
calcium acetate cap (PHOSLO equiv)	-	G
lanthanum carbonate chew tab (FOSRENOL equiv)	-	G
sevelamer powder pak (RENVELA equiv)	-	G
sevelamer tab (RENVELA TAB equiv)	-	G
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT	-	NC
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB	-	NC
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		

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<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
CYTRA-3 SYRUP	-	G
K/NA CITRATE SOLN CITRIC ACID	-	G
ORACIT SOLN	-	G
potassium citrate CR tab (UROKIT-K TAB equiv)	-	G
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	G
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	G
sodium citrate/citric acid soln (BICITRA equiv)	-	G
tricitrates soln (POLYCITRA-LC equiv)	-	G
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	B
PROCYSBI CAP	-	NC
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP	-	B
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
CARDURA XL TAB	-	B
RAPAFLO CAP (Restricted to Urology Specialist)	RS	B
alfuzosin SR tab (UROXATRAL equiv)	-	G
dutasteride cap (AVODART equiv)	-	G
finasteride tab (PROSCAR equiv)	-	G
tamsulosin cap (FLOMAX equiv)	-	G
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIUM equiv)	-	NC
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TAB	-	B
THIOLA TAB	-	NC
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	G
DUZALLO TAB	-	NC
<b>GOUT AGENTS</b>		
KRYSTEXXA INJ	MSP	B
MITIGARE CAP	-	B
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	B
allopurinol tab (ZYLOPRIM equiv)	-	G
COLCHICINE CAP	-	NC
COLCHICINE TAB, COLCRYS TAB	-	NC
ZURAMPIC TAB	-	NC
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	G

**HEMATOLOGICAL AGENTS - MISC.**

<b>ANTHEMOPHILIC PRODUCTS</b>		
ADVATE INJ	MSP-PA	B
ALPHANATE/HEMOFIL/KOATE INJ	MSP-PA	B
ALPHANINE SD/MONONINE INJ	MSP-PA	B

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
BEBULIN/PROFILNINE INJ	MSP-PA	B
BENEFIX INJ	MSP-PA	B
BENEFIX/RIXUBIS INJ	MSP-PA	B
FEIBA INJ	MSP-PA	B
HELIXATE/KOGENATE INJ	MSP-PA	B
HUMATE-P/WILATE INJ	MSP-PA	B
MONOCLATE-P INJ	MSP-PA	B
NOVOSEVEN INJ	MSP-PA	B
RECOMBINATE INJ	MSP-PA	B
RIASTAP INJ	MSP-PA	B
XYNTHA INJ	MSP-PA	B
AFSTYLA KIT	-	NC
HEMLIBRA INJ	-	NC
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ	MSP	B
SOLIRIS INJ	MSP	B
HAEGARDA INJ	-	NC
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	-	G
<b>PLATELET AGGREGATION INHIBITORS</b>		
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	B
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	B
anagrelide cap (AGRYLIN equiv)	-	G
aspirin/dipyridamole cap (AGGRENOX equiv)	-	G
cilostazol tab (PLETAL equiv)	-	G
clopidogrel tab 75mg (PLAVIX equiv)	-	G
dipyridamole tab (PERSANTINE equiv)	-	G
prasugrel tab (EFFIENT equiv)	-	G
ticlopidine tab (TICLID equiv)	-	G
AGGRENOX CAP	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CEREZYME INJ	MSP-PA	B
VPRIV INJ	MSP-PA	B
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	B
CERDELGA CAP	-	NC
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	-	B
ENDARI POWDER PACK	-	NC
<b>COBALAMINS</b>		
NASCOBAL NASAL SPRAY	-	B
cyanocobalamin inj	-	G

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**HEMATOPOIETIC AGENTS Cont.**

CALOMIST NASAL SPRAY	-	NC
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**FOLIC ACID/FOLATES**

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

**HEMATOPOIETIC GROWTH FACTORS**

ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	LMSP-ST	B
EPOGEN INJ	LMSP	B
GRANIX INJ	LMSP	B
LEUKINE INJ	LMSP-PA	B
NEULASTA INJ	LMSP	B
NEUMEGA INJ	LMSP	B
NPLATE INJ	MSP-PA	B
PROCRIT INJ	LMSP	B
PROMACTA TAB	LMSP-PA	B
ZARXIO INJ	LMSP	B
MIRCERA INJ	-	NC
NEUPOGEN INJ	-	NC

**HEMATOPOIETIC MIXTURES**

NEPHRON FA TAB	-	B
ferrex 150 forte cap	-	G
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	G
folbee tab	-	G
multigen folic tab (CHROMAGEN FA equiv)	-	G
multigen plus tab (CHROMAGEN FORTE equiv)	-	G
multigen tab (CHROMAGEN equiv)	-	G
tricon cap (TRINSICON equiv)	-	G
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
PUREFOLIX TAB	-	NC

**IRON**

ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0

**STEM CELL MOBILIZERS**

MOZOBIL INJ	MSP-PA	B
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**HEMOSTATICS**

**HEMOSTATICS - SYSTEMIC**

AMICAR SOLN	-	B
AMICAR SYRUP	-	B
AMICAR TAB	-	B
AMINOCAPROIC ACID TAB	-	B

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**HEMOSTATICS Cont.**

aminocaproic acid syrup (AMICAR equiv)	-	G
aminocaproic acid tab (AMICAR equiv)	-	G
tranexamic acid tab (LYSTEDA equiv)	-	G

**HYPNOTICS**

**NON-BARBITURATE HYPNOTICS**

zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	G
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**OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA TAB	-	NC
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**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

**BARBITURATE HYPNOTICS**

BUTISOL ELIXIR	-	B
BUTISOL TAB	-	B
SECONAL CAP	-	B
phenobarbital elixir	-	G
phenobarbital tab	-	G

**HYPNOTICS - TRICYCLIC AGENTS**

SILENOR TAB	-	NC
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**NON-BARBITURATE HYPNOTICS**

SOMNOTE CAP	-	B
estazolam tab (PROSOM equiv)	-	G
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	G
FLURAZEPAM CAP	-	G
temazepam cap 15mg (RESTORIL equiv)	-	G
temazepam cap 22.5mg (RESTORIL equiv)	-	G
temazepam cap 30mg (RESTORIL equiv)	-	G
temazepam cap 7.5mg (RESTORIL equiv)	-	G
triazolam tab (HALCION equiv)	-	G
zaleplon cap (SONATA equiv)	-	G
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC

**SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ CAP	-	NC
ROZEREM TAB	-	NC

**LAXATIVES**

**LAXATIVE COMBINATIONS**

peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
HALFLYTELY BOWEL PREP KIT	PA	B

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**LAXATIVES Cont.**

MOVIPREP SOLN (QL= 1 bottle/fill)	QL	B
SUCLEAR KIT	PA	B
SUPREP SOLN	PA	B
GOLYTELY PACKET	PA	G
CLENPIQ SOLN	-	NC
gavilyte-h kit	-	NC
PREPOPIK PAK	-	NC

**LAXATIVES - MISCELLANEOUS**

KRISTALOSE PACKET	-	B
lactulose soln	-	G
polyethylene glycol 3350 powder (MIRALAX equiv)	-	G
GIALAX KIT	-	NC
MIRALAX PACKET	-	NC

**SALINE LAXATIVES**

OSMOPREP TAB	-	B
VISICOL TAB	-	B

**MACROLIDES**

**AZITHROMYCIN**

ZITHROMAX POWDER PACK	-	B
ZMAX SUSP	-	B
azithromycin susp (ZITHROMAX equiv)	-	G
azithromycin tab (ZITHROMAX equiv)	-	G

**CLARITHROMYCIN**

CLARITHROMYC SUSP	-	B
clarithromycin ER tab (BIAXIN XL equiv)	-	G
clarithromycin susp (BIAXIN equiv)	-	G
clarithromycin tab (BIAXIN equiv)	-	G

**ERYTHROMYCINS**

ERYPED SUSP	-	B
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	B
ERYTHROMYCIN TAB (all forms except PCE)	-	B
PCE TAB	-	B
ERY-TAB	-	G
erythromycin DR cap (ERYC equiv)	-	G
erythromycin ethylsuccinate susp (ERYPED equiv)	-	G
erythromycin stearate tab	-	G

**FIDAXOMICIN**

DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	B
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**MEDICAL DEVICES AND SUPPLIES**

**CONTRACEPTIVES**

CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0

**DIABETIC SUPPLIES**

FREESTYLE FREEDOM LITE METER	OTC	\$0
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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
ONETOUCH METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
ACCU-CHECK GUIDE CARE METER	OTC-PA	B
ACCU-CHEK AVIVA PLUS METER	OTC-PA	B
ACCU-CHEK NANO METER	OTC-PA	B
DIABETIC METER (all other diabetic meters)	OTC-PA	B
V-GO INJ KIT (QL= 1 kit/day)	QL	B
CALIBRATION LIQUID	OTC	G
LANCET KIT	OTC	G
LANCETS	OTC	G
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	OTC	NC
<b>PARENTERAL THERAPY SUPPLIES</b>		
NOVOPEN ECHO	-	B
B-D INSULIN SYRINGE	--OTC	G
B-D PEN NEEDLE	OTC	G
FREESTYLE INSULIN SYRINGE	OTC	G
INSULIN SYRINGE	OTC	G
NOVOFINE PEN NEEDLE	OTC	G
NOVOTWIST PEN NEEDLE	OTC	G
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	G
PEN NEEDLE	OTC	G
PRECISION INSULIN SYRINGE	OTC	G
<b>RESPIRATORY THERAPY SUPPLIES</b>		
AEROCHAMBER	OTC	B
PEAK FLOW METER	OTC	G
<b>MIGRAINE PRODUCTS</b>		
<b>MIGRAINE COMBINATIONS</b>		
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	B
MIDRIN CAP	-	B
MIGERGOT SUPP	-	B
PRODRIN TAB	-	B
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	G
ergotamine/caffeine tab (CAFERGOT equiv)	-	G
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	G
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
<b>MIGRAINE PRODUCTS</b>		
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	B
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POWDER PACKET	-	NC
<b>SEROTONIN AGONISTS</b>		

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<b>MIGRAINE PRODUCTS Cont.</b>		
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray)	QL-ST	B
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	G
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	G
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	G
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	G
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	G
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	G
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	G
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	G
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	G
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	G
almotriptan tab (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AMERGE TAB	-	NC
AXERT TAB	-	NC
eletriptan tab (RELPAX equiv)	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC
IMITREX TAB	-	NC
MAXALT MLT TAB	-	NC
MAXALT TAB	-	NC
ONZETRA XSAIL	-	NC
RELPAX TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
ZECUITY PAD	-	NC
ZOMIG TAB	-	NC

**MINERALS & ELECTROLYTES**

**FLUORIDE**

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUOR-A-DAY CHEW TAB	-	G

**IODINE PRODUCTS**

SSKI SOLN	-	B
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**PHOSPHATE**

K-PHOS TAB	-	B
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	G

**POTASSIUM**

KLOR-CON M15 TAB	-	B
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INF MSP QL SMKG ¢	<b>NC</b> =Not Covered Infertility Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS	LD OTC RS ST	<b>generic</b> =small letters Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy	LMSP PA SF VAC	<b>BRANDS</b> =CAPITAL LETTERS Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to Two 15 Day Fills per Month for the First 3 M Vaccine Program
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**MINERALS & ELECTROLYTES Cont.**

KLOR-CON POWDER PACKET 25MEQ	-	B
potassium bicarbonate effer tab (K-LYTE equiv)	-	G
potassium chloride effer tab (K-LYTE/CL equiv)	-	G
potassium chloride ER cap (MICRO-K equiv)	-	G
POTASSIUM CHLORIDE ER TAB	-	G
potassium chloride ER tab (KLOR-CON equiv)	-	G
potassium chloride micro tab (K-DUR equiv)	-	G
potassium chloride powder packet (KLOR-CON equiv)	-	G
potassium chloride soln	-	G

**ZINC**

GALZIN CAP	-	B
zinc sulfate cap	-	G

**MISCELLANEOUS THERAPEUTIC CLASSES**

**CHELATING AGENTS**

trientine cap (SYPRINE equiv)	MSP-PA	B
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**SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS**

BENLYSTA AUTO-INJECTOR	-	NC
BENLYSTA INJ	-	NC

**MOUTH/THROAT/DENTAL AGENTS**

**ANESTHETICS TOPICAL ORAL**

FIRST MOUTHWASH BLM	-	B
LIDOCAINE ORAL SOLN 4%	-	B
lidocaine viscous soln	-	G

**ANTIALLERGY AGENTS - MOUTH/THROAT**

APHTHASOL PASTE	-	B
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**ANTI-INFECTIVES - THROAT**

ORAVIG TAB	-	B
clotrimazole troches (MYCELEX TROCHES equiv)	-	G
nystatin susp	-	G

**ANTISEPTICS - MOUTH/THROAT**

chlorhexidine gluconate soln (PERIDEX equiv)	-	G
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**DENTAL PRODUCTS**

PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
PREVIDENT PASTE	-	B
PREVIDENT RINSE	-	B
sodium fluoride gel (PREVIDENT equiv)	-	G
sodium fluoride paste (PREVIDENT equiv)	-	G
sodium fluoride rinse (PREVIDENT equiv)	-	G
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	G

**STEROIDS - MOUTH/THROAT**

triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	G
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**THROAT PRODUCTS - MISC.**

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MSP	Infertility	OTC	Limited Distribution	PA	Lumicera Mandatory Specialty Pharmacy Program
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
GELCLAIR GEL	-	B
cevimeline cap (EVOXAC equiv)	-	G
pilocarpine tab (SALAGEN equiv)	-	G
PROTHELIAL PASTE	-	NC
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
DIALYVITE TAB	-	G
dialyvite tab (NEPHRO-VITE equiv)	-	G
DIALYVITE/ZINC TAB	-	G
FOLBEE PLUS CZ TAB	-	G
renaphro cap (NEPHROCAP equiv)	-	G
FIBRIK CAP	-	NC
<b>MULTIPLE VITAMINS &amp; FLUORIDE-FOLIC ACID</b>		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin/minerals tab (STROVITE equiv)	-	G
<b>MULTIVITAMINS</b>		
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	G
<b>PED MV W/ FLUORIDE</b>		
FLORIVA PLUS DROPS	-	B
QUFLORA PEDIATRIC CHEW TAB	-	B
pediatric multiple vitamins/fluoride chew tab	-	G
pediatric multiple vitamins/fluoride soln	-	G
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		
PRENATAL VITAMINS (NON-PREFERRED)	-	B
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	G
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
baclofen tab	-	G
carisoprodol tab (SOMA equiv) (QL= 90 tabs/21 days, 1 fill/90 days)	QL	G
CHLORZOXAZONE TAB	-	G
cyclobenzaprine tab (FLEXERIL equiv)	-	G
methocarbamol tab (ROBAXIN equiv)	-	G
orphenadrine citrate ER tab (NORFLEX equiv)	-	G
tizanidine cap (ZANAFLEX equiv)	PA	G
tizanidine tab (ZANAFLEX equiv)	-	G
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
LORZONE TAB	-	NC
metaxalone tab (SKELAXIN equiv)	-	NC

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	RxCENTS				

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<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
METAXALONE TAB 400MG	-	NC
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	G
<b>MUSCLE RELAXANT COMBINATIONS</b>		
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	B
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	G
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
<b>VISCOSUPPLEMENTS</b>		
EUFLEXXA/HYALGAN/SUPARTZ INJ	MSP	B
HYALGAN INJ	MSP	B
ORTHOVISC/MONOVISC INJ	MSP	B
SYNVISC INJ	MSP	B
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
<b>NASAL ANTIALLERGY</b>		
ASTEPRO NASAL SPRAY (Step therapy requires trial of azelastine nasal spray 0.1%)	ST	B
azelastine nasal spray (ASTELIN equiv)	-	G
azelastine nasal spray 0.15% (ASTEPRO equiv) (Step therapy requires trial of azelastine nasal spray 0.1%)	ST	G
olopatadine nasal spray (PATANASE equiv)	-	NC
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	-	G
<b>NASAL ANTI-INFECTIVES</b>		
BACTROBAN NASAL OINT (QL= 10 tubes/fill)	QL	B
<b>NASAL STEROIDS</b>		
BECONASE AQ NASAL SPRAY	-	NC
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC
FLUNISOLIDE NASAL SPRAY (NASAREL equiv)	-	NC
fluticasone nasal spray (FLONASE equiv)	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
NASACORT OTC NASAL SPRAY	OTC	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
triamcinolone nasal spray (NASACORT equiv)	-	NC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC

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	RxCENTS				

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DrugName	Special Code	Tier
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
riluzole tab (RILUTEK equiv)	-	G
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
DYSPORT INJ	MSP	B
XEOMIN INJ	MSP	B
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
LACRISERT OPHTH INSERT	-	B
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETIMOL OPHTH SOLN	-	B
BETOPTIC-S OPHTH SOLN	-	B
COMBIGAN OPHTH SOLN	-	B
COSOPT PF OPHTH SOLN	-	B
ISTALOL OPHTH SOLN	-	B
METIPRANOLOL OPHTH SOLN	-	B
TIMOLOL OPHTH GEL SOLN	-	B
TIMOPTIC OCUDOSE OPHTH SOLN	-	B
betaxolol ophth soln (BETOPTIC-S equiv)	-	G
carteolol ophth soln (OCUPRESS equiv)	-	G
dorzolamide/timolol ophth soln (COSOPT equiv)	-	G
levobunolol ophth soln (BETAGAN equiv)	-	G
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	G
timolol maleate ophth soln (TIMOPTIC equiv)	-	G
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	G
<b>CYCLOPLEGIC MYDRIATICS</b>		
CYCLOMYDRIL OPHTH SOLN	-	B
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	B
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	B
ISOPTO HYOSCINE OPHTH SOLN	-	B
atropine ophth oint	-	G
atropine ophth soln (ISOPTO ATROPINE equiv)	-	G
cyclopentolate ophth soln (CYCLOGYL equiv)	-	G
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	G
tropicamide ophth soln (MYDRIACYL equiv)	-	G
<b>MIOTICS</b>		
ISOPTO CARBACHOL OPHTH SOLN	-	B
PHOSPHOLINE OPHTH SOLN	-	B
PILOPINE HS OPHTH GEL	-	B
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	G
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
LUCENTIS INJ	MSP-PA	B
MACUGEN INJ	MSP-PA	B
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P OPHTH SOLN 0.1%	-	B
IOPIDINE OPHTH SOLN 1%	-	B

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	RxCENTS				

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<b>OPHTHALMIC AGENTS Cont.</b>		
SIMBRINZA OPHTH SUSP	-	B
apraclonidine ophth soln (IOPIDINE equiv)	-	G
brimonidine ophth soln (ALPHAGAN P equiv)	-	G
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOLN	-	B
BACITRACIN OPHTH OINT	-	B
BESIVANCE OPHTH SUSP (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	B
CILOXAN OPHTH OINT	-	B
MOXEZA OPHTH SOLN	-	B
TOBEX OPHTH OINT	-	B
VIGAMOX OPHTH SOLN	-	B
ZIRGAN OPHTH GEL	-	B
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	G
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	G
ciprofloxacin ophth soln (CILOXAN equiv)	-	G
erythromycin ophth oint	-	G
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	G
GENTAK OPHTH OINT	-	G
gentamicin ophth oint (GARAMYCIN equiv)	-	G
gentamicin ophth soln (GARAMYCIN equiv)	-	G
levofloxacin ophth soln (QUIXIN equiv)	-	G
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	G
neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv)	-	G
ofloxacin ophth soln (OCUFLOX equiv)	-	G
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	G
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	G
tobramycin ophth soln (TOBEX equiv)	-	G
trifluridine ophth soln (VIROPTIC equiv)	-	G
<b>OPHTHALMIC DECONGESTANTS</b>		
phenylephrine ophth soln (MYDFRIN equiv)	-	G
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	PA-RS	B
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN	PA	B
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	G
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
<b>OPHTHALMIC STEROIDS</b>		
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	B
BLEPHAMIDE OPHTH SOLN	-	B
BLEPHAMIDE S.O.P. OPHTH OINT	-	B
DUREZOL OPHTH EMULSION	-	B

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	RxCENTS				

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<b>OPHTHALMIC AGENTS Cont.</b>		
FLAREX OPHTH SUSP	-	B
FML FORTE OPHTH SUSP	-	B
FML S.O.P. OPHTH OINT	-	B
ILUVIEN/RETISERT INJ	MSP	B
LOTEMAX OPHTH GEL	-	B
LOTEMAX OPHTH OINT	-	B
MAXIDEX OPHTH SOLN	-	B
OZURDEX INJ	MSP	B
PRED MILD OPHTH SOLN	-	B
PRED-G OPHTH SOLN	-	B
TOBRADEX OPHTH OINT	-	B
TOBRADEX ST OPHTH SUSP	-	B
VEXOL OPHTH SUSP	-	B
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	B
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	G
dexamethasone ophth soln	-	G
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	G
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	G
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	G
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	G
prednisolone ophth soln (PRED FORTE equiv)	-	G
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	G
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	G
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC

**OPHTHALMICS - MISC.**

ACUVAIL OPHTH SOLN	-	B
ALAMAST OPHTH SOLN	-	B
ALOCRIAL OPHTH SOLN	-	B
ALOMIDE OPHTH SOLN	-	B
AZOPT OPHTH SUSP	-	B
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	B
ILEVRO OPHTH SUSP	-	B
NEVANAC OPHTH SUSP	-	B
PROLENSA OPHTH SOLN	-	B
azelastine ophth soln (OPTIVAR equiv)	-	G
bromfenac ophth soln (BROMDAY equiv)	-	G
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	G
cromolyn ophth soln (CROLOM equiv)	-	G
diclofenac sodium ophth soln (VOLTAREN equiv)	-	G
dorzolamide ophth soln (TRUSOPT equiv)	-	G
epinastine ophth soln (ELESTAT equiv)	-	G
FLURBIPROFEN OPHTH SOLN	-	G
flurbiprofen ophth soln (OCUFEN equiv)	-	G
ketorolac ophth soln (ACULAR (LS) equiv)	-	G
olopatadine ophth soln (PATANOL equiv)	-	G

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<b>OPHTHALMIC AGENTS Cont.</b>		
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%)	QL-ST	G
BEPREVE OPHTH SOLN	-	NC
BROMSITE OPHTH SOLN	-	NC
EMADINE OPHTH SOLN	-	NC
ketotifen ophth soln (ZADITOR equiv)	OTC	NC
LASTACFT OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days, Step Therapy requires trial of latanoprost ar TRAVATAN Z)	QL-ST	B
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	B
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	G
VYZULTA SOLN	-	NC
ZIOPTAN OPHTH SOLN	-	NC
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
acetic acid otic soln (VOSOL equiv)	-	G
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	G
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN OTIC SOLN	-	B
ofloxacin otic soln (FLOXIN equiv)	-	G
<b>OTIC COMBINATIONS</b>		
CIPRO HC OTIC SUSP (Step Therapy requires trial of CIPRODEX)	ST	B
CIPRODEX OTIC SUSP	-	B
COLY-MYCIN S OTIC SUSP	-	B
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	G
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	G
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B AQUEOUS OTIC SOLN	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN	-	NC
OTOZIN OTIC DROPS	-	NC
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC
<b>OTIC STEROIDS</b>		
ACETASOL HC OTIC SOLN	-	B
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	G
fluocinolone otic oil (DERMOTIC equiv)	-	G
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	G
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	G
<b>PASSIVE IMMUNIZING AGENTS</b>		

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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**PASSIVE IMMUNIZING AGENTS Cont.**

**IMMUNE SERUMS**

CARIMUNE INJ	MSP-PA	B
CYTOGAM INJ	MSP	B
FLEBOGAMMA/GAMMAPLEX/OCTAGAM/PRIVIGEN INJ	MSP-PA	B
GAMASTAN S/D INJ	MSP-PA	B
GAMUNEX INJ	MSP-PA	B
HIZENTRA INJ	MSP	B
RHOPHYLAC/MICRHOGAM/RHOGAM PLUS INJ	MSP	B
WINRHO SDF INJ	MSP	B

**MONOCLONAL ANTIBODIES**

SYNAGIS INJ (Only available through Avella Specialty Pharmacy 888-792-3888)	MSP-PA	B
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**PENICILLINS**

**AMINOPENICILLINS**

amoxicillin cap (TRIMOX equiv)	-	G
amoxicillin chew tab (AMOXIL equiv)	-	G
AMOXICILLIN CHEW TAB 250MG	-	G
amoxicillin susp (TRIMOX equiv)	-	G
amoxicillin tab (AMOXIL equiv)	-	G
ampicillin cap (PRINCIPEN equiv)	-	G
ampicillin susp (PRINCIPEN equiv)	-	G
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC

**NATURAL PENICILLINS**

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

**PENICILLIN COMBINATIONS**

amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	G
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	G
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	G
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	G

**PENICILLINASE-RESISTANT PENICILLINS**

dicloxacillin cap (DYNAPEN equiv)	-	G
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**PHARMACEUTICAL ADJUVANTS**

**SEMI SOLID VEHICLES**

POLYETHYLENE GLYCOL 8000 GRANULES	-	B
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**PROGESTINS**

**PROGESTINS**

medroxyprogesterone tab (PROVERA equiv)	-	G
megestrol ES susp (MEGACE ES equiv)	-	G
norethindrone tab (AYGESTIN equiv)	-	G
progesterone cap (PROMETRIUM equiv)	-	G
progesterone oil inj	-	NC

**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

**AGENTS FOR CHEMICAL DEPENDENCY**

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
acamprosate calcium DR tab (CAMPRAL equiv)	-	G
disulfiram tab (ANTABUSE equiv)	-	G
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	B
<b>ANTIDEMENTIA AGENTS</b>		
EXELON SOLN (Step Therapy requires trial of NAMENDA XR)	ST	B
NAMENDA XR TITRATION PACK	-	B
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	G
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	G
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	G
galantamine ER cap (RAZADYNE ER equiv)	-	G
GALANTAMINE SOLN	-	G
galantamine tab (RAZADYNE equiv)	¢	G
memantine ER cap (NAMENDA XR equiv)	-	G
memantine soln (NAMENDA equiv)	-	G
memantine tab (NAMENDA equiv)	-	G
rivastigmine cap (EXELON equiv)	-	G
rivastigmine patch (EXELON equiv)	-	G
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	G
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	G
PERPHENAZINE/ AMITRIPTYLINE TAB	-	G
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA PAK	-	B
SAVELLA TAB (QL= 2 tabs/day)	QL	B
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI TAB	-	NC
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	B
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
XENAZINE TAB	-	NC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	B
AUBAGIO TAB	LMSP	B
AVONEX INJ	LMSP	B
EXTAVIA INJ	LMSP	B
GILENYA CAP	LMSP	B
glatiramer inj (COPAXONE equiv)	LMSP	B
PLEGRIDY INJ	LMSP	B
PLEGRIDY PEN INJ	LMSP	B
REBIF INJ	LMSP	B

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	RxCENTS				

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
TECFIDERA CAP	LMSP	B
TECFIDERA STARTER PACK	LMSP	B
TYSABRI INJ	MSP-PA	B
BETASERON INJ	-	NC
ZINBRYTA INJ	-	NC
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP (QL= 2 caps/day)	QL	B
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
pimozide tab (ORAP equiv)	-	G
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB	-	NC
<b>SMOKING DETERRENTS</b>		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
ARALAST/PROLASTIN/ZEMAIRA INJ	MSP-PA	B
GLASSIA INJ	MSP-PA	B
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-SF	B
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	B
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	B
PULMOZYME INH SOLN	LMSP	B
SYMDEKO TAB	-	NC
<b>PULMONARY FIBROSIS AGENTS</b>		

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	RxCENTS				

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**RESPIRATORY AGENTS - MISC. Cont.**

ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	B
ESBRIET TAB 267MG (QL= 9 tabs/day)	MSP-PA-QL-SF	B
ESBRIET TAB 801MG (QL= 3 tabs/day)	MSP-PA-QL-SF	B
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	B

**SULFONAMIDES**

**SULFONAMIDES**

SULFADIAZINE TAB	-	G
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**TETRACYCLINES**

**TETRACYCLINES**

ORAXYL CAP	-	B
VIBRAMYCIN SYRUP	-	B
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	G
doxycycline hyclate DR tab (DORYX equiv)	PA	G
doxycycline hyclate tab (VIBRATAB equiv)	-	G
doxycycline monohydrate cap (MONODOX equiv)	-	G
doxycycline monohydrate tab (ADOXA equiv)	-	G
doxycycline susp (VIBRAMYCIN equiv)	-	G
minocycline cap (MINOCIN equiv)	-	G
minocycline tab (DYNACIN equiv) (Step therapy requires trial of minocycline caps)	ST	G
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA CAP 150MG	-	NC
ADOXA TAB 150MG	-	NC
ADOXA TAB 75MG	-	NC
demeclocycline tab (DECLOMYCIN equiv)	-	NC
DORYX MPC TAB	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (ADOXA equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
doxycycline monohydrate tab 75mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
MONODOX CAP 75MG	-	NC
tetracycline cap	-	NC
XIMINO CAP	-	NC

**THYROID AGENTS**

**ANTITHYROID AGENTS**

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

**THYROID HORMONES**

THYROLAR TAB	-	B
TIROSINT CAP	-	B
ARMOUR THYROID TAB, NATURE THROID TAB	-	G
liothyronine tab (CYTOMEL equiv)	-	G
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	G

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INF MSP QL SMKG ¢	<b>NC</b> =Not Covered Infertility Mandatory Specialty Pharmacy Program Quantity Limit Smoking Cessation RxCENTS	LD OTC RS ST	<b>generic</b> =small letters Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy	LMSP PA SF VAC	<b>BRANDS</b> =CAPITAL LETTERS Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to Two 15 Day Fills per Month for the First 3 M Vaccine Program
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<b>THYROID AGENTS Cont.</b>		
SYNTHROID TAB	-	G
levothyroxine tab (SYNTHROID equiv)	-	NC
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL/BOOSTRIX INJ	VAC	\$0
TETANUS-DIPHTHERIA TOXOID INJ	VAC	\$0
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
BELLADONNA ALKALOID/OPIUM SUPP	-	B
CANTIL TAB	-	B
CUVPOSA SOLN	-	B
DONNATAL ELIXIR	-	B
PROPANTHELINE TAB	-	B
SYMAX DUOTAB	-	B
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	G
dicyclomine cap (BENTYL equiv)	-	G
dicyclomine soln (BENTYL equiv)	-	G
dicyclomine tab (BENTYL equiv)	-	G
glycopyrrolate tab (ROBINUL equiv)	-	G
hyoscyamine sulfate CR tab (LEVBID equiv)	-	G
hyoscyamine sulfate elixir (LEVSIN equiv)	-	G
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	G
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	G
hyoscyamine sulfate soln (LEVSIN equiv)	-	G
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	G
hyoscyamine tab (LEVSIN equiv)	-	G
methscopolamine tab (PAMINE equiv)	-	G
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB 1.5MG	-	NC
<b>H-2 ANTAGONISTS</b>		
ZANTAC EFFER TAB	-	B
CIMETIDINE SOLN	-	G
cimetidine tab (TAGAMET equiv)	-	G
famotidine susp (PEPCID equiv)	-	G
famotidine tab (PEPCID equiv)	-	G
nizatidine cap (AXID equiv)	-	G
nizatidine soln (AXID equiv)	-	G
ranitidine cap (ZANTAC equiv)	-	G
ranitidine syrup (ZANTAC equiv)	-	G
ranitidine tab (Rx Only) (ZANTAC equiv)	-	G
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUSP	-	G
sucralfate tab (CARAFATE equiv)	-	G

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	RxCENTS				

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**ULCER DRUGS Cont.**

**PROTON PUMP INHIBITORS**

FIRST OMEPRAZOLE SUSP	PA	B
LANSOPRAZOLE SUSP	PA	B
esomeprazole cap	PA	G
lansoprazole cap (PREVACID equiv) (Rx Only)	-	G
omeprazole DR cap (PRILOSEC equiv)	-	G
pantoprazole EC tab (PROTONIX equiv)	-	G
rabeprazole EC tab (ACIPHEX equiv)	PA	G
ACIPHEX SPRINKLE CAP	-	NC
DEXILANT CAP	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PREVACID OTC CAP	OTC	NC
PREVACID SOLUTAB	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX PAK	-	NC

**ULCER DRUGS - PROSTAGLANDINS**

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

PYLERA CAP	-	B
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	G
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID CAP OTC	OTC	NC
ZEGERID POWDER PACK	-	NC

**URINARY ANTI-INFECTIVES**

**URINARY ANTI-INFECTIVE COMBINATIONS**

HYOPHEN TAB	-	B
UROQID #2 TAB	-	B
hyophen tab (PROSED DS equiv)	-	G
PROSED DS TAB	-	NC
UTA cap	-	NC

**URINARY ANTI-INFECTIVES**

MONUROL GRANULE PACK	-	B
methenamine hippurate tab (HIPREX equiv)	-	G
methenamine mandelate tab	-	G
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	G
nitrofurantoin monohydrate cap (MACROBID equiv)	-	G
nitrofurantoin susp (FURADANTIN equiv)	-	G

**URINARY ANTISPASMODICS**

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)**

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	RxCENTS				

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<b>URINARY ANTISPASMODICS Cont.</b>		
GELNIQUE GEL	PA	B
oxybutynin ER tab (DITROPAN XL equiv)	-	G
oxybutynin syrup	-	G
oxybutynin tab (DITROPAN equiv)	-	G
tolterodine tab (DETROL equiv)	¢	G
tropium chloride SR cap (SANCTURA XR equiv)	-	G
tropium tab (SANCTURA equiv)	-	G
OXYTROL PATCH	-	NC
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
tolterodine SR cap (DETROL LA equiv)	-	G
darifenacin SR tab (ENABLEX equiv)	-	NC
DETROL LA CAP	-	NC
TOVIAZ TAB	-	NC
VESICARE TAB	-	NC
<b>URINARY ANTISPASMODICS</b>		
hyoscyamine tab (LEVSIN equiv)	-	G
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB	-	NC
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol tab (URECHOLINE equiv)	-	G
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b>		
flavoxate tab (URISPAS equiv)	-	G

**VACCINES**

<b>BACTERIAL VACCINES</b>		
BXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENHIBRIX INJ	VAC	\$0
MENOMUNE A/C/Y/W INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ	VAC	\$0
TRUMENBA INJ	VAC	\$0
VIVOTIF BERNA CAP (QL= 4 caps/fill)	QL-VAC	\$0
VAXCHORA SUSP	-	NC
<b>VIRAL VACCINES</b>		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
CERVARIX INJ	VAC	\$0
ENGERIX-B INJ	VAC	\$0
ENGERIX-B/RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0

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

\*\* OTC drugs are not a covered benefit.

INF	NC =Not Covered	LD	generic =small letters	LMSP	BRANDS =CAPITAL LETTERS
MSP	Infertility	OTC	Limited Distribution	PA	Lumicera Mandatory Specialty Pharmacy Program
QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization
SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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**SISC - Book of Business Drug List  
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DrugName	Special Code	Tier
<b>VACCINES Cont.</b>		
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUADRIVALENT INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0
GARDASIL 9 INJ	VAC	\$0
GARDASIL INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
SHINGRIX INJ (Covered for members age 50 or older)	VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0
HEPLISAV-B INJ	-	NC
STAMARIL INJ	-	NC

**VAGINAL PRODUCTS**

**MISCELLANEOUS VAGINAL PRODUCTS**

ACIDIC VAGINAL JELLY	-	B
FEM PH GEL	-	B
INTRAROSA SUPP	-	NC

**SPERMICIDES**

CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0

**VAGINAL ANTI-INFECTIVES**

AVC VAGINAL CREAM	-	B
CLEOCIN VAGINAL SUPP	-	B
CLINDESSE VAGINAL CREAM	-	B
clindamycin vaginal cream (CLEOCIN equiv)	-	G
metronidazole vaginal gel (METROGEL equiv)	-	G
NYSTATIN VAGINAL TAB	-	G
terconazole cream (TERAZOL equiv)	-	G
TERCONAZOLE CREAM 8%	-	G
terconazole supp (TERAZOL equiv)	-	G

**VAGINAL ESTROGENS**

ESTRING (3 copays per Rx)	-	B
FEMRING (3 copays per Rx)	-	B
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	G
ESTRACE VAGINAL CREAM	-	NC
estradiol cream (ESTRACE equiv)	-	NC
PREMARIN VAGINAL CREAM	-	NC

**VAGINAL PROGESTINS**

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¢	Smoking Cessation		Step Therapy		Vaccine Program
	RxCENTS				

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**SISC - Book of Business Drug List  
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Last Updated\* 3/1/2018

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
CRINONE GEL	PA	B
ENDOMETRIN INSERT	PA	B
PROGESTERONE SUPP	PA	B
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	B
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	B
ADRENALCLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ, EPIPEN (JR) INJ	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		
midodrine tab (PROAMATINE equiv)	-	G
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
MEPHYTON TAB	-	B
vitamin D cap (RX strength only)	-	G
ERGOCAL CAP	-	NC
VITAMIN D TAB 2000IU	OTC	NC
<b>WATER SOLUBLE VITAMINS</b>		
POTABA POWDER PACKET	-	B
POTABA TAB	-	B
pyridoxine inj	-	G
niacin cap	OTC	NC
niacin CR tab (SLO-NIACIN equiv)	OTC	NC
niacin tab	OTC	NC
NIACIN TR TAB	OTC	NC
niacinamide tab	OTC	NC

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SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M
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	RxCENTS				

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**SISC - Book of Business Drug List  
Prior Authorization Drug List  
Last Updated\* 3/1/2018**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABSTRAL SL TAB	B
ACCU-CHECK GUIDE CARE METER	B
ACCU-CHEK AVIVA PLUS METER	B
ACCU-CHEK AVIVA PLUS TEST STRIP	B
ACCU-CHEK GUIDE TEST STRIP	B
ACCU-CHEK NANO METER	B
ACCU-CHEK SMARTVIEW TEST STRIP	B
ACCU-CHEK TEST STRIP	B
ACTEMRA IV INJ	B
ACTEMRA SC INJ	B
ADAGEN INJ	B
ADCIRCA TAB	B
ADEMPAS TAB	B
ADVATE INJ	B
AFINITOR DISPERZ	B
AFINITOR TAB	B
ALDURAZYME INJ	B
ALECENSA CAP	B
ALINIA SUSP	B
ALINIA TAB	B
ALPHANATE/HEMOFIL/KOATE INJ	B
ALPHANINE SD/MONONINE INJ	B
ALUNBRIG TAB 30MG	B
ALUNBRIG TAB 90MG, 180MG	B
AMPYRA TAB	B
ANDRODERM PATCH	B
ANDROGEL 1.62% 1.25GM	B
ANDROGEL 1.62% 2.5GM	B
ANDROGEL PUMP 1.62%	B
APIDRA INJ	B
APIDRA SOLOSTAR INJ	B
ARALAST/PROLASTIN/ZEMAIRA INJ	B
ARCALYST INJ	B
armodafinil tab	G
ARZERRA INJ	B
AVASTIN INJ	B
BEBULIN/PROFILNINE INJ	B
BENEFIX INJ	B
BENEFIX/RIXUBIS INJ	B
bexarotene cap	B
BOSULIF TAB	B
CABOMETYX TAB	B

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**SISC - Book of Business Drug List cont.  
 Prior Authorization Drug List  
 Last Updated\* 3/1/2018**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
CAPRELSA TAB	B
CARIMUNE INJ	B
CAYSTON INH SOLN	B
CEREZYME INJ	B
CHOLBAM CAP	B
CIMZIA INJ	B
clobetasol foam	G
clobetasol lotion	G
clobetasol propionate cream	G
clobetasol propionate emollient cream	G
clobetasol propionate gel	G
clobetasol propionate oint	G
clobetasol propionate soln	G
clobetasol shampoo	G
clobetasol spray	G
COMETRIQ KIT	B
CORLANOR TAB	B
COSENTYX INJ (1-PACK)	B
COSENTYX INJ (2-PACK)	B
COTELLIC TAB	B
CRINONE GEL	B
CYSTADANE POWDER	B
CYSTAGON CAP	B
CYSTARAN OPHTH SOLN	B
DARAPRIM TAB	B
DESCOVY TAB	B
DIABETIC METER	B
doxycycline hyclate DR tab	G
dronabinol cap	G
DUPIXENT INJ	B
ELAPRASE INJ	B
ENBREL INJ 25MG	B
ENBREL INJ 50MG	B
ENBREL MINI INJ	B
ENBREL SURECLICK INJ 50MG	B
ENDOMETRIN INSERT	B
ENTRESTO TAB	B
EPANED PREMIXED SOLN	B
EPANED SOLN	B
EPCLUSA TAB	B
EPIDUO FORTE GEL	B
ERIVEDGE CAP	B

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**SISC - Book of Business Drug List cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2018**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ESBRIET CAP	B
ESBRIET TAB 267MG	B
ESBRIET TAB 801MG	B
esomeprazole cap	G
FABRAZYME INJ	B
FARYDAK CAP	B
FEIBA INJ	B
fentanyl citrate lollipop	G
FENTORA TAB	B
FERRIPROX SOLN	B
FERRIPROX TAB	B
FETZIMA CAP	B
FETZIMA TITRATION PACK	B
FIRST OMEPRAZOLE SUSP	B
FLEBOGAMMA/GAMMAPLEX/OCTAGAM/PRIVIGEN INJ	B
fondaparinux inj	G
GAMASTAN S/D INJ	B
GAMUNEX INJ	B
GELNIQUE GEL	B
GENOTROPIN INJ	B
GILOTRIF TAB	B
GLASSIA INJ	B
GOLYTELY PACKET	G
HALFLYTELY BOWEL PREP KIT	B
HARVONI TAB	B
HELIXATE/KOGENATE INJ	B
HERCEPTIN INJ	B
HUMALOG INJ, ADMELOG INJ	B
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	B
HUMALOG MIX INJ	B
HUMALOG MIX KWIKPEN INJ	B
HUMALOG PEN INJ	B
HUMATE-P/WILATE INJ	B
HUMIRA INJ	B
HUMIRA PEN INJ	B
HUMULIN MIX INJ	B
HUMULIN MIX PEN INJ	B
HUMULIN N INJ	B
HUMULIN N PEN INJ	B
HUMULIN R INJ	B
HYCAMTIN CAP	B
IBRANCE CAP	B

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**SISC - Book of Business Drug List cont.  
 Prior Authorization Drug List  
 Last Updated\* 3/1/2018**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ICLUSIG TAB	B
imatinib tab	B
IMBRUVICA CAP	B
INLYTA TAB	B
IRESSA TAB	B
itraconazole cap	G
JAKAFI TAB	B
KALYDECO PAK	B
KALYDECO TAB	B
KINERET INJ	B
KISQALI PAK	B
KISQALI TAB	B
KORLYM TAB	B
KUVAN POWDER PACK	B
KUVAN TAB	B
LANSOPRAZOLE SUSP	B
LAZANDA NASAL SPRAY	B
LENVIMA CAP	B
LETAIRIS TAB	B
LEUKINE INJ	B
lidocaine patch	G
LINZESS CAP	B
LONSURF TAB	B
LUCENTIS INJ	B
LUMIZYME/MYOZYME INJ	B
LYNPARZA CAP	B
LYNPARZA TAB	B
MACUGEN INJ	B
MAVYRET TAB	B
MEKINIST TAB	B
methyltestosterone cap	G
modafinil tab	G
MONOCLATE-P INJ	B
MOVANTIK TAB	B
MOZOBIL INJ	B
NAGLAZYME INJ	B
NAPROSYN SUSP	B
NAPROXEN SUSP	B
NATPARA INJ	B
NEXAVAR TAB	B
NINLARO CAP	B
NOVOSEVEN INJ	B

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**SISC - Book of Business Drug List cont.  
Prior Authorization Drug List  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
NPLATE INJ	B
OCALIVA TAB	B
ODOMZO CAP	B
OFEV CAP	B
ONFI TAB	B
OPSUMIT TAB	B
ORENCIA CLICK INJ	B
ORENCIA SC INJ 125MG/ML	B
ORENCIA SC INJ 50MG/0.4ML	B
ORENCIA SC INJ 87.5MG/0.7ML	B
ORKAMBI TAB	B
phentermine cap	G
phentermine tab	G
POMALYST CAP	B
PRALUENT INJ	B
PROGESTERONE SUPP	B
PROMACTA TAB	B
QBRELIS SOLN	B
rabeprazole EC tab	G
RECOMBINATE INJ	B
REMICADE INJ	B
REMODULIN INJ	B
REPATHA INJ	B
REPATHA PUSHTRONEX INJ	B
RESTASIS OPHTH EMULSION	B
RETIN-A CREAM	B
RETIN-A/ATRALIN GEL	B
REVLIMID CAP	B
RIASTAP INJ	B
RITUXAN INJ	B
RUBRACA TAB	B
RYDAPT CAP	B
SABRIL TAB	B
SIGNIFOR INJ	B
sildenafil tab 20mg	G
SKLICE LOTION	B
SOMATULINE INJ	B
SOMAVERT INJ	B
SPORANOX SOLN	B
SPRIX NASAL SPRAY	B
SPRYCEL TAB	B
STIVARGA TAB	B

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**SISC - Book of Business Drug List cont.  
Prior Authorization Drug List  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
STRENSIQ INJ	B
SUCLEAR KIT	B
SUPREP SOLN	B
SUTENT CAP	B
SYLATRON INJ	B
SYMLINPEN INJ	B
SYNAGIS INJ	B
TAFINLAR CAP	B
TAGRISSO TAB	B
TARCEVA TAB	B
TARGRETIN GEL	B
TASIGNA CAP	B
TEST STRIP (all other test strips)	B
testosterone gel 1% 25mg	G
TESTOSTERONE GEL 1% 50MG	B
testosterone gel 1% pump	G
TESTOSTERONE GEL PUMP	B
tetrabenazine tab	B
THALOMID CAP	B
tizanidine cap	G
TORISEL INJ	B
TRACLEER TAB 32MG	B
TRACLEER TAB 62.5MG, 125MG	B
TREANDA INJ	B
tretinoin cream	G
tretinoin gel	G
trientine cap	B
TRINTELLIX TAB	B
TROKENDI XR CAP	B
TRUVADA TAB	B
TYKERB TAB	B
TYSABRI INJ	B
TYVASO INH SOLN	B
UCERIS TAB	B
UPTRAVI TAB	B
VALCHLOR GEL	B
VELCADE INJ	B
VELETRI INJ	B
VELTASSA POWDER	B
VENCLEXTA STARTER PACK	B
VENCLEXTA TAB	B
VENTAVIS INH SOLN	B

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**SISC - Book of Business Drug List cont.  
 Prior Authorization Drug List  
 Last Updated\* 3/1/2018**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
vigabatrin powder pack	B
VIVITROL INJ	B
VOSEVI TAB	B
VOTRIENT TAB	B
VPRIV INJ	B
XALKORI CAP	B
XELJANZ TAB	B
XELJANZ XR TAB	B
XIAFLEX INJ	B
XIFAXAN TAB 550MG	B
XIIDRA OPTH SOLN	B
XOLAIR INJ	B
XTANDI CAP	B
XULTOPHY INJ	B
XYNTHA INJ	B
XYREM SOLN	B
ZAVESCA CAP	B
ZEJULA CAP	B
ZELBORAF TAB	B
ZOLINZA CAP	B
zolmitriptan ODT	G
zolmitriptan tab	G
ZORTRESS TAB	B
ZYDELIG TAB	B
ZYKADIA CAP	B
ZYTIGA TAB 250MG	B
ZYTIGA TAB 500MG	B

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**SISC - Book of Business Drug List**  
**Last Updated\* 3/1/2018**  
**RxCents (Cost Savings Enabled by Tablet Splitting)**

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

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

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

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

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

**RxCents Program Medications**

aripiprazole tab	BYSTOLIC TAB	entecavir tab	eplerenone tab
galantamine tab	JANUVIA TAB	OCALIVA TAB	rasagiline tab
TEKTURNA TAB	tolterodine tab	ULORIC TAB	

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**SISC - Book of Business Drug List  
Last Updated\* 3/1/2018  
Over-the-Counter (OTC)**

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

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

ACCU-CHECK GUIDE CARE METER	ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE TEST STRIP
ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	AEROCHAMBER
ASPIRIN CHEW TAB 75MG	aspirin chew tab 81mg	aspirin ec tab 325mg	aspirin ec tab 81mg
aspirin tab 325mg	aspirin tab 81mg	B-D INSULIN SYRINGE	B-D PEN NEEDLE
CALIBRATION LIQUID	CLINISTIX TEST STRIP	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	DIABETIC METER	FEMALE CONDOMS	ferrous sulfate elixir
FERROUS SULFATE LIQUIII	ferrous sulfate soln	FERROUS SULFATE SYRUP	folic acid tab 400mcg
folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE INSULIN SYRINGE	FREESTYLE INSULINX TEST STRIP
FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP
FREESTYLE TEST STRIP	guaifenesin/codeine syrup	HUMULIN MIX INJ	HUMULIN MIX PEN INJ
HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ	INSULIN SYRINGE
IRON SUSP	KETO-DIASTIX TEST STRIF	KETOSTIX	LANCET KIT
LANCETS	levonorgestrel tab	nicotine gum	NICOTINE KIT
nicotine lozenge	nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN INJ
NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE	ONETOUCH METER	ONETOUCH TEST STRIP
PEAK FLOW METER	PEN NEEDLE	PLAN B TAB	PRECISION INSULIN SYRINGE
PRECISION XTRA METER	PRECISION XTRA TEST STRIP	TEST STRIP (all other test strips)	TODAY SPONGE
vcf vaginal gel	vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT

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**SISC - Book of Business Drug List**  
**Last Updated\* 3/1/2018**  
**Mandatory Specialty Pharmacy (MSP)**

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

**Mandatory Specialty Pharmacy (MSP) Medications**

ABRAXANE INJ	ACTEMRA IV INJ	ACTEMRA SC INJ	ACTIMMUNE INJ
ADAGEN INJ	ADCIRCA TAB	adefovir dipivoxil tab	ADEMPAS TAB
ADVATE INJ	AFINITOR DISPERZ	AFINITOR TAB	ALDURAZYME INJ
ALECENSA CAP	ALFERON-N INJ	ALPHANATE/HEMOFIL/KO/ TE INJ	ALPHANINE SD/MONONINE INJ
ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	AMPYRA TAB	APOKYN INJ
ARALAST/PROLASTIN/ZEM	ARANESP INJ	ARCALYST INJ	ARRANON INJ
AIRA INJ	AUBAGIO TAB	AVASTIN INJ	AVONEX INJ
ARZERRA INJ	BEBULIN/PROFILNINE INJ	BENEFIX INJ	BENEFIX/RIXUBIS INJ
azacitidine inj	bexarotene cap	BOSULIF TAB	CABOMETYX TAB
BERINERT INJ	capecitabine tab	CAPRELSA TAB	CARIMUNE INJ
calcitriol inj	CEREZYME INJ	CHOLBAM CAP	CIMZIA INJ
CAYSTON INH SOLN	COMETRIQ KIT	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
colistimethate inj	CYSTADANE POWDER	CYSTAGON CAP	CYSTARAN OPHTH SOLN
COTELLIC TAB	DARAPRIM TAB	decitabine inj	DUPIXENT INJ
CYTOGAM INJ	ELAPRASE INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
DYSPORT INJ	ENBREL SURECLICK INJ 50MG	EPCLUSA TAB	EPOGEN INJ
ENBREL MINI INJ	ERIVEDGE CAP	ESBRIET CAP	ESBRIET TAB 267MG
ERBITUX INJ	etoposide cap	EUFLEXXA/HYALGAN/SUP ARTZ INJ	EXJADE TAB
ESBRIET TAB 801MG	FABRAZYME INJ	FARYDAK CAP	FEIBA INJ
EXTAVIA INJ	FERRIPROX TAB	FIRMAGON INJ	FLEBOGAMMA/GAMMAPL EX/OCTAGAM/PRIVIGEN INJ
FERRIPROX SOLN	FORTEO INJ	FUZEON INJ	GAMASTAN S/D INJ
FOLOTYN INJ	ganciclovir inj	GENOTROPIN INJ	GILENYA CAP
GAMUNEX INJ	GLASSIA INJ	glatiramer inj	GRANIX INJ
GILOTRIF TAB	HARVONI TAB	HELIXATE/KOGENATE INJ	HERCEPTIN INJ
HALAVEN INJ	HUMATE-P/WILATE INJ	HUMIRA INJ	HUMIRA PEN INJ
HIZENTRA INJ	HYCAMTIN CAP	IBRANCE CAP	ICLUSIG TAB
HYALGAN INJ	imatinib tab	IMBRUVICA CAP	INCRELEX INJ
ILUVIEN/RETISERT INJ	INLYTA TAB	INTRON-A INJ	IPRIVASK INJ
INFERGEN INJ	ISTODAX INJ	ISTODAX OVR INJ	IXEMPRA KIT
IRESSA TAB	JADENU TAB	JAKAFI TAB	JEVTANA INJ
JADENU SPRINKLE	KALYDECO TAB	KINERET INJ	KISQALI PAK
KALYDECO PAK			

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KISQALI TAB	KORLYM TAB	KRYSTEXXA INJ	KUVAN POWDER PACK
KUVAN TAB	LENVIMA CAP	LETAIRIS TAB	LEUKINE INJ
LONSURF TAB	LUCENTIS INJ	LUMIZYME/MYOZYME INJ	LUPRON DEPOT PED INJ
LUPRON DEPOT-PED INJ	LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB
MACUGEN INJ	MAVYRET TAB	MEKINIST TAB	MESNEX TAB
MIACALCIN INJ	mitoxantrone inj	MONOCLATE-P INJ	MOZOBIL INJ
MYLERAN TAB	NAGLAZYME INJ	NATPARA INJ	NEULASTA INJ
NEUMEGA INJ	NEXAVAR TAB	nilutamide tab	NINLARO CAP
NOVOSEVEN INJ	NPLATE INJ	OCALIVA TAB	octreotide inj
ODOMZO CAP	OFEV CAP	OPSUMIT TAB	ORENCIA CLICK INJ
ORENCIA SC INJ 125MG/MI	ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML	ORKAMBI TAB
ORTHOVISC/MONOVISC INJ	OZURDEX INJ	PEGASYS INJ	PEGASYS INJ KIT
PEG-INTRON INJ	PLEGRIDY INJ	PLEGRIDY PEN INJ	PRALUENT INJ
PRIALT INJ	PROCRIT INJ	PROLIA INJ	PROMACTA TAB
PULMOZYME INH SOLN	QUTENZA INJ	REBETOL SOLN	REBIF INJ
RECOMBINATE INJ	REMICADE INJ	REMODULIN INJ	REPATHA INJ
REPATHA PUSHTRONEX INJ	REVLIMID CAP	RHOPHYLAC/MICRHOGAM RHOGAM PLUS INJ	RIASTAP INJ
RIBATAB	ribavirin cap	ribavirin tab	RITUXAN INJ
RUBRACA TAB	RYDAPT CAP	SABRIL TAB	SAMSCA TAB
SANDOSTATIN INJ	SIGNIFOR INJ	sildenafil inj	SIMPONI SC INJ
SOLIRIS INJ	SOMATULINE INJ	SOMAVERT INJ	SPRYCEL TAB
STIVARGA TAB	STRENSIQ INJ	SUPPRELIN LA INJ	SUTENT CAP
SYLATRON INJ	SYNAGIS INJ	SYNISC INJ	TAFINLAR CAP
TAGRISO TAB	TARCEVA TAB	TARGRETIN GEL	TASIGNA CAP
TECFIDERA CAP	TECFIDERA STARTER PACK	temozolomide cap	tetrabenazine tab
THALOMID CAP	TOBI PODHALER	tobramycin neb soln	TORISEL INJ
TRACLEER TAB 32MG	TRACLEER TAB 62.5MG, 125MG	TREANDA INJ	tretinoin cap
trientine cap	TYKERB TAB	TYMLOS INJ	TYSABRI INJ
TYVASO INH SOLN	UPTRAVI TAB	VALCHLOR GEL	VECTIBIX INJ
VELCADE INJ	VELETRI INJ	VENCLEXTA STARTER PACK	VENCLEXTA TAB
VENTAVIS INH SOLN	vigabatrin powder pack	VIVITROL INJ	VOSEVI TAB
VOTRIENT TAB	VPRIV INJ	WINRHO SDF INJ	XALKORI CAP
XELJANZ TAB	XELJANZ XR TAB	XEOMIN INJ	XGEVA INJ
XIAFLEX INJ	XOLAIR INJ	XTANDI CAP	XYNTHA INJ
XYREM SOLN	ZARXIO INJ	ZAVESCA CAP	ZEJULA CAP
ZELBORAF TAB	ZOLADEX INJ	ZOLINZA CAP	ZYDELIG TAB
ZYKADIA CAP	ZYTIGA TAB 250MG	ZYTIGA TAB 500MG	

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**SISC - Book of Business Drug List**  
**Last Updated\* 3/1/2018**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
ALENDRONATE SOLN	Step Therapy requires trial of ACTONEL
ALORA PATCH	Step Therapy requires trial of estradiol patch
ALTABAX OINT	Step Therapy requires trial of mupirocin oint
AMTURNIDE TAB	Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan
ANGELIQ TAB	Step Therapy requires trial of PREMPHASE or PREMPRO
ARANESP INJ	Step Therapy requires trial of EPOGEN or PROCRIT
ASTEPRO NASAL SPRAY	Step therapy requires trial of azelastine nasal spray 0.1%
AURYXIA TAB	Step Therapy requires trial of RENVELA and FOSRENOL
azelastine nasal spray 0.15%	Step therapy requires trial of azelastine nasal spray 0.1%
AZELEX CREAM	Step Therapy requires trial of RETIN-A MICRO or tretinoin
BESIVANCE OPHTH SUSP	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days, Step Therapy requires trial of latanoprost and TRAVATAN Z
BROVANA NEB SOLN	Step Therapy requires trial of PERFOROMIST
budesonide SR cap	Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine
BYETTA INJ	Step Therapy requires trial of VICTOZA or BYDUREON
CAVERJECT INJ	QL= 6 inj/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
ciclopirox shampoo	Step Therapy requires trial of ketoconazole shampoo
CIPRO HC OTIC SUSP	Step Therapy requires trial of CIPRODEX
CLIMARA PRO PATCH	Step Therapy requires trial of COMBIPATCH
DAYTRANA PATCH	Step Therapy requires trial of ADDERALL XR or VYVANSE
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin soln
EDEX INJ	QL= 6 inj/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
ENJUVIA TAB	Step Therapy requires trial of PREMARIN
ESTRASORB EMULSION	Step Therapy requires trial of PREMARIN
EVAMIST SPRAY	Step Therapy requires trial of PREMARIN
EXELON SOLN	Step Therapy requires trial of NAMENDA XR
FANAPT TAB	QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER
FANAPT TITRATION PACK	QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER
FLECTOR PATCH	QL= 30 patches/fill; Step Therapy requires trial of celecoxib
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
FOSAMAX+D TAB	Step Therapy requires trial of ACTONEL
gatifloxacin ophth soln	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
INDOCIN SUPP	Step Therapy requires trial of celecoxib
INDOCIN SUSP	Step Therapy requires trial of celecoxib

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 3/1/2018**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	Step Therapy requires trial of VENTOLIN HFA
LIPTRUZET TAB	Step Therapy requires trial of 1 generic STATIN and rosuvastatin
MECLOFENAMATE CAP	Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen
mefenamic acid cap	Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen
MENOSTAR PATCH	Step Therapy requires trial of estradiol patch
METHITEST TAB	Step Therapy requires trial of ANDROGEL or ANDRODERM
metronidazole gel 1%	Step Therapy requires trial of metronidazole gel 0.75%
minocycline tab	Step therapy requires trial of minocycline caps
mupirocin cream	Step Therapy requires trial of mupirocin oint
MUSE SUPP	QL= 6 units/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
nevirapine ER tab	Step Therapy requires trial of nevirapine
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%
paliperidone ER tab	Step Therapy requires trial of ABILIFY or quetiapine ER
PANCREAZE CAP	Step Therapy requires trial of CREON
PANCRELIPASE CAP	Step Therapy requires trial of CREON
PERTZYE CAP	Step Therapy requires trial of CREON
PEXEVA TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
PONSTEL CAP	Step Therapy requires trial of two: diclofenac potassium tab, ketoprofen cap, ibuprofen, or naproxen
RENAGEL TAB	Step Therapy requires trial of RENVELA and FOSRENOL
risedronate DR tab	Step Therapy requires trial of alendronate
RYTARY CAP	Step Therapy requires trial of carbidopa/levodopa ER
SAPHRIS SL TAB	QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER
SIMPONI SC INJ	QL= 1 inj/28 days; Step Therapy requires trial of ENBREL and HUMIRA.
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
STAXYN ODT	QL= 6 tabs/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
STENDRA TAB	QL= 6 tabs/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
tazarotene cream	Step Therapy requires trial of RETIN-A MICRO, tretinoin, or EPIDUO FORTE
TAZORAC CREAM	
TAZORAC GEL	Step Therapy requires trial of RETIN-A MICRO, tretinoin, or EPIDUO FORTE
TEKAMLO TAB	Step Therapy requires trial of valsartan
TEKURNA HCT TAB	Step Therapy requires trial of valsartan/hctz
TEKURNA TAB	Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 3/1/2018**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
ULORIC TAB	Step Therapy requires trial of allopurinol
ULTRESA CAP	Step Therapy requires trial of CREON
VALTURNA TAB	Step Therapy requires trial of one: candesartan, valsartan, irbesartan, OR losartan
ZENPEP CAP	Step Therapy requires trial of CREON
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray

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**SISC - Book of Business Drug List  
Smoking Cessation Agents  
Last Updated\* 3/1/2018**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
bupropion SR tab( Limited to 180 days/plan year)	\$0
CHANTIX PAK( Limited to 180 days/plan year)	\$0
CHANTIX TAB( Limited to 180 days/plan year)	\$0
nicotine gum( Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge( Limited to 180 days/plan year)	\$0
nicotine patch( Limited to 180 days/plan year)	\$0
NICOTROL INHALER( Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY( Limited to 180 days/plan year)	\$0

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SISC - Book of Business Drug List  
Infertility Drug List  
Last Updated\* 3/1/2018

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
CLOMIPHENE CITRATE TAB	G

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**SISC - Book of Business Drug List**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ABILIFY DISCMELT	QL= 2 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
AMPYRA TAB	QL= 2 tabs/day
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
BACTROBAN NASAL OINT	QL= 10 tubes/fill
BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days, Step Therapy requires trial of latanoprost and TRAVATAN Z
BUPRENORPHINE PATCH, BUTRANS PATCH	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
CABOMETYX TAB	QL= 1 tab/day
carisoprodol tab	QL= 90 tabs/21 days, 1 fill/90 days
CAVERJECT INJ	QL= 6 inj/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CIALIS TAB	QL= 6 tabs/30 days
CIALIS TAB 2.5MG	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
COTELLIC TAB	QL= 3 tabs/day
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
diclofenac gel 1%	QL= 5 tubes/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin soln
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	QL= 8 sprays/fill, 2 fills/30 days
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DUPIXENT INJ	QL= 2 inj/ 28 days
econazole cream	QL= 30gm/30 days
EDEX INJ	QL= 6 inj/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB	QL= 1 tab/day
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 2 inj/fill
EPINEPHRINE PEN INJ 0.3MG (MYLAN)	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days, 18 tabs on first fill
eszopiclone tab	QL= 1 tab/day
FANAPT TAB	QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER
FANAPT TITRATION PACK	QL= 1 pack/plan year; Step Therapy requires trial of ABILIFY or quetiapine ER
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB	QL= 120 tabs/30 days
FETZIMA CAP	QL= 1 cap/day
FETZIMA TITRATION PACK	QL= 1 cap/day
FLECTOR PATCH	QL= 30 patches/fill; Step Therapy requires trial of celecoxib
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLYXAMBI TAB	QL= 1 tab/day
granisetron tab	QL= 9 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
HARVONI TAB	QL= 1 tab/day

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
HUMIRA INJ	QL= 2 inj/28 days
HUMIRA PEN INJ	QL= 2 inj/28 days
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/month
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IMBRUVICA CAP	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
latanoprost ophth soln	QL= 2.5ml/30 days
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LETAIRIS TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
LEVITRA TAB	QL= 6 tabs/30 days
lidocaine oint	QL= 36gm/fill
lidocaine patch	QL= 3 patches/day
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/90 days
METHERGINE TAB	QL= 28 tabs/fill, 1 fill/365 days
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MOVIPREP SOLN	QL= 1 bottle/fill
MUSE SUPP	QL= 6 units/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
NARCAN NASAL SPRAY	QL= 2 sprays/fill
NATROBA SUSP	QL= 1 bottle/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
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OFEV CAP	QL= 2 caps/day
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days; Step therapy requires trial of olopatadine ophth soln 0.1%
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORKAMBI TAB	QL= 4 tabs/day
oseltamivir cap	QL= 10 caps/fill, 1 fill/calendar year
oseltamivir cap 30mg	QL= 20 caps/fill, 1 fill/calendar year
oseltamivir susp	QL= 250ml/fill, 1 fill per calendar year
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
phentermine cap	QL= 1 cap/day
phentermine tab	QL= 1 tab/day
PICATO GEL	QL= 1 box/fill
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
PROLIA INJ	QL= 1 fill/6 months
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/calendar year
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETIN-A CREAM	QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization
RETIN-A/ATRALIN GEL	QL= 15gm/fill. Acne Only – members age 35 or older require Prior Authorization
REVLIMID CAP	QL= 1 cap/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
SANCUSO PATCH	QL= 4 patches/fill

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day; Step Therapy requires trial of ABILIFY or quetiapine ER
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIMPONI SC INJ	QL= 1 inj/28 days; Step Therapy requires trial of ENBREL and HUMIRA.
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
1.25MCG/ACT	
STAXYN ODT	QL= 6 tabs/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
STENDRA TAB	QL= 6 tabs/30 days; Step therapy requires trial of VIAGRA, CIALIS or LEVITRA
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRACLEER TAB 62.5MG, 125MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z OPTH SOLN	QL= 5ml/30 days
tretinoin cream	QL= 20gm/fill; Acne Only – members age 35 or older require Prior Authorization
tretinoin gel	QL= 20gm/fill
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TUSSICAPS	QL= 20 caps/fill, 2 fills/30 days
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376
UCERIS TAB	QL= 1 tab/day
ULESFIA LOTION	QL= 4 bottles/fill

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**SISC - Book of Business Drug List Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
V-GO INJ KIT	QL= 1 kit/day
VIAGRA TAB	QL=6 tabs/30 days
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF BERNA CAP	QL= 4 caps/fill
VOSEVI TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XTAMPZA ER CAP	QL= 120 caps/30 days
XTANDI CAP	QL= 4 caps/day
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem tab	QL= 1 tab/day
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of sumatriptan nasal spray
ZYKADIA CAP	QL= 5 caps/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYTIGA TAB 250MG	QL= 4 tabs/day
ZYTIGA TAB 500MG	QL= 2 tabs/day

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