L.A. Care Covered Formulary

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L.A. Care Covered™
For All of L.A.

L.A. Care Covered Formulary

INTRODUCTION

Foreword

This document represents the efforts of L.A. Care Health Plan's Pharmacy and Therapeutics Committee (P&T) to provide physicians and pharmacists with a method to begin to evaluate the various drug products available. The medical treatment of patients is frequently relative to the practical application of drug therapy. Due to the vast availability of medication therapy and treatment modalities, a reasonable program of drug product selection and drug usage must be developed. The goal of the L.A. Care Formulary is to enhance the physician and pharmacist's abilities to provide optimal cost effective drug therapy for patients.

The development, maintenance, and improvement of this process are evolutionary and require constant attention. This is accomplished by the L.A. Care P&T Committee. The Formulary is a continually reviewed and revised list of drugs, which mirror the prevailing clinical opinion of the P&T Committee. To accommodate the necessary changes of this document, monthly updates are available online at: http://www.lacare.org. As you use this Formulary, you are encouraged to review the information and provide your input and comments to the L.A. Care P&T Committee.

The L.A. Care P&T Committee uses the following criteria in the evaluation of drug selection for the L.A. Care Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant drug benefits to current formulary agents of similar use, while minimizing duplications
- Equitable cost and outcomes of the total cost of drug and medical care

How to Use the Formulary

The Formulary is a list of covered and preferred drug agents for L.A. Care members. Drugs that are available in generic formulations are listed by their generic names and it's most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that only come in Brand name formulations are listed by the proprietary (Brand) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. Any non-generically available drug not found in this Formulary listing, or any Formulary updates published by L.A. Care shall be considered a Non-Formulary drug.

All drugs are listed in each category in alphabetical order either by generic or proprietary name depending on what formulation is FDA approved and on the market.

For certain agents within the Drug Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

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

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their L.A. Care Health Plan Member Services department at 1-855-222-4239 (TTY 1-855-576-1620).

Depending upon a member's specific benefit parameters, the following topics may apply:

1. **Generic Substitution**
   - When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are lower case in the formulary listing wherever an FDA approved generic drug product is available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by L.A. Care's P&T Committee.
   - Drug product will be approved for generic substitution by the L.A. Care P&T Committee.

This list is reviewed and updated periodically based on the clinical literature and available pharmacokinetic principles of the drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member and the physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. **Step Therapy**

L.A. Care uses Step Therapy to promote cost-effective pharmaceutical management when there are multiple effective drugs to treat a condition. Drugs that are listed in the Formulary as Step Therapy (ST) require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug. If medically necessary, a second step medication can be obtained without first trying a first step medication by submitting a completed Medication Request Form. Each request will be reviewed on an individual patient need. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of the first step drug is contraindicated in the patient.
- The first step drug is not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of the first step drug may provoke an underlying condition, which would be detrimental to patient care.

3. **Medication Request Process**

Depending upon plan benefit design, a medication request process may apply as follows:

A. Formulary Agents

Drugs that are listed in the Formulary as Prior Authorization (PA) require evaluation, per L.A. Care P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

B. Non-Formulary Agents

Any generic or proprietary drug name not found in the Formulary listing, or any Formulary updates published by L.A. Care, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance by the physician. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of Formulary Drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of Formulary or related agents.
- The choices available in the Formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a Formulary drug may provoke an underlying condition, which would be detrimental to patient care.

C. Obtaining Coverage

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a fully completed and signed Medication Request Form to Navitus Health Solutions (855)878-9210.
2. Contacting Navitus at (844)268-9787 and providing all necessary information requested.

Navitus will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. Therapeutic Interchange

L.A. Care may use Therapeutic Interchange to promote rational pharmaceutical therapy when evidence suggests that outcomes can be improved by substituting a drug that is therapeutically equivalent but chemically different from the prescribed drug. Improved outcomes include, but are not limited to, enhanced compliance, superior side-effect or risk profile, clinically superior results, and equivalent clinical results at a reduced cost. Therapeutic Interchange protocols are never automatic; a dispensing provider may not substitute an alternate, therapeutically

equivalent, drug for a prescribed drug without the knowledge and authorization of the prescribing practitioner.

Drugs may be considered for Therapeutic Interchange if they are:

1. High risk
2. High volume
3. High cost
4. Overused in routine conditions.

In designing Therapeutic Interchange protocols, drug characteristics are considered including:

1. Efficacy
2. Dosage Formulation
3. Safety
4. Cost
5. Pharmacoeconomic variables

5. **General Exclusions**

A. Over the Counter (OTC) medications or their equivalents are not covered for L.A. Care Covered members, unless otherwise specified in the Formulary listing.
B. Drugs specifically listed as not covered are not covered.
C. Any drug products used for cosmetic purposes are not covered.
D. Infertility Agents.
E. Experimental drug products, or any drug product used in an experimental manner, are not covered.
F. Non self-administered injectable drug products are not covered unless otherwise specified in the Formulary listing.
G. Foreign drugs or drugs not approved by the United States Food & Drug Administration are not covered.

The P&T Committee recognizes that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

Pharmacist and Physician Communication

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

Yana Paulson, Pharm.D., Senior Director Pharmacy & Formulary
L.A. Care Health Plan
1055 W 7th Street, 9th Floor
Los Angeles, CA 90017

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

L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Alphabetical Index
Last Updated* 10/15/2015

Drug Name	Special Code	Tier	Category
8-MOP CAP	-	2	DERMATOLOGICALS
abacavir tab (ZIAGEN equiv)	SP	4	ANTIVIRALS
abacavir/ lamivudine/ zidovudine tab (TRIZIVIR equiv)	SP	4	ANTIVIRALS
ABILIFY DISCMELT (QL = 2 tab/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL = 120 tab/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ACANYA/ONEXTON GEL	-	3	DERMATOLOGICALS
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCOLATE TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	$0	MEDICAL DEVICES
ACCU-CHEK AVIVA PLUS TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	$0	MEDICAL DEVICES
ACCU-CHEK NANO SMARTVIEW METER	OTC	$0	MEDICAL DEVICES
ACCU-CHEK SMARTVIEW TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
ACCUNEB NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCUPRIL TAB	-	3	ANTIHYPERTENSIVES
ACCURETIC TAB	-	3	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACEON TAB	-	3	ANTIHYPERTENSIVES
acetaminophen/caffeine/dihydrocodeine cap (TREZIX equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL-HC OTIC SOLN	-	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS
ACETAZOLAMIDE TAB 125MG	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocoritisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX TAB	-	3	ULCER DRUGS
acitretin cap (SORIATANE equiv)	SP	4	DERMATOLOGICALS
ACLOVATE CREAM	-	3	DERMATOLOGICALS
ACLOVATE OINT	-	3	DERMATOLOGICALS
ACTEMRA SC INJ (QL=2 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY

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

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

Drug Name	Special Code	Tier	Category
ACTICLATE TAB	-	NC	TETRACYCLINES
ACTIGALL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
ACTIMMUNE INJ	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE	PA-QL	3	ANALGESICS - OPIOID
ACTIVELLA TAB	-	3	ESTROGENS
ACTONEL TAB	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	3	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACTOS TAB	-	3	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	NC	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADALAT CC TAB	-	3	CALCIUM CHANNEL BLOCKERS
adapalene cream (DIFFERIN equiv) (acne only - 26 or older requires PA)	PA	1	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv) (acne only - 26 or older requires PA)	PA	1	DERMATOLOGICALS
ADAPALENE LOTION (acne only - 26 or older requires PA)	PA	2	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADCIRCA TAB	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ADDERALL XR CAP	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	SP	4	ANTIVIRALS
ADEMPAS TAB (QL = 3 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ADIPEX CAP	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ADIPEX TAB	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ADOXA TAB	-	3	TETRACYCLINES
ADRENACLICK INJ (Step Therapy requires trial of EPIPEN; QL= 2 units/fill)	QL-ST	3	VASOPRESSORS
ADVAIR DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	3	ANTIHYPERLIPIDEMICS
aero otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
AEROCHAMBER	OTC	2	MEDICAL DEVICES
AEROCHAMBER SUPPLIES	-	2	MEDICAL DEVICES
AEROSPAN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AGGRENOX/ASPIRIN-DIPYRIDAMOLE CAP	-	2	HEMATOLOGICAL AGENTS - MISC.

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INF	Infertility	LD	Limited Distribution	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	NC	Not Covered	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
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Drug Name	Special Code	Tier	Category
AGRYLIN CAP	-	3	HEMATOLOGICAL AGENTS - MISC.
AKNE-MYCIN OINT	-	3	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALAMAST OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALBATUSSIN LIQUID	-	3	COUGH/COLD/ALLERGY
ALBENZA TAB	-	3	ANTHELMINTICS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	1	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES
ALDACTAZIDE TAB	-	3	DIURETICS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS
ALDACTONE TAB	-	3	DIURETICS
ALDARA CREAM	-	3	DERMATOLOGICALS
ALDURAZYME INJ	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALESSE TAB	-	3	CONTRACEPTIVES
ALFERON-N INJ	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
ALKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill; 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALOMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN-P OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALPHAGAN-P OPHTH SOLN 0.1%	-	2	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	1	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	1	ANTIANXIETY AGENTS

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alprazolam tab (XANAX equiv)	-	1	ANTIANXIETY AGENTS
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ALTABAX OINT	-	3	DERMATOLOGICALS
ALTACE CAP	-	3	ANTIHYPERTENSIVES
ALTACE TAB	-	3	ANTIHYPERTENSIVES
ALTOPREV TAB	-	3	ANTIHYPERLIPIDEMICS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
AMANTADINE TAB	-	3	ANTIPARKINSON AGENTS
AMARYL TAB	-	3	ANTIDIABETICS
AMBIEN TAB 10MG	QL	3	HYPNOTICS
AMBIEN TAB 5MG	QL	3	HYPNOTICS
amcinonide cream (CYCLOCORT CREAM equiv)	-	1	DERMATOLOGICALS
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	3	DERMATOLOGICALS
AMCINONIDE OINT	-	2	DERMATOLOGICALS
AMERGE TAB	QL	3	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	-	$0	CONTRACEPTIVES
AMICAR SOLN	-	NC	HEMOSTATICS
AMICAR SYRUP	-	3	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	SP	4	HEMOSTATICS
AMINOCAPROIC ACID/AMICAR TAB	SP	4	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	ST	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/ valsartan tab (EXFORGE equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/atorvastatin tab (CADUET equiv)	-	1	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	1	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
amnesteem cap (ACCUTANE equiv)	-	1	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS

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Drug Name	Special Code	Tier	Category
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
AMPYRA TAB (QL=2 tab/day)	MSP-PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
ANADROL TAB	-	3	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS
ANALPRAM-HC KIT	-	3	ANORECTAL AGENTS
ANAPROX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ANASPAZ ODT	-	3	ULCER DRUGS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON CAP	-	3	ANTIFUNGALS
ANDRODERM PATCH (QL = 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/ day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 25MG (QL = 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 50MG (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROID/TESTRED CAP	PA	3	ANDROGENS-ANABOLIC
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANFRANIL CAP	-	3	ANTIDEPRESSANTS
ANGELIQ TAB	-	3	ESTROGENS
ANORO ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP	-	3	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1	OTIC AGENTS
ANTIVERT TAB	OTC	1	ANTIEMETICS
ANUSOL-HC CREAM	-	3	ANORECTAL AGENTS
ANUSOL-HC SUPP	-	NC	ANORECTAL AGENTS
ANZEMET TAB (QL= Retail 9 tabs/fill; Mail Order 27 tabs/fill)	QL-SP	4	ANTIEMETICS
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
apexicon oint	-	1	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	4	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	1	OPHTHALMIC AGENTS
apri tab (DESOGEN equiv)	-	$0	CONTRACEPTIVES
APRISO CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	SP	4	ANTIVIRALS
APTIVUS SOLN	SP	4	ANTIVIRALS

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ARALEN TAB	-	3	ANTIMALARIALS
aranelle tab (TRI-NORINYL equiv)	-	$0	CONTRACEPTIVES
ARANESP INJ (Step Therapy requires trial of PROCRIT; Product is mandated through Acaria Specialty Pharmacy.)	MSP-ST	4	HEMATOPOIETIC AGENTS
ARAVA TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ARICEPT ODT	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG	QL-ST	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIMIDEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
aripiprazole tab (ABILIFY equiv) (QL = 2 tab/day)	PA-QL	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ	PA-SP	4	ANTICOAGULANTS
ARNUITY ELLIPTA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AROMASIN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ASACOL (HD)/LIALDA TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
ASTELIN/ASTEPRO NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB	-	3	ANTIHYPERTENSIVES
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
ATIVAN TAB	-	3	ANTIANXIETY AGENTS
atorvastatin tab (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	SP	4	ANTIVIRALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATROVENT NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
AUBAGIO TAB (QL=1 tab/day)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN CHEW TAB	-	3	PENICILLINS
AUGMENTIN ES-600 SUSP	-	3	PENICILLINS

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AUGMENTIN SUSP	-	3	PENICILLINS
AUGMENTIN TAB	-	3	PENICILLINS
AUGMENTIN XR TAB	-	3	PENICILLINS
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUVI-Q INJ (Step Therapy requires trial of EPIPEN; QL= 2 units/fill)	QL-ST	3	VASOPRESSORS
AVALIDE TAB	-	3	ANTIHYPERTENSIVES
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	2	ANTIDIABETICS
AVAPRO TAB	-	3	ANTIHYPERTENSIVES
AVAR AEROSOL FOAM	-	3	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
AVELOX TAB	-	3	FLUOROQUINOLONES
aviane tab (ALESSE equiv)	-	$0	CONTRACEPTIVES
AVINZA CAP	QL	3	ANALGESICS - OPIOID
AVODART CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB (QL= 9 tabs/fill; 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
AXID CAP	-	3	ULCER DRUGS
AXID SOLN	-	3	ULCER DRUGS
AXIRON SOLN (QL = 2 bottle/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
AYGESTIN TAB	-	3	PROGESTINS
AZASAN TAB	-	3	ASSORTED CLASSES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelastine nasal spray (ASTELIN/ASTEPRO equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
AZELEX CREAM	PA	3	DERMATOLOGICALS
AZILECT TAB	-	2	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	2	OPHTHALMIC AGENTS
AZOR TAB	-	3	ANTIHYPERTENSIVES
AZULFIDINE EN-TABS	-	3	GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACTRIM DS TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
BACTROBAN CREAM	-	3	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BACTROBAN OINT	-	3	DERMATOLOGICALS
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
balziva tab (OVCON 35 equiv)	-	$0	CONTRACEPTIVES

Drug Name	Special Code	Tier	Category
BANZEL SUSP	-	2	ANTICONVULSANTS
BANZEL TAB	-	2	ANTICONVULSANTS
BARACLUDE TAB	MSP-QL	4	ANTIVIRALS
B-D INSULIN SYRINGE	OTC	1	MEDICAL DEVICES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES
BECONASE AQ NASAL SPRAY (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
BELVIQ TAB (QL=2 tab/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENICAR TAB	-	NC	ANTIHYPERTENSIVES
BENTYL CAP	-	3	ULCER DRUGS
BENTYL SYRUP	-	3	ULCER DRUGS
BENTYL TAB	-	3	ULCER DRUGS
BENZACLIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	3	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benztropine tab	-	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BESIVANCE OPHTH SUSP (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3	OPHTHALMIC AGENTS
BETAGAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel (DIPROLENE GEL equiv)	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate lotion	-	1	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETAPACE AF TAB	-	3	BETA BLOCKERS
BETAPACE TAB	-	3	BETA BLOCKERS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	$0	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS

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BIAXIN SUSP	-	3	MACROLIDES
BIAXIN TAB	-	3	MACROLIDES
BIAXIN XL TAB	-	3	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BICITRA SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BILTRICIDE TAB	-	2	ANTHELMINTICS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPH-10 OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BONINE CHEW TAB	OTC	3	ANTIEMETICS
BOSULIF TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRETHINE TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln (ALPHAGAN P equiv)	-	1	OPHTHALMIC AGENTS
BRINTELLIX TAB (QL=1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BROMDAY OPHTH SOLN	-	2	OPHTHALMIC AGENTS
bromfenac ophth soln (BROMDAY equiv)	-	1	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
brompheniramine/pseudoephedrine tab (BROVEX PSE equiv)	OTC	1	COUGH/COLD/ALLERGY
BRONCOPECTOL SYRUP	-	3	COUGH/COLD/ALLERGY
BROVANA NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PSE TAB	OTC	3	COUGH/COLD/ALLERGY
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL SL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL POWDER	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine SL tab (SUBUTEX equiv) (QL = 21 tab/7 day)	PA-QL	1	ANALGESICS - OPIOID
buproban SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion SR tab (WELLBUTRIN SR equiv)	-	1	ANTIDEPRESSANTS
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
BUSPAR TAB	-	3	ANTIANXIETY AGENTS
buspirone tab (BUSPAR equiv)	-	1	ANTIANXIETY AGENTS
buspirone tab 30mg (BUSPAR equiv)	-	NC	ANTIANXIETY AGENTS

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butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	3	HYPNOTICS
BUTISOL TAB	-	3	HYPNOTICS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1	ANALGESICS - OPIOID
BUTRANS PATCH (QL = 4 patch/28 day)	QL	3	ANALGESICS - OPIOID
BYDUREON INJ (QL = 4 inj/28 day)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL = 4 inj/28 day)	QL	2	ANTIDIABETICS
BYETTA INJ	-	3	ANTIDIABETICS
BYSTOLIC TAB	-	2	BETA BLOCKERS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CADUET TAB	-	3	CARDIOVASCULAR AGENTS - MISC.
CAFCIT SOLN	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
CAFERGOT TAB	-	3	MIGRAINE PRODUCTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
CALAN SR TAB	-	3	CALCIUM CHANNEL BLOCKERS
CALAN TAB	-	3	CALCIUM CHANNEL BLOCKERS
CALCIJEX INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcipotriene cream (DOVONEX CREAM equiv)	-	1	DERMATOLOGICALS
calcipotriene oint	-	1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	1	DERMATOLOGICALS
calcipotriene/ betamethasone oint (TACLONEX equiv)	-	1	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
CAMPRAL TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CANASA SUPP	-	2	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	1	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
capecitabine tab (XELODA equiv)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3	ANALGESICS - OPIOID
CAPOTEN TAB	-	3	ANTIHYPERTENSIVES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1	ANTIHYPERTENSIVES
CARAC CREAM	-	2	DERMATOLOGICALS
CARAFATE SUSP	-	1	ULCER DRUGS

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Drug Name	Special Code	Tier	Category
CARAFATE TAB	-	3	ULCER DRUGS
CARBAGLU TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
CARBATROL CAP	-	3	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
carbinoxamine soln (PALGIC equiv)	-	1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	1	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM CD CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	3	ANTIHYPERTENSIVES
CARDURA XL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CARMOL 40 GEL	-	3	DERMATOLOGICALS
CARMOL LOTION	-	3	DERMATOLOGICALS
CARMOL-HC CREAM	-	3	DERMATOLOGICALS
CARNITOR SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARNITOR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CASODEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CATAFLAM TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
CATAPRES TAB	-	3	ANTIHYPERTENSIVES
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAVERJECT INJ (QL=6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Only available through Cystic Fibrosis Services, Inc. 800-541-4959; Restricted to Infectious Disease or Pulmonology Specialist)	LD-RS	4	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	3	CEPHALOSPORINS
CEENU CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	1	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS

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Drug Name	Special Code	Tier	Category
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	1	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
CEFTIN SUSP	-	3	CEPHALOSPORINS
CEFTIN TAB	-	3	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	QL	3	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv) (QL = 2 cap/day)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
CELEXA SOLN	-	3	ANTIDEPRESSANTS
CELEXA TAB	-	3	ANTIDEPRESSANTS
CELLCEPT CAP	SP	4	ASSORTED CLASSES
CELLCEPT SUSP	SP	4	ASSORTED CLASSES
CELLCEPT TAB	SP	4	ASSORTED CLASSES
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	1	CEPHALOSPORINS
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CEREZYME INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	$0	MEDICAL DEVICES
CESAMET CAP	-	3	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	$0	CONTRACEPTIVES
cevimeline cap (EVOXAC equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/calendar year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
CHERATUSSIN DAC	-	NC	
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
CHLORPHENIRAMINE/PSEUDOEPHEDRINE SYRUP	-	3	COUGH/COLD/ALLERGY
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORPROPAMIDE TAB	-	1	ANTIDIABETICS
CHLORTHALIDONE TAB	-	1	DIURETICS
chlorzoxazone tab (PARAFON FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CHROMAGEN FA TAB	-	3	HEMATOPOIETIC AGENTS
CHROMAGEN FORTE TAB	-	2	HEMATOPOIETIC AGENTS
CHROMAGEN TAB	-	2	HEMATOPOIETIC AGENTS
CIALIS TAB (QL=6 tabs/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG (QL=6 tabs/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	3	OPHTHALMIC AGENTS
CILOXAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
cimetidine soln (TAGAMET equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	1	ULCER DRUGS
CIMZIA INJ (QL=2 syringes/28 days)	MSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
CIPRO CYSTITIS TAB	-	3	FLUOROQUINOLONES
CIPRO SUSP	-	3	FLUOROQUINOLONES
CIPRO XR TAB	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	2	OTIC AGENTS
ciprofloxacin ER tab (CIPRO XR equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
CIPRO-HC OTIC SUSP	-	3	OTIC AGENTS
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CLARAVIS CAP 30MG	-	3	DERMATOLOGICALS
CLARIFOAM EF FOAM	-	3	DERMATOLOGICALS
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	1	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
clemastine syrup (TAVIST equiv)	-	1	ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	1	ANTIHISTAMINES
CLEOCIN CAP 150MG	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN CAP 75MG	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	3	DERMATOLOGICALS
CLEOCIN-T LOTION	-	3	DERMATOLOGICALS
CLEOCIN-T PAD	-	3	DERMATOLOGICALS
CLEOCIN-T SOLN	-	3	DERMATOLOGICALS
CLIMARA PATCH	-	3	ESTROGENS

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Drug Name	Special Code	Tier	Category
CLIMARA PRO PATCH	-	3	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
CLINDAGEL	-	3	DERMATOLOGICALS
clindamycin cap 150mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin cap 300mg (CLEOCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
clindamycin cap 75mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/ benzoyl peroxide gel (DUAC GEL equiv)	-	1	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
CLINORIL TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
CLOBETAPLUS CREAM KIT	-	NC	DERMATOLOGICALS
CLOBETAPLUS OINT KIT	-	NC	DERMATOLOGICALS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	PA	1	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	PA	1	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	PA	1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	PA	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	PA	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	PA	1	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	PA	1	DERMATOLOGICALS
CLOBEX LOTION	PA	3	DERMATOLOGICALS
CLOBEX SHAMPOO	PA	3	DERMATOLOGICALS
CLOBEX SPRAY	PA	3	DERMATOLOGICALS
CLODERM CREAM/ CLOCORTOLONE CREAM	-	3	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	1	ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	1	DERMATOLOGICALS
CLOZAPINE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COARTEM TAB	-	3	ANTIMALARIALS

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COCET TAB	-	3	ANALGESICS - OPIOID
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
COLAZAL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
COLCHICINE TAB (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLESTID GRANULE	-	3	ANTIHYPERLIPIDEMICS
COLESTID POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
COLESTID TAB	-	3	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	SP	4	ANTIVIRALS
COMBUNOX TAB	-	3	ANALGESICS - OPIOID
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMMIT LOZENGE	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COMPLERA TAB	SP	4	ANTIVIRALS
COMTAN TAB	-	3	ANTIPARKINSON AGENTS
CONCEPTROL GEL	OTC	$0	VAGINAL PRODUCTS
CONCERTA TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONDYLOX SOLN	-	3	DERMATOLOGICALS
CONTRACEPTIVE FILM	OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	$0	VAGINAL PRODUCTS
CONTRAVE TAB (QL=4 tabs/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
COPAXONE INJ 20MG/ML	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPAXONE INJ 40MG/ML	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPEGUS TAB	MSP	4	ANTIVIRALS
CORDARONE TAB	-	3	ANTIARRHYTHMICS
CORDRAN CREAM	-	3	DERMATOLOGICALS
CORDRAN LOTION	-	3	DERMATOLOGICALS
CORDRAN TAPE	-	3	DERMATOLOGICALS
COREG CR CAP	-	3	BETA BLOCKERS
COREG TAB	-	3	BETA BLOCKERS
CORGARD TAB	-	3	BETA BLOCKERS
CORTANE-B AQUEOUS OTIC SOLN	-	3	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	1	CORTICOSTEROIDS

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CORTENEMA	-	3	ANORECTAL AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTISPORIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CORTISPORIN OTIC SOLN	-	3	OTIC AGENTS
CORTISPORIN OTIC SUSP	-	3	OTIC AGENTS
CORZIDE TAB	-	3	ANTIHYPERTENSIVES
COSENTYX INJ	MSP-PA	4	DERMATOLOGICALS
COSOPT OPHTH SOLN	-	3	OPHTHALMIC AGENTS
COSOPT PF OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COUMADIN TAB	-	3	ANTICOAGULANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
COZAAR TAB	-	3	ANTIHYPERTENSIVES
CPM CAP	-	3	ANTIHISTAMINES
CREON CAP	-	2	DIGESTIVE AIDS
CRESTOR TAB (QL=1 tab/day)	QL	2	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG (QL=1.5 tab/day)	QL	2	ANTIHYPERLIPIDEMICS
CRESYLATE OTIC SOLN	-	3	OTIC AGENTS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIXIVAN CAP	SP	4	ANTIVIRALS
CROLOM OPHTH SOLN	-	3	OPHTHALMIC AGENTS
cromolyn conc (GASTROCROM equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CROMOLYN NEB SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
cryselle tab (OGESTREL equiv)	-	$0	CONTRACEPTIVES
CUPRIMINE CAP	-	2	ASSORTED CLASSES
CUTIVATE CREAM	-	3	DERMATOLOGICALS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUTIVATE OINT	-	3	DERMATOLOGICALS
CUVPOSA SOLN	MSP	4	ULCER DRUGS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLESSA TAB	-	3	CONTRACEPTIVES
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CYCLOGYL OPHTH SOLN 0.5%, 2%	-	2	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	SP	4	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	SP	4	ASSORTED CLASSES
CYCLOSPORINE MODIFIED CAP 50MG	SP	4	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	SP	4	ASSORTED CLASSES

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Drug Name	Special Code	Tier	Category
CYKLOKAPRON INJ	MSP	4	HEMOSTATICS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTAGON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL=4 bottles/30 days)	MSP-PA-QL	4	OPHTHALMIC AGENTS
CYTOMEL TAB	-	3	THYROID AGENTS
CYTOTEC TAB	-	3	ULCER DRUGS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	3	MIGRAINE PRODUCTS
DAKLINZA TAB	-	NC	ANTIVIRALS
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	1	ANDROGENS-ANABOLIC
DANTRIUM CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
DANTROLENE CAP 100MG	-	2	MUSCULOSKELETAL THERAPY AGENTS
DAPSONE TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB	-	2	ANTIMALARIALS
DAYPRO TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
DAZIDOX TAB	-	3	ANALGESICS - OPIOID
DDAVP INJ	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECLOMYCIN TAB	-	3	TETRACYCLINES
DECON-A ELIXIR	-	3	COUGH/COLD/ALLERGY
DECONEX DM TAB	-	3	COUGH/COLD/ALLERGY
DELZICOL CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
DEMADEX TAB	-	3	DIURETICS
demeclocycline tab (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DEMEROL TAB	-	3	ANALGESICS - OPIOID
DENAVIR CREAM	-	2	DERMATOLOGICALS
DEPAKENE CAP	-	3	ANTICONVULSANTS
DEPAKENE SYRUP	-	3	ANTICONVULSANTS
DEPAKOTE ER TAB	-	3	ANTICONVULSANTS
DEPAKOTE SPRINKLE CAP	-	3	ANTICONVULSANTS
DEPAKOTE TAB	-	3	ANTICONVULSANTS
DEPLIN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPLIN TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA SC INJ 104MG	-	NC	CONTRACEPTIVES
DEPO-TESTOSTERONE INJ	-	3	ANDROGENS-ANABOLIC
DERMA-SMOOTH/FS OIL	-	3	DERMATOLOGICALS
DERMATOP CREAM	-	3	DERMATOLOGICALS
DERMATOP OINT	-	3	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
DERMOTIC OIL	-	3	OTIC AGENTS
desipramine tab (NORPRAMIN equiv)	-	1	ANTIDEPRESSANTS
desloratadine ODT (CLARINEX equiv)	-	NC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	NC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESOGEN TAB	-	3	CONTRACEPTIVES
desonide cream	-	NC	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	1	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint 0.25% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXYN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
DESPEC SYRUP	-	3	COUGH/COLD/ALLERGY
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
DETROL LA CAP	-	3	URINARY ANTISPASMODICS
DETROL TAB	-	3	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
dexamethasone soln	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
DEXEDRINE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
DEXEDRINE TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of omeprazole or pantoprazole)	QL-ST	3	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
DEXPAK TAB	-	3	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
DIABETA TAB	-	3	ANTIDIABETICS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES
DIALYVITE TAB	-	1	MULTIVITAMINS
DIALYVITE/IRON TAB	-	1	MULTIVITAMINS

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DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAMOX SEQUEL CAP	-	3	DIURETICS
DIAPHRAGM	-	$0	MEDICAL DEVICES
DIATZ ZN TAB	-	3	MULTIVITAMINS
diazepam conc (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
DIAZEPAM SOLN	-	1	ANTIANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
DIAZEPAM/DIASTAT RECTAL GEL	-	3	ANTICONVULSANTS
DIBENZYLINE CAP	-	3	ANTIHYPERTENSIVES
DICEL SUSP	-	3	COUGH/COLD/ALLERGY
diclofenac gel (SOLARAZE equiv)	-	1	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	SP	4	ANTIVIRALS
DIDRONEL TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DIFFERIN CREAM	PA	3	DERMATOLOGICALS
DIFFERIN GEL 0.1%	PA	3	DERMATOLOGICALS
DIFFERIN GEL 0.3% (acne only - 26 or older requires PA)	PA	1	DERMATOLOGICALS
DIFICID TAB (QL= 20 tab/fill; Step Therapy requires trial of vancomycin)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
DIFLORASONE OINT (PSORCON equiv)	-	NC	DERMATOLOGICALS
DIFLUCAN SUSP	-	3	ANTIFUNGALS
DIFLUCAN TAB	-	3	ANTIFUNGALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	1	MIGRAINE PRODUCTS
DILACOR XR CAP	-	3	CALCIUM CHANNEL BLOCKERS
DILANTIN CAP 100MG	-	3	ANTICONVULSANTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
DILANTIN INFATABS	-	3	ANTICONVULSANTS
DILANTIN SUSP	-	3	ANTICONVULSANTS
DILATRATE SR CAP	-	3	ANTIANGINAL AGENTS
DILAUDID TAB	-	3	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
DIOVAN HCT TAB	-	3	ANTIHYPERTENSIVES
DIOVAN TAB	-	3	ANTIHYPERTENSIVES
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	1	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1	ANTIDIARRHEALS

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diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPROLENE AF CREAM	-	3	DERMATOLOGICALS
DIPROLENE LOTION	-	3	DERMATOLOGICALS
DIPROLENE OINT	-	3	DERMATOLOGICALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITROPAN XL TAB	-	3	URINARY ANTISPASMODICS
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL/ELESTRIN GEL	-	3	ESTROGENS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOPHINE TAB	-	3	ANALGESICS - OPIOID
donepezil ODT (ARICEPT equiv) (QL=1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL = 2 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL EXTENTABS	-	2	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DORAL TAB	-	NC	HYPNOTICS
DORYX TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DOVONEX CREAM	-	3	DERMATOLOGICALS
DOVONEX SOLN	-	3	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CAP 75MG	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxercalciferol cap (HECTOROL equiv)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE (ROSACEA)/ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
DOXYCYCLINE HYCLATE DR CAP	-	3	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
DRISDOL CAP	-	3	VITAMINS
DRITHO-SCALP CREAM	-	3	DERMATOLOGICALS

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dronabinol cap (MARINOL equiv)	PA	1	ANTIEMETICS
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DUAC CS KIT	-	3	DERMATOLOGICALS
DUAC GEL	-	3	DERMATOLOGICALS
DUETACT TAB	-	3	ANTIDIABETICS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv) (QL = 2 cap/day)	QL	1	ANTIDEPRESSANTS
DUONEB NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DURAGESIC PATCH	-	3	ANALGESICS - OPIOID
DUREZOL OPHTH EMULSION	-	2	OPHTHALMIC AGENTS
DUTOPROL TAB	-	2	ANTIHYPERTENSIVES
DYAZIDE CAP	-	3	DIURETICS
DYMISTA NASAL SPRAY	PA	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIN TAB	-	3	TETRACYCLINES
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	2	DIURETICS
econazole cream (SPECTAZOLE CREAM equiv)	-	1	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	3	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	3	ANTIHYPERTENSIVES
EDECRIN TAB	-	2	DIURETICS
EDEX INJ (QL=6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	NC	HYPNOTICS
EDURANT TAB	SP	4	ANTIVIRALS
EFFEXOR TAB	-	3	ANTIDEPRESSANTS
EFFEXOR XR CAP	-	3	ANTIDEPRESSANTS
EFFIENT TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	3	DERMATOLOGICALS
EFUDEX SOLN	-	3	DERMATOLOGICALS
EGRIFTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELDEPYRL CAP	-	3	ANTIPARKINSON AGENTS
ELESTAT OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ELIDEL CREAM	-	2	DERMATOLOGICALS
ELIGEN B12 TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	3	DERMATOLOGICALS
ELIPHOS TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS TAB	-	2	ANTICOAGULANTS
ELLA TAB	-	$0	CONTRACEPTIVES
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCON CREAM	-	3	DERMATOLOGICALS
ELOCON OINT	-	3	DERMATOLOGICALS
ELOCON SOLN	-	3	DERMATOLOGICALS
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	3	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EMEND CAP (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
EMLA CREAM	-	3	DERMATOLOGICALS
EMSAM PATCH	-	3	ANTIDEPRESSANTS
EMTRIVA CAP	SP	4	ANTIVIRALS
EMTRIVA SOLN	SP	4	ANTIVIRALS
ENABLEX TAB	PA	3	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ (QL=4 syringes/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ (QL=4 syringes/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENJUVIA TAB	-	3	ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL = 17 days supply)	QL-SP	4	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	$0	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	1	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL=1 tab/day)	MSP-QL	4	ANTIVIRALS
ENTOCORT EC CAP	-	3	CORTICOSTEROIDS
ENVARSUS XR TAB	-	NC	ASSORTED CLASSES
EPIDUO (FORTE) GEL (acne only - 26 or older requires PA)	PA	2	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine opthth soln (ELESTAT equiv)	-	1	OPHTHALMIC AGENTS
EPINEPHRINE INJ (Step Therapy requires trial of EPIPEN; QL= 2 units/fill)	QL-ST	3	VASOPRESSORS
EPIPEN INJ (QL=2 units/fill)	QL	2	VASOPRESSORS
EPIPEN-JR INJ (QL=2 units/fill)	QL	2	VASOPRESSORS
EPIVIR HBV SOLN	SP	4	ANTIVIRALS
EPIVIR HBV TAB	SP	4	ANTIVIRALS
EPIVIR SOLN	SP	4	ANTIVIRALS
EPIVIR TAB	SP	4	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	1	ANTIHYPERTENSIVES
EPOGEN INJ	MSP	4	HEMATOPOIETIC AGENTS
EPZICOM TAB	SP	4	ANTIVIRALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOLOID MESYLATES TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	3	MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	3	DERMATOLOGICALS
ERYPED SUSP	-	2	MACROLIDES
ERY-TAB	-	1	MACROLIDES
ERYTHROMYCIN CAP	-	1	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	1	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	1	MACROLIDES
ERYTHROMYCIN TAB (all forms except PCE)	-	3	MACROLIDES

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erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	1	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
esomeprazole cap (NEXIUM equiv)	-	NC	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE TAB	-	3	ESTROGENS
ESTRACE VAGINAL CREAM	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1	ESTROGENS
ESTRASORB EMULSION	-	3	ESTROGENS
ESTRATAB	-	3	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
ESTROPIPATE TAB 3MG	-	1	ESTROGENS
ESTROSTEP FE TAB	-	3	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL=1 tab/day)	QL	1	HYPNOTICS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	1	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ETIDRONATE DISODIUM TAB 400MG	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	MSP	4	ANTINEOPLASTICS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	3	DERMATOLOGICALS
EVAMIST SPRAY	-	3	ESTROGENS
EVISTA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVOTAZ TAB	SP	4	ANTIVIRALS
EVOXAC CAP	-	3	MOUTH/THROAT/DENTAL AGENTS
EVZIO INJ	-	NC	ANTIDOTES
EXELDERM CREAM	-	3	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELON CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXELON SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	3	ANTIHYPERTENSIVES
EXFORGE TAB	-	3	ANTIHYPERTENSIVES
EXJADE TAB	MSP	4	ANTIDOTES

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EXTAVIA INJ (Step Therapy Requires failure of 2 of the 3 products: AVONEX, REBIF, COPAXONE; Product is mandated through Acaria Specialty Pharmacy)	MSP-ST	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	MSP-PA	4	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)	-	1	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	1	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FAMVIR TAB	-	3	ANTIVIRALS
FANAPT TAB	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	3	ANTIMALARIALS
FARESTON TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL = 1 tab/day)	QL	2	ANTIDIABETICS
FAZACLO ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
felbamate susp (FELBATOL equiv)	-	1	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	1	ANTICONVULSANTS
FELBATOL SUSP	-	3	ANTICONVULSANTS
FELBATOL TAB	-	2	ANTICONVULSANTS
FELDENE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	$0	MEDICAL DEVICES
FEMARA TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMCON FE CHEW TAB	-	3	CONTRACEPTIVES
FEMHRT TAB	-	3	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap (ANTARA equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate micronized cap 130mg (ANTARA equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate micronized cap 43mg (ANTARA equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate tab (TRICOR equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	NC	ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	3	ANTIHYPERLIPIDEMICS
fenoprofen calcium tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
fentanyl citrate lollipop (ACTIQ equiv) (QL = 120 unit/30 days)	PA-QL	1	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv)	-	1	ANALGESICS - OPIOID
FENTORA TAB (QL = 120 unit/30 days)	PA-QL	3	ANALGESICS - OPIOID
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	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
FETRIN CAP	-	3	HEMATOPOIETIC AGENTS
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS

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FEXMID TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FIBRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA GEL	-	2	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
FIRST DUKES MOUTHWASH	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST MARYS MOUTHWASH	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FLAGYL CAP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLECTOR PATCH (QL = 30 patch/fill)	QL	3	DERMATOLOGICALS
FLEXERIL TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FLOMAX CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
FLONASE NASAL SPRAY	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLUMADINE TAB	-	3	ANTIVIRALS
FLUNISOLIDE NASAL SOLN	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
flunisolide nasal spray (NASAREL equiv) (QL = 2 bottle/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	1	OTIC AGENTS
fluocinonide cream (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
fluorouracil soln (EFUDEX SOLN equiv)	-	1	DERMATOLOGICALS

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fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURAZEPAM CAP	-	1	HYPNOTICS
flurbiprofen ophth soln (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL = 2 bottle/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluvastatin cap (LESCOL equiv)	-	1	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	1	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	NC	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	1	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML LIQUIFLIM OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOCALIN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
FOCALIN XR CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
folbee plus CZ tab (DIATX ZN equiv)	-	1	MULTIVITAMINS
FOLBEE PLUS TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	-	$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	$0	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	PA-SP	4	ANTICOAGULANTS
FORADIL AEROLIZER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAVIT CAP	-	3	MULTIVITAMINS
FORTEO INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL/ TESTOSTERONE GEL (QL = 2 bottle/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.

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FRAGMIN INJ	SP	4	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	$0	MEDICAL DEVICES
FREESTYLE INSULIN SYRINGE	OTC	1	MEDICAL DEVICES
FREESTYLE INSULINX METER	OTC	$0	MEDICAL DEVICES
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	$0	MEDICAL DEVICES
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
FULYZAQ TAB	-	NC	ANTIDIARRHEALS
FURADANTIN SUSP	-	2	URINARY ANTI-INFECTIVES
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	SP	4	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
GABITRIL TAB	-	3	ANTICONVULSANTS
GABITRIL TAB 12MG, 16MG	-	2	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	SP	4	ANTIVIRALS
GASTROCROM CONC	-	2	GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	1	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	NC	LAXATIVES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	3	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS
GENOTROPIN/HUMATROPE/OMNITROPE/ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GEODON CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	NC	CONTRACEPTIVES
GILENYA CAP (QL=1 cap/day)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day, Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GILTUSS LIQUID	-	3	COUGH/COLD/ALLERGY
glatopa inj 20mg/ml (COPAXONE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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GLEEVEC TAB (QL = 3 tab/day)	MSP-PA-QL-SF	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
GLUCOPHAGE TAB	-	3	ANTIDIABETICS
GLUCOPHAGE XR TAB	-	3	ANTIDIABETICS
GLUCOTROL TAB	-	3	ANTIDIABETICS
GLUCOTROL XL TAB	-	3	ANTIDIABETICS
GLUCOVANCE TAB	-	3	ANTIDIABETICS
GLUMETZA TAB	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB 1.5MG	-	NC	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	1	ULCER DRUGS
GLYNASE TAB	-	3	ANTIDIABETICS
GLYSET TAB	-	3	ANTIDIABETICS
GOLYTELY PACKET	-	1	LAXATIVES
GORDON'S UREA OINT 40%	-	2	DERMATOLOGICALS
granisetron tab (KYTRIL equiv) (QL= 9 tab/fill)	QL-SP	4	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL-SP	4	ANTIEMETICS
GRANIX INJ	MSP	4	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
GRIFULVIN SUSP	-	2	ANTIFUNGALS
GRIFULVIN V TAB	-	3	ANTIFUNGALS
griseofulvin micro tab (GRIFULVIN V equiv)	-	1	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	1	ANTIFUNGALS
GRIS-PEG TAB	-	3	ANTIFUNGALS
GUAIFENESIN DAC	-	NC	
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine soln (BRONTEX equiv)	OTC	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL=240ml/dispensing)	OTC-QL	1	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GUIATUSS DAC	-	NC	
HALCION TAB	-	3	HYPNOTICS
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	PA	1	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	PA	1	DERMATOLOGICALS
HALOG CREAM	-	3	DERMATOLOGICALS
HALOG OINT	-	3	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS

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haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB (QL=1 tab/day)	MSP-PA-QL	4	ANTIVIRALS
HECTOROL CAP	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEPSERA TAB	SP	4	ANTIVIRALS
HETLIOZ CAP	-	NC	HYPNOTICS
HEXALEN CAP	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIPREX TAB	-	3	URINARY ANTI-INFECTIVES
HISTEX LIQUID	-	3	COUGH/COLD/ALLERGY
HISTEX-AC SYRUP	-	NC	COUGH/COLD/ALLERGY
HIZENTRA INJ	MSP	3	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG PEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMIRA INJ (QL=2 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days;)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HYCAMTIN CAP	MSP-PA	4	ANTINEOPLASTICS
HYCET SOLN	-	3	ANALGESICS - OPIOID
HYCODAN SYRUP	-	3	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
HYDREA CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv)	-	1	ANALGESICS - OPIOID
HYDROCODONE/ACETAMINOPHEN SOLN 10-325MG	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	1	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 fill/30 days)	QL	1	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL = 4 oz/Rx; 2 fills/month)	QL	1	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1	ANALGESICS - OPIOID

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hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hyoscyamine IR/SR tab (SYMAX equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	URINARY ANTISPASMODICS
HYPER-SAL NEB SOLN	-	3	COUGH/COLD/ALLERGY
HYSINGLA ER TAB (QL = 1 tab/day)	QL	2	ANALGESICS - OPIOID
HYTONE LOTION	-	3	DERMATOLOGICALS
HYTRIN CAP	-	3	ANTIHYPERTENSIVES
HYZAAR TAB	-	3	ANTIHYPERTENSIVES
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/month; Step Therapy requires trial of alendronate)	QL-ST	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
IMBRUVICA CAP (QL = 4 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMDUR TAB	-	3	ANTIANGINAL AGENTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	1	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMITREX INJ	QL	3	MIGRAINE PRODUCTS
IMITREX TAB	QL	3	MIGRAINE PRODUCTS

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IMITREX VIAL INJ (QL=5 injs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMPLANON/NEXPLANON IMPLANT	-	NC	CONTRACEPTIVES
IMURAN TAB	-	3	ASSORTED CLASSES
INCIVEK TAB	MSP-PA-SF	4	ANTIVIRALS
INCRELEX INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL LA CAP	-	3	BETA BLOCKERS
INDOCIN SR CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUPP	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ	MSP	4	ANTIVIRALS
INLYTA TAB (QL = 8 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	3	BETA BLOCKERS
INSPRA TAB	-	3	ANTIHYPERTENSIVES
INSULIN SYRINGE	OTC	3	MEDICAL DEVICES
INTELENCE TAB	SP	4	ANTIVIRALS
INTRON-A INJ	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV TAB	ST	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
INVEGA SUSTENNA/TRINZ INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE TAB	SP	4	ANTIVIRALS
INVOKAMET TAB (QL = 2 tab/day)	PA-QL	3	ANTIDIABETICS
INVOKANA TAB (QL=1 tab/day)	PA-QL	3	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
IOPIDINE OPHTH SOLN 1%	-	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Iressa Access Program 800-601-8933)	LD	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1	HEMATOPOIETIC AGENTS
IRON SUSP (Covered for members 1 year or younger)	OTC	$0	HEMATOPOIETIC AGENTS
ISENTRESS CHEW TAB	SP	3	ANTIVIRALS
ISENTRESS POWDER PACK	SP	3	ANTIVIRALS
ISENTRESS TAB	SP	3	ANTIVIRALS
isometh/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
isonarif cap (RIFAMATE equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO ATROPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS

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ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISOPTO CARPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB	-	3	ANTIANGINAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isoxsuprine tab	-	1	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	1	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	1	ANTHELMINTICS
JADENU TAB	MSP	4	ANTIDOTES
JAKAFI TAB (QL=2 tab/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB	-	2	ANTIDIABETICS
JANUMET XR TAB	-	2	ANTIDIABETICS
JANUVIA TAB (QL = 1 tab/day)	QL	2	ANTIDIABETICS
JARDIANCE TAB (QL=1 tab/day)	QL	2	ANTIDIABETICS
JENTADUETO TAB (QL = 2 tab/day)	PA-QL	3	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv) (3 copays per RX)	-	$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
junel FE tab (LOESTRIN FE equiv)	-	$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	$0	CONTRACEPTIVES
JUVISYNC TAB	-	2	ANTIDIABETICS
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
KADIAN CAP	-	3	ANALGESICS - OPIOID
KALETRA SOLN	SP	4	ANTIVIRALS
KALETRA TAB	SP	4	ANTIVIRALS
KALYDECO PAK (QL=2 packets/day)	MSP-PA-QL	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL=2 tab/day)	MSP-PA-QL	4	RESPIRATORY AGENTS - MISC.
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	$0	CONTRACEPTIVES
KAYEXALATE POWDER	-	3	ASSORTED CLASSES
KAZANO TAB (QL = 2 tab/day)	PA-QL	3	ANTIDIABETICS
KEFLEX CAP	-	3	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	$0	CONTRACEPTIVES
KENALOG SPRAY	-	3	DERMATOLOGICALS
KEPPRA SOLN	-	3	ANTICONVULSANTS
KEPPRA TAB	-	3	ANTICONVULSANTS
KEPPRA XR TAB	-	3	ANTICONVULSANTS
KERAFOAM	-	3	DERMATOLOGICALS
KERALAC CREAM	-	3	DERMATOLOGICALS

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KERALAC GEL 50%	-	3	DERMATOLOGICALS
KERLONE TAB	-	3	BETA BLOCKERS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KETEK TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
ketoprofen cap (ORUDIS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 5 days treatment (20 tabs/5 days))	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KHEDEZLA ER TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
KINERET INJ (QL=28 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KLARON LOTION	-	3	DERMATOLOGICALS
KLONOPIN TAB	-	3	ANTICONVULSANTS
KLONOPIN WAFER	-	3	ANTICONVULSANTS
KLOR-CON M15 TAB	-	2	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET	-	3	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES
KLOR-CON TAB	-	3	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	2	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	4	ANTIDIABETICS
KOVIA OINT	-	2	DERMATOLOGICALS
K-PHOS NEUTRAL TAB	-	3	MINERALS & ELECTROLYTES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	3	LAXATIVES
KUVAN POWDER PACK	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
KYTRIL TAB	QL-SP	4	ANTIEMETICS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LAC-HYDRIN CREAM	-	3	DERMATOLOGICALS
LAC-HYDRIN LOTION	-	3	DERMATOLOGICALS
LACRISERT OPHTH INSERT	-	2	OPHTHALMIC AGENTS
lactulose soln	-	1	LAXATIVES
LAMICTAL CHEW TAB	-	3	ANTICONVULSANTS
LAMICTAL CHEW TAB 2MG	-	2	ANTICONVULSANTS
LAMICTAL ODT	-	3	ANTICONVULSANTS
LAMICTAL TAB	-	3	ANTICONVULSANTS
LAMICTAL XR TAB	-	3	ANTICONVULSANTS
LAMICTAL XR/ODT KIT	-	3	ANTICONVULSANTS
LAMISIL TAB	-	3	ANTIFUNGALS
lamivudine soln (EPIVIR equiv)	SP	1	ANTIVIRALS

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lamivudine tab (EPIVIR equiv)	SP	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	SP	4	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	4	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	1	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LANCET DEVICE	OTC	1	MEDICAL DEVICES
LANCET KIT	OTC	1	MEDICAL DEVICES
LANCETS	OTC	1	MEDICAL DEVICES
LANOXIN TAB	-	3	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole DR cap 15mg (PREVACID equiv)	OTC	1	ULCER DRUGS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	1	ULCER DRUGS
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
LARIAM TAB	-	3	ANTIMALARIALS
LARTUS LIQUID	-	3	COUGH/COLD/ALLERGY
LASIX TAB	-	3	DIURETICS
LASTACAFT OPHTH SOLN (QL=3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/ 30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB (QL=1 tab/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA SPRAY (QL=15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LESCOL CAP	-	3	ANTIHYPERLIPIDEMICS
LESCOL XL TAB	-	3	ANTIHYPERLIPIDEMICS
LETAIRIS TAB (QL = 1 tab/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN TAB	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	MSP	4	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	INF-MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levalbuterol neb soln (XOPENEX equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN SOLN	-	3	FLUOROQUINOLONES
LEVAQUIN TAB	-	3	FLUOROQUINOLONES
LEVATOL TAB	-	3	BETA BLOCKERS
LEVBID TAB	-	3	ULCER DRUGS
LEVEMIR FLEXPEN INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVITRA TAB (QL=6 tabs/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
LEVO-DROMORAN TAB	-	3	ANALGESICS - OPIOID
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	2	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEVSIN INJ	-	3	ULCER DRUGS
LEVSIN SOLN	-	3	ULCER DRUGS
LEVSIN TAB	-	3	ULCER DRUGS
LEVSIN/SL TAB	-	3	ULCER DRUGS
LEVSINEX CAP	-	3	ULCER DRUGS
LEXAPRO SOLN	-	3	ANTIDEPRESSANTS
LEXAPRO TAB	-	3	ANTIDEPRESSANTS
LEXIVA SUSP	SP	4	ANTIVIRALS
LEXIVA TAB	SP	4	ANTIVIRALS
LIBRAX CAP	-	NC	ULCER DRUGS
LIBRIUM CAP	-	3	ANTIANXIETY AGENTS
LIDEX CREAM	-	3	DERMATOLOGICALS
lidocaine cream (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE CREAM 3.75%, 3.95%	-	NC	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint	-	1	DERMATOLOGICALS
lidocaine patch (LIDODERM equiv) (QL = 3 patches/day)	QL	1	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine viscous soln	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1	ANORECTAL AGENTS
lidocaine/menthol patch	-	NC	DERMATOLOGICALS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH	QL	3	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIMBITROL TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
lindane lotion	-	1	DERMATOLOGICALS
lindane shampoo	-	1	DERMATOLOGICALS
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL = 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPITOR TAB	-	3	ANTIHYPERLIPIDEMICS
LIPOFEN CAP	-	NC	ANTIHYPERLIPIDEMICS
LIPTRUZET TAB	-	3	ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOBID TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	3	ANTIHYPERLIPIDEMICS
LO LOESTRIN TAB	-	3	CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	3	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOSYN TAB	-	3	ANTIPARKINSON AGENTS
LOESTRIN 24 FE TAB	-	3	CONTRACEPTIVES
LOESTRIN FE TAB	-	3	CONTRACEPTIVES
LOESTRIN TAB	-	3	CONTRACEPTIVES
LOFIBRA CAP	-	1	ANTIHYPERLIPIDEMICS
LOFIBRA TAB	-	1	ANTIHYPERLIPIDEMICS
LOMOTIL LIQUID	-	3	ANTIDIARRHEALS
LOMOTIL TAB	-	3	ANTIDIARRHEALS
LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LONSURF TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
LOPID TAB	-	3	ANTIHYPERLIPIDEMICS
LOPRESSOR HCT TAB	-	3	ANTIHYPERTENSIVES
LOPRESSOR TAB	-	3	BETA BLOCKERS
LOPROX CREAM	-	3	DERMATOLOGICALS
LOPROX GEL	-	3	DERMATOLOGICALS
LOPROX SHAMPOO	-	3	DERMATOLOGICALS
lorazepam conc (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
LORTAB	-	3	ANALGESICS - OPIOID
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTENSIN HCT TAB	-	3	ANTIHYPERTENSIVES
LOTENSIN TAB	-	3	ANTIHYPERTENSIVES
LOTREL CAP	-	3	ANTIHYPERTENSIVES
LOTRISONE CREAM	-	3	DERMATOLOGICALS
LOTRISONE LOTION	-	3	DERMATOLOGICALS
LOTRONEX TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	1	ANTIHYPERLIPIDEMICS
LOVAZA CAP	-	3	ANTIHYPERLIPIDEMICS
LOVENOX INJ	QL-SP	4	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LOXITANE CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS

Drug Name	Special Code	Tier	Category
LTA 360 KIT	-	3	MOUTH/THROAT/DENTAL AGENTS
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/ 30 days)	QL	2	OPHTHALMIC AGENTS
LUNESTA TAB	QL	3	HYPNOTICS
LUPRON DEPOT INJ	INF-MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	INF-MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	INF-MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON INJ KIT	INF-MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LURIDE SOLN (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	$0	MINERALS & ELECTROLYTES
LURIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	$0	MINERALS & ELECTROLYTES
LUVOX CR CAP	ST	3	ANTIDEPRESSANTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LUZU CREAM	-	NC	DERMATOLOGICALS
LYRICA CAP	-	2	ANTICONVULSANTS
LYRICA SOLN	-	2	ANTICONVULSANTS
LYSODREN TAB	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	3	HEMOSTATICS
MACROBID CAP	-	3	URINARY ANTI-INFECTIVES
MACRODANTIN CAP	-	3	URINARY ANTI-INFECTIVES
MALARONE TAB	-	2	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL=2 bottle/fill)	QL	1	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MANDELAMINE MANDELATE TAB 500MG	-	3	URINARY ANTI-INFECTIVES
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
MARINOL CAP	PA	3	ANTIEMETICS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
matzim LA tab (CARDIZEM LA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
MAVIK TAB	-	3	ANTIHYPERTENSIVES
MAXAIR AUTOHALER (Step Therapy requires trial of Ventolin)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MAXALT MLT TAB	QL	3	MIGRAINE PRODUCTS
MAXALT TAB	QL	3	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAXITROL OPHTH OINT	-	3	OPHTHALMIC AGENTS
MAXITROL OPHTH SUSP	-	3	OPHTHALMIC AGENTS
MAXZIDE TAB	-	3	DIURETICS
mebendazole chew tab (VERMOX equiv)	-	1	ANTHELMINTICS
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
MEDROL DOSE PACK	-	3	CORTICOSTEROIDS
MEDROL TAB	-	3	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	NC	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS

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mefenamic acid cap (PONSTEL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	1	ANTIMALARIALS
MEGACE ES SUSP	-	3	PROGESTINS
MEGACE SUSP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol ES susp (MEGACE ES equiv)	-	1	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENOSTAR PATCH	-	3	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
meperidine tab (DEMEROL equiv)	-	1	ANALGESICS - OPIOID
MEPHYTON TAB	-	2	VITAMINS
meprobamate tab (MILTOWN equiv)	-	1	ANTIANXIETY AGENTS
MEPRON SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
mercaptopurine tab (PURINETHOL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine enema (ROWASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON SYRUP	-	3	ANTIMYASTHENIC AGENTS
MESTINON TAB	-	3	ANTIMYASTHENIC AGENTS
MESTINON TIMESPAN TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METADATE CD CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
METAGLIP TAB	-	3	ANTIDIABETICS
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METHADONE INTENSOL CONC	-	3	ANALGESICS - OPIOID
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	1	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	1	URINARY ANTI-INFECTIVES
METHERGINE TAB	QL	2	OXYTOCICS
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS

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METHITEST TAB	PA	3	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	1	ULCER DRUGS
METHYLCLOTHIAZIDE TAB	-	1	DIURETICS
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL = 28 tab/fill; 1 fill/365 days)	QL	1	OXYTOCICS
METHYLIN CHEW TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
METHYLIN SOLN	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate ER tab 10mg, 20mg	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide ODT (METOZOLV equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
METROCREAM	-	3	DERMATOLOGICALS
METROGEL 1% (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
METROGEL 1% KIT	-	NC	DERMATOLOGICALS
METROGEL VAGINAL GEL	-	3	VAGINAL PRODUCTS
METROLOTION	-	3	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
MEVACOR TAB	-	3	ANTIHYPERLIPIDEMICS
mexiletine cap (MEXITIL equiv)	-	1	ANTIARRHYTHMICS

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MIACALCIN INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICARDIS TAB	-	3	ANTIHYPERTENSIVES
MICONAZOLE 3 SUPP 200MG	-	3	VAGINAL PRODUCTS
MICRO-K CAP	-	3	MINERALS & ELECTROLYTES
MICROZIDE CAP	-	3	DIURETICS
MIDAMOR TAB	-	3	DIURETICS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIDRIN CAP	-	NC	MIGRAINE PRODUCTS
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
MIGRANAL/ DIHYDROERGOTAMINE SPRAY (QL= 8 units/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	3	CORTICOSTEROIDS
MILLIPRED TAB	-	3	CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	3	CONTRACEPTIVES
MINIPRESS CAP	-	3	ANTIHYPERTENSIVES
MINOCIN CAP	-	3	TETRACYCLINES
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	1	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRAPEX ER TAB	-	3	ANTIPARKINSON AGENTS
MIRAPEX ER TAB 2.25MG, 3.75MG	-	3	ANTIPARKINSON AGENTS
MIRAPEX TAB	-	3	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	3	CONTRACEPTIVES
MIRENA IUD	-	NC	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	NC	GOUT AGENTS
MOBIC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
modafinil tab (PROVIGIL equiv) (QL = 2 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONODOX CAP	-	3	TETRACYCLINES
MONOKET TAB	-	3	ANTIANGINAL AGENTS
mononessa tab (ORTHO-CYCLEN equiv)	-	$0	CONTRACEPTIVES
MONOPRIL HCT TAB	-	3	ANTIHYPERTENSIVES
MONOPRIL TAB	-	3	ANTIHYPERTENSIVES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	URINARY ANTI-INFECTIVES
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID

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morphine sulfate ER cap (KADIAN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
morphine sulfate supp	-	1	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTOFEN TAB	-	3	ANTIDIARRHEALS
MOTRIN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
MOVANTIC TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (QL = 1 bottle/fill)	QL	2	LAXATIVES
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	1	FLUOROQUINOLONES
MS CONTIN TAB	-	3	ANALGESICS - OPIOID
MULTAQ TAB	-	2	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	1	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	1	HEMATOPOIETIC AGENTS
MULTIVITAMIN CAP	-	1	MULTIVITAMINS
multivitamin tab	-	1	HEMATOPOIETIC AGENTS
multivitamin w/ minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	1	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MUSE SUPP (QL=6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYAMBUTOL TAB	-	3	ANTIMYCOBACTERIAL AGENTS
MYCELEX TROCHES	-	3	MOUTH/THROAT/DENTAL AGENTS
MYCOBUTIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	SP	4	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	SP	4	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	4	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	SP	4	ASSORTED CLASSES
MYDFRIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
MYDRIACYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
MYFORTIC TAB	SP	4	ASSORTED CLASSES
MYLERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
MYSOLINE TAB	-	3	ANTICONVULSANTS
MYTELASE TAB	-	3	ANTIMYASTHENIC AGENTS
MYTUSSIN DAC	-	NC	
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	1	ANTIHYPERTENSIVES
naftifine cream 1% (NAFTIN equiv)	-	1	DERMATOLOGICALS
NAFTIN CREAM 1%	-	3	DERMATOLOGICALS
NAFTIN CREAM 2%	-	2	DERMATOLOGICALS
NAFTIN GEL	-	2	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
NALFON CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
naloxone inj	-	1	ANTIDOTES

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naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP (QL= 1 cap/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (Step therapy requires trial of donepezil)	ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naphazoline ophth soln	-	1	OPHTHALMIC AGENTS
NAPROSYN EC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
NARDIL TAB	-	2	ANTIDEPRESSANTS
NASACORT AQ NASAL SPRAY	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASACORT NASAL SPRAY (OTC) (QL = 2 bottle/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY (QL = 2 bottle/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATAZIA TAB	-	3	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	1	ANTIDIABETICS
NATROBA SUSP (QL = 1 bottle/fill)	QL	3	DERMATOLOGICALS
NATURE THROID/ARMOUR THYROID TAB	-	1	THYROID AGENTS
NAVANE CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NEBUPENT NEB SOLN	MSP	4	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN 6%	-	2	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	$0	CONTRACEPTIVES
necon tab 1/50 (NORYNIL equiv)	-	$0	CONTRACEPTIVES
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
NEORAL CAP	SP	4	ASSORTED CLASSES
NEORAL SOLN	SP	4	ASSORTED CLASSES
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSPORIN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHROCAP	-	3	MULTIVITAMINS
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEPHRO-VITE TAB	-	3	MULTIVITAMINS

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NEPTAZANE TAB	-	3	DIURETICS
NESINA TAB (QL = 1 tab/day)	PA-QL	3	ANTIDIABETICS
NEULASTA INJ (Product is mandated through Acaria Specialty Pharmacy)	MSP	4	HEMATOPOIETIC AGENTS
NEUMEGA INJ	MSP	4	HEMATOPOIETIC AGENTS
NEUPOGEN INJ (Product is mandated through Acaria Specialty Pharmacy)	MSP	4	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEURONTIN CAP	-	3	ANTICONVULSANTS
NEURONTIN SOLN	-	3	ANTICONVULSANTS
NEURONTIN TAB	-	3	ANTICONVULSANTS
NEVANAC OPHTH SUSP	-	2	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	SP-ST	4	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv)	SP	4	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	SP	1	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	3	ANTIHYPERTENSIVES
NEXIUM CAP OTC	OTC	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
niacin cap	OTC	1	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	1	VITAMINS
niacin ER tab (NIASPAN equiv)	-	NC	ANTIHYPERLIPIDEMICS
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	1	VITAMINS
niacinamide tab	OTC	1	VITAMINS
NIACOR TAB	-	1	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	1	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NICODERM PATCH	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NIFEREX-150 FORTE CAP	-	2	HEMATOPOIETIC AGENTS
NILANDRON TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NIMOTOP CAP	-	3	CALCIUM CHANNEL BLOCKERS
NIRAVAM ODT	-	3	ANTIANXIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	1	CALCIUM CHANNEL BLOCKERS

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NISOLDIPINE ER TAB 25.5MG	-	1	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SR cap	-	1	ANTIANGINAL AGENTS
NITROLINGUAL PUMP SPRAY	-	3	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	2	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
nizatidine soln (AXID equiv)	-	1	ULCER DRUGS
NIZORAL SHAMPOO	-	3	DERMATOLOGICALS
nora-be tab (NORA-QD equiv)	-	$0	CONTRACEPTIVES
NORDITROPIN INJ	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
NORINYL TAB 1/50	-	3	CONTRACEPTIVES
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CAP	-	3	ANTIARRHYTHMICS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORPRAMIN TAB	-	3	ANTIDEPRESSANTS
NOR-QD TAB	-	3	CONTRACEPTIVES
NORTHERA CAP	-	NC	VASOPRESSORS
NORTHYX TAB	-	2	THYROID AGENTS
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	1	ANTIDEPRESSANTS
NORVASC TAB	-	3	CALCIUM CHANNEL BLOCKERS
NORVIR CAP	SP	3	ANTIVIRALS
NORVIR SOLN	SP	3	ANTIVIRALS
NORVIR TAB	SP	3	ANTIVIRALS
NOVADYNE EXPECTORANT	-	NC	
NOVAGEST EXPECTORANT/CODE	-	NC	
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES
NOVOLIN INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES
NOXAFIL SUSP	-	2	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	1	THYROID AGENTS
NUCORT LOTION	-	3	DERMATOLOGICALS
NUCYNTA ER TAB (QL = 2 tab/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID

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NUEDEXTA CAP (QL = 2 cap/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUTROPIN AQ/OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUVARING	-	$0	CONTRACEPTIVES
NUVIGIL TAB (QL = 1 tab/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
octreotide inj (SANDOSTATIN equiv)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUFEN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
OCUFLOX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ODOMZO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OFLOXACIN TAB 400MG	-	2	FLUOROQUINOLONES
OGEN TAB	-	3	ESTROGENS
OGESTREL TAB	-	3	CONTRACEPTIVES
olanzapine ODT (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/ fluoxetine cap (SYMBYAX equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	3	ANTIDEPRESSANTS
olopatadine nasal spray (PATANASE equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
OLUX FOAM	PA	3	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
omedia otic soln (AMERICAINE equiv)	-	1	OTIC AGENTS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1	ANTIHYPERLIPIDEMICS
omeprazole DR cap 10mg (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole DR cap 20mg (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole DR cap 40mg (PRILOSEC equiv)	-	1	ULCER DRUGS
OMEPRAZOLE TAB	OTC	NC	ULCER DRUGS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNICEF CAP	-	3	CEPHALOSPORINS
OMNICEF SUSP	-	3	CEPHALOSPORINS
ondansetron ODT (ZOFRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFRAN equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	1	ANTIEMETICS
ONFI TAB	PA	2	ANTICONVULSANTS
ONGLYZA TAB (QL = 1 tab/day)	QL	2	ANTIDIABETICS

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OPANA ER TAB	-	NC	ANALGESICS - OPIOID
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPIUM TINCTURE	-	3	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day, Only available through Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
OPTIVAR OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORAFATE PASTE/ PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAMORPH SR TAB	-	3	ANALGESICS - OPIOID
ORAP TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT	-	3	CORTICOSTEROIDS
ORAPRED SOLN	-	3	CORTICOSTEROIDS
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	3	TETRACYCLINES
ORENCIA SC INJ (QL=4 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE COMPOUND DS TAB (NORGESIC FORTE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN LO TAB	-	$0	CONTRACEPTIVES
ORTHO TRI-CYCLEN TAB	-	3	CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	3	CONTRACEPTIVES
ORTHO-EVRA PATCH	-	3	CONTRACEPTIVES
ORTHO-PREFEST TAB	-	3	ESTROGENS
OSENI TAB (QL = 1 tab/day)	PA-QL	3	ANTIDIABETICS
OSMOPREP TAB	-	3	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA TAB (QL=2 tab/day)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OTOZIN OTIC DROPS	-	3	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS GEL	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	3	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVACE WASH	-	3	DERMATOLOGICALS
OVCON 35 TAB	-	3	CONTRACEPTIVES
OVIDE LOTION	QL	3	DERMATOLOGICALS
OXANDRIN TAB	-	3	ANDROGENS-ANABOLIC
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	1	ANTIANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXISTAT CREAM	-	2	DERMATOLOGICALS
OXISTAT LOTION	-	2	DERMATOLOGICALS
OXSORALEN ULTRA CAP	-	3	DERMATOLOGICALS

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oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE CONC	-	1	ANALGESICS - OPIOID
oxycodone ER tab (OXYCONTIN equiv)	--NC	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	1	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 120 tab/30 days)	QL	2	ANALGESICS - OPIOID
OXYIR CAP	-	2	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH	PA	3	URINARY ANTISPASMODICS
PALGIC SOLN	-	3	ANTIHISTAMINES
PALGIC TAB	-	3	ANTIHISTAMINES
paliperidone ER tab (INVEGA equiv)	PA	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PAMELOR CAP	-	3	ANTIDEPRESSANTS
PAMINE TAB	-	3	ULCER DRUGS
PANAFIL OINT	-	3	DERMATOLOGICALS
PANCREAZE CAP (Step therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
PANRETIN GEL	PA-SP	4	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
papain/urea/chlorophyllin oint (PANAFIL equiv)	-	1	DERMATOLOGICALS
papain-urea oint (ACCUZYME OINT equiv)	-	1	DERMATOLOGICALS
PARAFON FORTE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
PARAGARD IUD	-	NC	CONTRACEPTIVES
parcaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
PARCOPA ODT	-	3	ANTIPARKINSON AGENTS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARLODEL CAP	-	3	ANTIPARKINSON AGENTS
PARLODEL TAB	-	3	ANTIPARKINSON AGENTS
PARNATE TAB	-	3	ANTIDEPRESSANTS
paromomycin cap (HUMATIN equiv)	-	1	AMINOGLYCOSIDES
paroxetine ER tab (PAXIL CR equiv)	-	1	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PATADAY OPHTH SOLN (QL = 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
PATANOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PAXIL CR TAB	-	3	ANTIDEPRESSANTS
PAXIL SUSP	-	3	ANTIDEPRESSANTS
PAXIL TAB	-	3	ANTIDEPRESSANTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES
PEDIAPRED SOLN	-	3	CORTICOSTEROIDS

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PEDIATEX TDM SUSP	-	3	COUGH/COLD/ALLERGY
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ (Step Therapy requires trial of PEG-INTRON)	MSP-ST	4	ANTIVIRALS
PEGASYS INJ KIT (Step Therapy requires trial of PEG-INTRON)	MSP-ST	4	ANTIVIRALS
PEG-INTRON INJ	MSP	4	ANTIVIRALS
PEN NEEDLE	OTC	3	MEDICAL DEVICES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENNSAID SOLN	-	3	DERMATOLOGICALS
PENNSAID SOLN 1.5%	-	NC	DERMATOLOGICALS
PENTASA CAP (Step Therapy requires trial of ASACOL (HD), LIALDA or DELZICOL)	ST	3	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	1	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	2	ULCER DRUGS
PEPCID TAB	-	3	ULCER DRUGS
PERCOCET TAB	-	3	ANALGESICS - OPIOID
PERCODAN TAB	-	3	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERIDEX SOLN	-	3	MOUTH/THROAT/DENTAL AGENTS
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSANTINE TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PERTZYE CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
PEXEVA TAB (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
PHENHIST EXPECTORANT	-	NC	
phenobarbital elixir	-	1	HYPNOTICS
phenobarbital tab	-	1	HYPNOTICS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	1	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL=1 cap/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
phentermine tab (ADIPEX equiv) (QL=1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
PHENYLHISTINE EXPECTORANT	-	NC	
PHENYTEK CAP	-	1	ANTICONVULSANTS
PHENYTEK CAP 300MG	-	1	ANTICONVULSANTS

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phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLO CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PICATO GEL (QL=1 box/fill)	QL	3	DERMATOLOGICALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	3	OPHTHALMIC AGENTS
pimozide tab	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	1	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	1	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	$0	CONTRACEPTIVES
PLAQUENIL TAB	-	3	ANTIMALARIALS
PLAVIX TAB 75MG	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	MSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	MSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENDIL TAB	-	3	CALCIUM CHANNEL BLOCKERS
PLETAL TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEXION CLEANSING CLOTH	-	3	DERMATOLOGICALS
PLEXION LOTION	-	3	DERMATOLOGICALS
PLEXION SCT CREAM	-	3	DERMATOLOGICALS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	1	DERMATOLOGICALS
POLYCITRA CRYSTAL PACK	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
POLYCITRA SYRUP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
POLYCITRA-LC SOLN	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLYTRIM OPHTH SOLN	-	3	OPHTHALMIC AGENTS
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
POTABA CAP	-	3	VITAMINS
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES

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potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride soln	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL = 3 tab/day)	QL	2	ANTICONVULSANTS
POTIGA TAB 50MG	QL	2	ANTICONVULSANTS
PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ	-	NC	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	1	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	2	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS
pramoxine/hydrocortisone oint (PRAMOSONE equiv)	-	1	DERMATOLOGICALS
PRANDIMET TAB	-	3	ANTIDIABETICS
PRANDIN TAB	-	3	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
PRAVACHOL TAB	-	3	ANTIHYPERLIPIDEMICS
pravastatin tab (PRAVACHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	1	MEDICAL DEVICES
PRECISION XTRA METER	OTC	$0	MEDICAL DEVICES
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2	DIAGNOSTIC PRODUCTS
PRECOSE TAB	-	3	ANTIDIABETICS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednicarbate cream (DERMATOP equiv)	-	1	DERMATOLOGICALS
prednicarbate oint (DERMATOP equiv)	-	1	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE PAK	-	2	CORTICOSTEROIDS
PREDNISONE SOLN	-	1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PRELONE SYRUP	-	3	CORTICOSTEROIDS
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB/ PREMPRO TAB	-	2	ESTROGENS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	VITAMINS

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PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/PRENAPLUS)	-	1	VITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PREVACID DR CAP	-	3	ULCER DRUGS
PREVACID DR CAP OTC	OTC	1	ULCER DRUGS
PREVACID SOLUTAB	-	2	ULCER DRUGS
PREVIDENT CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT RINSE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVPAC KIT	-	3	ULCER DRUGS
PREZCOBIX TAB	SP	4	ANTIVIRALS
PREZISTA SUSP	SP	4	ANTIVIRALS
PREZISTA TAB	SP	4	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC OTC DR TAB	-	NC	ULCER DRUGS
PRIMAQUINE TAB	-	2	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRINIVIL TAB/ ZESTRIL TAB	-	3	ANTIHYPERTENSIVES
PRISTIQ TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
PROAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAMATINE TAB	-	3	VASOPRESSORS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
PROCARDIA CAP	-	3	CALCIUM CHANNEL BLOCKERS
PROCENTRA SOLN	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	MSP	4	HEMATOPOIETIC AGENTS
PROCTOCORT CREAM	-	3	DERMATOLOGICALS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	NC	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3	ANTIDIABETICS
PROGRAF CAP	SP	4	ASSORTED CLASSES
PROLEUKIN INJ	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA TAB	MSP-PA	4	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	1	COUGH/COLD/ALLERGY

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PROMETRIUM CAP	-	3	PROGESTINS
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSCAR TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
PROSOM TAB	-	3	HYPNOTICS
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC AGENTS
PROTONIX EC TAB	-	3	ULCER DRUGS
PROTONIX PAK	-	NC	ULCER DRUGS
PROTOPIC OINT	-	3	DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	1	ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVERA TAB	-	3	PROGESTINS
PROVIGIL TAB	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
PROZAC CAP	-	3	ANTIDEPRESSANTS
PROZAC SOLN	-	3	ANTIDEPRESSANTS
PROZAC TAB	-	3	ANTIDEPRESSANTS
PRUDOXIN CREAM	-	3	DERMATOLOGICALS
pseudoephedrine/brompheniramine/codeine liquid (CPB WC LIQUID equiv)	OTC	1	COUGH/COLD/ALLERGY
PSORCON E CREAM	-	3	DERMATOLOGICALS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	MSP	4	RESPIRATORY AGENTS - MISC.
PURINETHOL TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3	ULCER DRUGS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
PYRIDIUM TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
pyridostigmine CR tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC AGENTS
QNASL NASAL SPRAY (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP (QL=1 cap/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
QUALAQUIN CAP	-	3	ANTIMALARIALS
QUARTETTE TAB	-	NC	CONTRACEPTIVES
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
QUESTRAN LITE POWDER	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN LITE POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER	-	3	ANTIHYPERLIPIDEMICS

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QUESTRAN POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUFLORA PEDIATRIC DROP	-	3	MULTIVITAMINS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG	-	1	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	1	ANTIMALARIALS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RANEXA TAB	-	2	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1	ULCER DRUGS
RAPAFLO CAP (Restricted to Urology Specialist)	RS	2	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	2	ASSORTED CLASSES
RAPAMUNE TAB	SP	4	ASSORTED CLASSES
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
RAZADYNE ER CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE SOLN	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL CAP	MSP	4	ANTIVIRALS
REBETOL SOLN	MSP	4	ANTIVIRALS
REBIF INJ (Product is mandated through Acaria Specialty Pharmacy)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REGLAN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
REGRANEX GEL (QL = 2 - 15gm tubes/fill)	QL	2	DERMATOLOGICALS
RELENZA DISKHALER (QL= 20 units/fill)	QL	2	ANTIVIRALS
RELION R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
RELISTOR INJ	MSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	MSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
RELYYKS PAD	-	NC	DERMATOLOGICALS
REMERON SOLUTAB	-	3	ANTIDEPRESSANTS
REMERON TAB	-	3	ANTIDEPRESSANTS
RENAGEL TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA PACKET	-	2	GASTROINTESTINAL AGENTS - MISC.

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RENVELA TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPATHA INJ	-	NC	ANTIHYPERLIPIDEMICS
REPLIVA TAB	-	3	HEMATOPOIETIC AGENTS
REPREXAIN TAB	-	3	ANALGESICS - OPIOID
REQUIP TAB	-	3	ANTIPARKINSON AGENTS
REQUIP XL TAB	-	3	ANTIPARKINSON AGENTS
RESCON TAB	-	3	COUGH/COLD/ALLERGY
RESCRIPTOR TAB	SP	4	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RESTORIL CAP 15MG	-	3	HYPNOTICS
RESTORIL CAP 22.5MG	-	3	HYPNOTICS
RESTORIL CAP 30MG	-	3	HYPNOTICS
RESTORIL CAP 7.5MG	-	3	HYPNOTICS
RETIN-A CREAM	PA	3	DERMATOLOGICALS
RETIN-A GEL	PA	3	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1% (acne only - 26 or older requires PA)	PA	1	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%	-	NC	DERMATOLOGICALS
RETROVIR CAP	SP	4	ANTIVIRALS
RETROVIR SYRUP	SP	4	ANTIVIRALS
RETROVIR TAB	SP	4	ANTIVIRALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB	PA-SP	4	CARDIOVASCULAR AGENTS - MISC.
REVIA TAB	-	3	ANTIDOTES
REVLIMID CAP (QL=1 cap/day)	MSP-PA-QL	3	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	SP	4	ANTIVIRALS
REYATAZ POWDER PACK	SP	4	ANTIVIRALS
REZIRA SOLN	-	3	COUGH/COLD/ALLERGY
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
RIBAPAK TAB	-	NC	ANTIVIRALS
ribasphere cap (REBETOL equiv)	MSP	1	ANTIVIRALS
RIBATAB	MSP	4	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	MSP	1	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFADIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	1	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	1	ANTIVIRALS
RIOMET SOLN	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL CONSTA INJ	MSP	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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RISPERDAL M ODT	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
RITALIN LA CAP 10MG	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
RITALIN LA CAP 60MG	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
RITALIN SR TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
RITALIN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
RITUXAN INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 day)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL =12 tabs/fill, 3 fills/60 day)	QL	1	MIGRAINE PRODUCTS
ROBAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	3	ULCER DRUGS
ROCALTROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ropinirole ER tab (REQUIP XL equiv)	-	1	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROSULA EMULSION	-	3	DERMATOLOGICALS
ROSULA GEL	-	3	DERMATOLOGICALS
ROSULA PAD	-	3	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICET SOLN 325MG/5ML	-	2	ANALGESICS - OPIOID
ROXICET TAB	-	3	ANALGESICS - OPIOID
ROXICODONE SOLN	-	2	ANALGESICS - OPIOID
ROXICODONE TAB	-	3	ANALGESICS - OPIOID
ROZEREM TAB (QL = 1 tab/day)	QL	3	HYPNOTICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYNATAN CHEW TAB	-	3	COUGH/COLD/ALLERGY
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER tab.)	ST	3	ANTIPARKINSON AGENTS
RYTHMOL SR CAP	-	3	ANTIARRHYTHMICS
RYTHMOL TAB	-	3	ANTIARRHYTHMICS
SABRIL POWDER PACK (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD	4	ANTICONVULSANTS
SABRIL TAB (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD	4	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN/SEROSTIM/ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
SALEX SHAMPOO	-	3	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	1	DERMATOLOGICALS

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salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SAMSCA TAB	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCTURA TAB	-	3	URINARY ANTISPASMODICS
SANCTURA XR CAP	PA	3	URINARY ANTISPASMODICS
SANCUSO PATCH (QL= 4 patch/fill)	QL-SP	4	ANTIEMETICS
SANDIMMUNE CAP	SP	4	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANDOSTATIN INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT	-	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL = 2 tab/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL = 2 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SEASONALE TAB/ SEASONIQUE TAB	-	3	CONTRACEPTIVES
seb-prev cream (OVACE CREAM equiv)	-	1	DERMATOLOGICALS
SECONAL CAP	-	2	HYPNOTICS
SECTRAL CAP	-	3	BETA BLOCKERS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	1	DERMATOLOGICALS
selfemra cap (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY TAB	SP	4	ANTIVIRALS
SEMPREX-D CAP	-	3	COUGH/COLD/ALLERGY
SENSIPAR TAB	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEROMYCIN CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
SEROQUEL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
SFROWASA ENEMA	-	3	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL = 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab (REVATIO equiv)	PA-SP	1	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	NC	HYPNOTICS
SILVADENE CREAM	-	3	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	2	ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ (QL=1 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1	ANTIHYPERLIPIDEMICS

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simvastatin tab 80mg (ZOCOR equiv)	ST	1	ANTIHYPERLIPIDEMICS
SINEMET CR TAB	-	3	ANTIPARKINSON AGENTS
SINEMET TAB	-	3	ANTIPARKINSON AGENTS
SINGULAIR CHEW TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE PACK	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sirolimus tab (RAPAMUNE equiv)	SP	4	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/ fill)	PA-QL	3	DERMATOLOGICALS
SLO-NIACIN TAB	OTC	3	VITAMINS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride 0.9% irr soln	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	$0	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	1	ASSORTED CLASSES
sodium polystyrene soln (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/ urea pad (ROSULA equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	1	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAZE GEL	-	3	DERMATOLOGICALS
SOMA TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3	HYPNOTICS
SONATA CAP	-	3	HYPNOTICS
SORIATANE CAP	SP	4	DERMATOLOGICALS
SORIATANE CK KIT	-	2	DERMATOLOGICALS
SORILUX FOAM	-	3	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOVALDI TAB (QL=1 tab/day)	MSP-PA-QL	4	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL = 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX CAP	PA	3	ANTIFUNGALS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	MSP-PA-SF	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	MINERALS & ELECTROLYTES
STARLIX TAB	-	3	ANTIDIABETICS
stavudine cap (ZERIT equiv)	SP	1	ANTIVIRALS
stavudine soln (ZERIT equiv)	SP	1	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STAXYN ODT (QL=6 tabs/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
STELARA INJ (QL=1 syringe/84 days)	MSP-PA-QL	4	DERMATOLOGICALS
STENDRA TAB (QL = 6 tab/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL = 4 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
STRIBILD TAB (QL = 1 tab/ day)	QL-SP	4	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL = 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMECTOL TAB	-	3	ANTHELMINTICS
STROVITE TAB	-	3	MULTIVITAMINS
SUBOXONE SL FILM	-	2	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	NC	LAXATIVES

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SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SUDAHIST TAB	-	3	COUGH/COLD/ALLERGY
SUDATUSS-2	-	NC	
SUDATUSS-2 DF	-	NC	
SUDATUSS-SF	-	NC	
SULAR TAB	-	3	CALCIUM CHANNEL BLOCKERS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	1	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML	QL	1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL=5 injs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ (QL= 6 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
SUMAXIN TS SUSP	-	3	DERMATOLOGICALS
SUMAXIN WASH	-	3	DERMATOLOGICALS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN	-	3	LAXATIVES
SURMONTIL CAP	-	3	ANTIDEPRESSANTS
SUSTIVA CAP	SP	4	ANTIVIRALS
SUSTIVA TAB	SP	4	ANTIVIRALS
SUTENT CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBYAX CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYNAREL NASAL SOLN	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNERA PATCH	-	3	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYPRINE CAP	-	3	ASSORTED CLASSES
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	3	DERMATOLOGICALS

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TACLONEX SCALP SUSP	-	3	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	SP	4	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
TAFINLAR CAP (QL = 4 cap/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGAMET TAB	-	3	ULCER DRUGS
TALACEN TAB	-	3	ANALGESICS - OPIOID
TAMBOCOR TAB	-	3	ANTIARRHYTHMICS
TAMIFLU CAP (QL= 10 caps/fill)	QL	2	ANTIVIRALS
TAMIFLU CAP 30MG	QL	2	ANTIVIRALS
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	2	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TAPAZOLE TAB	-	3	THYROID AGENTS
TARCEVA TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	MSP	4	DERMATOLOGICALS
TARKA TAB	-	3	ANTIHYPERTENSIVES
TASIGNA CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	3	ANTIPARKINSON AGENTS
TAZORAC CREAM	-	3	DERMATOLOGICALS
TAZORAC GEL	-	3	DERMATOLOGICALS
TECFIDERA CAP	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGRETOL CHEW TAB	-	3	ANTICONVULSANTS
TEGRETOL SUSP	-	3	ANTICONVULSANTS
TEGRETOL TAB	-	3	ANTICONVULSANTS
TEGRETOL XR TAB	-	3	ANTICONVULSANTS
TEGRETOL XR TAB 100MG	-	3	ANTICONVULSANTS
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	1	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS
temazepam cap 22.5mg (RESTORIL equiv)	-	1	HYPNOTICS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS
temazepam cap 7.5mg (RESTORIL equiv)	-	1	HYPNOTICS
TEMODAR CAP	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMOVATE CREAM	PA	3	DERMATOLOGICALS
TEMOVATE OINT	PA	3	DERMATOLOGICALS
TEMOVATE SOLN	PA	3	DERMATOLOGICALS

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temozolomide cap (TEMODAR equiv)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENEX TAB	-	3	ANTIHYPERTENSIVES
TENORETIC TAB	-	3	ANTIHYPERTENSIVES
TENORMIN TAB	-	3	BETA BLOCKERS
TERAZOL CREAM	-	3	VAGINAL PRODUCTS
TERAZOL SUPP	-	3	VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TESSALON/ZONATUSS CAP	-	3	COUGH/COLD/ALLERGY
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
TESTIM GEL/ TESTOSTERONE GEL (QL=2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
testosterone gel 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv) (Only available through Xenazine Support Program 888-882-6013)	LD-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TETRACYCLINE CAP	-	3	TETRACYCLINES
TEVETEN HCT TAB	-	3	ANTIHYPERTENSIVES
TEVETEN TAB	-	3	ANTIHYPERTENSIVES
TEVETEN TAB 400MG	-	3	ANTIHYPERTENSIVES
TEXACORT SOLN	-	3	DERMATOLOGICALS
THALOMID CAP	MSP-PA	4	ASSORTED CLASSES
THEO-24 CAP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
TIAZAC CAP	-	3	CALCIUM CHANNEL BLOCKERS
TICLID TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
tigabine tab (GABITRIL equiv)	-	1	ANTICONVULSANTS
TIGAN CAP	-	3	ANTIEMETICS
TIKOSYN CAP	-	2	ANTIARRHYTHMICS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOPTIC OCUDOSE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL	-	3	OPHTHALMIC AGENTS
TINDAMAX TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.

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tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT CAP	-	3	THYROID AGENTS
TIVICAY TAB (QL = 2 tab/day)	QL-SP	4	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI NEB SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	4	AMINOGLYCOSIDES
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	4	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TOBREX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	$0	VAGINAL PRODUCTS
TOFRANIL PM CAP	-	3	ANTIDEPRESSANTS
TOFRANIL TAB	-	3	ANTIDEPRESSANTS
tolazamide tab (TOLINASE equiv)	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	1	ANTIPARKINSON AGENTS
tolmetin cap (TOLECTIN DS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	1	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
TOPAMAX SPRINKLE CAP	-	3	ANTICONVULSANTS
TOPAMAX TAB	-	3	ANTICONVULSANTS
TOPICORT CREAM 0.25%	-	3	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT 0.25%	-	NC	DERMATOLOGICALS
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	2	DERMATOLOGICALS
TOPICORT/DESOXIMETASONE OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
TOPROL XL TAB	-	3	BETA BLOCKERS
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVIAZ TAB	PA	3	URINARY ANTISPASMODICS
TRACLEER TAB (QL= 2 tabs/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL = 1 tab/day)	PA-QL	3	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
tramadol ER tab (ULTRAM ER equiv)	-	1	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	1	ANALGESICS - OPIOID
TRANDATE TAB	-	3	BETA BLOCKERS
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	1	ANTIHYPERTENSIVES
tranex acid tab (LYSTEDA equiv)	-	1	HEMOSTATICS

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tranexamic acid inj (CYKLOKAPRON equiv)	MSP	4	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	3	ANTIEMETICS
TRANXENE-T TAB	-	3	ANTIANXIETY AGENTS
tranylcypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
TRAVATAN (Z) OPHTH SOLN (QL = 5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRECATOR TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
TRELSTAR INJ	INF-MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRENTAL TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
tretinoin cap (VESANOID equiv)	MSP	4	ANTINEOPLASTICS
tretinoin cream (acne only - 26 or older requires PA)	PA	1	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (acne only - 26 or older requires PA)	PA	1	DERMATOLOGICALS
TRETIN-X CREAM	PA	3	DERMATOLOGICALS
TREXALL TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP	-	3	ANALGESICS - OPIOID
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT AQ equiv) (QL = 2 bottle/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
TRIAMCINOLONE OINT	-	1	DERMATOLOGICALS
triamcinolone spray (KENALOG equiv)	-	1	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS
TRIBENZOR TAB	-	3	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	1	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	$0	CONTRACEPTIVES
TRILEPTAL SUSP	-	2	ANTICONVULSANTS
TRILEPTAL TAB	-	3	ANTICONVULSANTS
TRILIPIX CAP	-	1	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS
trilyte soln (NULYTELY 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
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	1	ANTIDEPRESSANTS
trinessa tab (ORTHO TRI-CYCLEN equiv)	-	$0	CONTRACEPTIVES
TRI-NORINYL TAB	-	3	CONTRACEPTIVES
TRIUMEQ TAB (QL = 1 tab/day)	QL-SP	4	ANTIVIRALS

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

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Drug Name	Special Code	Tier	Category
tri-vit/iron/fluoride drop	-	1	MULTIVITAMINS
TRIZIVIR TAB	SP	4	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv)	PA	1	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRULICITY INJ	-	3	ANTIDIABETICS
TRUSOPT OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TRUVADA TAB	PA-SP	4	ANTIVIRALS
trypsin/castor oil/peruvian balsam oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUSNEL CAP	-	3	COUGH/COLD/ALLERGY
TUSNEL SYRUP	-	3	COUGH/COLD/ALLERGY
TUSSICAPS (QL = 20 caps/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
TUSSIONEX SUSP	QL	3	COUGH/COLD/ALLERGY
TUSSI-ORGANI SYRUP (QL=240ml/per dispensing)	QL	3	COUGH/COLD/ALLERGY
TWINJECT INJ (Step Therapy requires trial of EPIPEN; QL= 2 units/fill)	QL-ST	3	VASOPRESSORS
TWYNSTA TAB	-	3	ANTIHYPERTENSIVES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB	-	3	ANALGESICS - OPIOID
TYLOX CAP	-	3	ANALGESICS - OPIOID
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	PA-SP	4	ANTIVIRALS
TYZINE NASAL SOLN	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
UCERIS RECTAL FOAM	PA	3	ANORECTAL AGENTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	3	CORTICOSTEROIDS
U-CORT CREAM	-	2	DERMATOLOGICALS
ULESFIA LOTION (QL=4 bottle/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires failure of allopurinol.)	ST	2	GOUT AGENTS
ULTRACET TAB	-	3	ANALGESICS - OPIOID
ULTRAM ER TAB	-	3	ANALGESICS - OPIOID
ULTRAM TAB	-	3	ANALGESICS - OPIOID
ULTRAVATE CREAM	PA	3	DERMATOLOGICALS
ULTRAVATE OINT	PA	3	DERMATOLOGICALS
ULTRESA CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
UMECTA EMULSION 40%	-	3	DERMATOLOGICALS
UMECTA SUSP	-	3	DERMATOLOGICALS
UNIPHYL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UNIRETIC TAB	-	3	ANTIHYPERTENSIVES
UNIVASC TAB	-	3	ANTIHYPERTENSIVES
URAMAXIN CREAM (Only RX version covered/OTC version NOT covered)	-	2	DERMATOLOGICALS
urea cream 40% (CARMOL equiv)	-	1	DERMATOLOGICALS
urea cream 50% (KERALAC equiv)	-	1	DERMATOLOGICALS
urea gel 40%	-	1	DERMATOLOGICALS
urea gel 50%	-	1	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	1	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS

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urea susp 40% (UMECTA equiv)	-	1	DERMATOLOGICALS
URECHOLINE TAB	-	3	URINARY ANTISPASMODICS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
UROCIT-K TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
UROXATRAL TAB	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
URSO FORTE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	URINARY ANTI-INFECTIVES
VAGIFEM TAB (QL=8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4	DERMATOLOGICALS
VALCYTE SOLN	SP	4	ANTIVIRALS
VALCYTE TAB	-	3	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
VALIUM TAB	-	3	ANTIANXIETY AGENTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTREX TAB	-	3	ANTIVIRALS
VALTURNA TAB	-	3	ANTIHYPERTENSIVES
VANCOCIN CAP	QL-ST	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/ fill; Step Therapy requires trial of vancomycin soln)	QL-ST	1	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	2	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	NC	DERMATOLOGICALS
VANTIN TAB	-	3	CEPHALOSPORINS
VASERETIC TAB	-	3	ANTIHYPERTENSIVES
VASOTEC TAB	-	3	ANTIHYPERTENSIVES
vcf vaginal gel (CONCEPTROL equiv)	OTC	$0	VAGINAL PRODUCTS
VECTICAL OINT	-	2	DERMATOLOGICALS
VELPHORO CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
VELTIN/ ZIANA GEL	-	3	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	2	ANTIDEPRESSANTS
VENLAFAXINE ER TAB 225MG	-	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY (QL = 2 bottle/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil SR cap (VERELAN PM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR/ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL TAB 40MG	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	3	DERMATOLOGICALS
VEREGEN OINT	-	NC	DERMATOLOGICALS

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VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN PM CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VESICARE TAB	-	2	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	2	OPHTHALMIC AGENTS
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
V-GO INJ KIT (QL=1 KIT/DAY)	QL	2	MEDICAL DEVICES
VIAGRA TAB (QL=6 tabs/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
VIBRAMYCIN CAP	-	3	TETRACYCLINES
VIBRAMYCIN SUSP	-	3	TETRACYCLINES
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VIBRATAB	-	3	TETRACYCLINES
VICOPROFEN TAB	-	3	ANALGESICS - OPIOID
VICTOZA INJ (QL= 9 ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP	MSP-PA-SF	4	ANTIVIRALS
VIDEX EC CAP	SP	4	ANTIVIRALS
VIDEX SOLN	SP	4	ANTIVIRALS
VIIBRYD STARTER KIT	-	3	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONVULSANTS
VIMPAT TAB (QL = 2 tab/day)	QL	2	ANTICONVULSANTS
VIRACEPT POWDER	SP	4	ANTIVIRALS
VIRACEPT TAB	SP	4	ANTIVIRALS
VIRAMUNE SUSP	SP	4	ANTIVIRALS
VIRAMUNE TAB	SP	4	ANTIVIRALS
VIRAMUNE XR TAB	SP-ST	4	ANTIVIRALS
VIREAD TAB	SP	4	ANTIVIRALS
VIROPTIC OPHTH SOLN	-	3	OPHTHALMIC AGENTS
VIRTUSSIN DAC	-	NC	
VISICOL TAB	-	3	LAXATIVES
VISTARIL CAP	-	3	ANTIANXIETY AGENTS
vitamin D cap (Rx covered Only)	-	1	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	$0	VITAMINS
VITEKTA TAB	SP	3	ANTIVIRALS
VIVACTIL TAB	-	3	ANTIDEPRESSANTS
VIVELLE-DOT PATCH	-	3	ESTROGENS
VIVITROL INJ	-	NC	ANTIDOTES
VIVOTIF CAP (QL=4 caps/fill)	QL-VAC	2	VACCINES
VOLTAREN GEL (QL= 5 tubes/fill)	QL	2	DERMATOLOGICALS
VOLTAREN OPTH SOLN	-	3	OPHTHALMIC AGENTS
VOLTAREN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
VOLTAREN XR TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTIFUNGALS
VOSOL OTIC SOLN	-	3	OTIC AGENTS

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Drug Name	Special Code	Tier	Category
VOSOL-HC OTIC SOLN	-	3	OTIC AGENTS
VOSPIRE ER TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VOTRIENT TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYTORIN TAB (QL = 1 tab/day (10/80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WELCHOL PAK	-	2	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	2	ANTIHYPERLIPIDEMICS
WELLBUTRIN SR TAB	-	3	ANTIDEPRESSANTS
WELLBUTRIN TAB	-	3	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	3	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
XALATAN OPHTH SOLN	QL	3	OPHTHALMIC AGENTS
XALKORI CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX TAB	-	3	ANTIANXIETY AGENTS
XANAX XR TAB	-	3	ANTIANXIETY AGENTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XELJANZ TAB (QL=2 tab/day)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELODA TAB	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB (Only available through Xenazine Support Program 888-882-6013)	LD-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XERESE CREAM	-	3	DERMATOLOGICALS
XIFAXAN TAB 200MG (QL=Max 3 tabs/day for 3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL = 2 tab/day)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL = 1 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL = 2 tab/day)	QL	2	ANTIDIABETICS
XOLEGEL	-	NC	DERMATOLOGICALS
XOPENEX HFA INHALER (QL=2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOPENEX NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XTANDI CAP (QL = 4 cap/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	$0	CONTRACEPTIVES
XYLOCAINE GEL	-	3	DERMATOLOGICALS
XYLOCAINE SOLN	-	3	DERMATOLOGICALS
XYREM SOLN (QL = 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
YASMIN TAB	-	$0	CONTRACEPTIVES
YAZ TAB	-	$0	CONTRACEPTIVES
YODOXIN TAB	-	3	AMEBICIDES
zafirlukast tab (ACCOLATE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS
ZANAFLEX CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS

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Drug Name	Special Code	Tier	Category
ZANTAC CAP	-	3	ULCER DRUGS
ZANTAC EFFER TAB	-	3	ULCER DRUGS
ZANTAC GRANULE PACKET	-	3	ULCER DRUGS
ZANTAC SYRUP	-	3	ULCER DRUGS
ZANTAC TAB	-	3	ULCER DRUGS
ZARONTIN CAP	-	3	ANTICONVULSANTS
ZARONTIN SOLN	-	3	ANTICONVULSANTS
ZAROXOLYN TAB	-	3	DIURETICS
ZARXIO INJ	-	NC	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	2	HEMATOPOIETIC AGENTS
ZEBETA TAB	-	3	BETA BLOCKERS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP OTC	OTC	1	ULCER DRUGS
ZEGERID POWDER PACK (Covered at Tier 2 if less than 12 years old)	-	3	ULCER DRUGS
ZELAPAR ODT	-	3	ANTIPARKINSON AGENTS
ZELBORAF TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMPLAR CAP	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZENPEP CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
zeosa chew tab (FEMCON FE equiv)	-	$0	CONTRACEPTIVES
ZERIT CAP	SP	4	ANTIVIRALS
ZERIT SOLN	SP	4	ANTIVIRALS
ZESTORETIC TAB	-	3	ANTIHYPERTENSIVES
ZETIA TAB (QL = 1 tab/day)	QL	2	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAC TAB	-	3	ANTIHYPERTENSIVES
ZIAGEN TAB	SP	4	ANTIVIRALS
zidovudine cap (RETROVIR equiv)	SP	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	SP	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	SP	1	ANTIVIRALS
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN (QL=30 vials/30 days; Step Therapy requires trial of latanoprost)	QL-ST	3	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITHROMAX SUSP	-	3	MACROLIDES
ZITHROMAX TAB	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB	-	3	ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG	ST	3	ANTIHYPERLIPIDEMICS
ZOFRAN ODT	-	3	ANTIEMETICS
ZOFRAN SOLN	-	3	ANTIEMETICS
ZOFRAN TAB	-	3	ANTIEMETICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ZOLOFT CONC	-	3	ANTIDEPRESSANTS
ZOLOFT TAB	-	3	ANTIDEPRESSANTS
zolpidem ER tab (AMBIEN CR equiv)	-	NC	HYPNOTICS
zolpidem tab 10mg (AMBIEN equiv) (Male QL = 1 tab/day; Female QL = 0.5 tab/day)	QL	1	HYPNOTICS
zolpidem tab 5mg (AMBIEN equiv) (QL = 1 tab/day)	QL	1	HYPNOTICS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG TAB	QL	3	MIGRAINE PRODUCTS
ZOMIG ZMT	QL	3	MIGRAINE PRODUCTS
ZONALON CREAM	-	3	DERMATOLOGICALS
ZONEGRAN CAP	-	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	3	ANALGESICS - NONNARCOTIC
ZORTRESS TAB	MSP-PA	4	ASSORTED CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
zotane HC otic soln (CORTANE-B AQUEOUS equiv)	-	1	OTIC AGENTS
ZOVIRAX CAP	-	3	ANTIVIRALS
ZOVIRAX CREAM	-	3	DERMATOLOGICALS
ZOVIRAX OINT	-	1	DERMATOLOGICALS
ZOVIRAX SUSP	-	3	ANTIVIRALS
ZOVIRAX TAB	-	3	ANTIVIRALS
ZUBSOLV SL TAB	-	NC	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZUTRIPRO LIQUID	QL	3	COUGH/COLD/ALLERGY
ZYBAN TAB	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	3	GOUT AGENTS
ZYMAXID OPHTH SOLN	ST	3	OPHTHALMIC AGENTS
ZYPREXA TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYTIGA TAB	MSP-PA-SF	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.

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DrugName	Special Code	Tier
CHERATUSSIN DAC	-	NC
GUAIFENESIN DAC	-	NC
GUIATUSS DAC	-	NC
MYTUSSIN DAC	-	NC
NOVADYNE EXPECTORANT	-	NC
NOVAGEST EXPECTORANT/CODE	-	NC
PHENHIST EXPECTORANT	-	NC
PHENYLHISTINE EXPECTORANT	-	NC
SUDATUSS-2	-	NC
SUDATUSS-2 DF	-	NC
SUDATUSS-SF	-	NC
VIRTUSSIN DAC	-	NC
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR CAP	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1
dextroamphetamine soln (PROCENTRA equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
VYVANSE CAP	-	2
ADDERALL TAB	-	3
DESOXYN TAB	-	3
DEXEDRINE CAP	-	3
DEXEDRINE TAB	-	3
PROCENTRA SOLN	-	3
amphetamine ER cap (ADDERALL XR equiv)	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	1
CAFCIT SOLN	-	2
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL=1 cap/day)	PA-QL	1
phentermine tab (ADIPEX equiv) (QL=1 tab/day)	PA-QL	1
ADIPEX CAP	PA-QL	3
ADIPEX TAB	PA-QL	3
QSYMIA CAP (QL=1 cap/day)	PA-QL	3
ANTI-OBESITY AGENTS		
BELVIQ TAB (QL=2 tab/day)	PA-QL	3
CONTRAVE TAB (QL=4 tabs/day)	PA-QL	3
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
INTUNIV TAB	ST	3
STRATTERA CAP	-	3
clonidine ER tab (KAPVAY equiv)	-	NC
STIMULANTS - MISC.		

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate CD cap (METADATE CD equiv)	-	1
methylphenidate chew tab (METHYLIN equiv)	-	1
methylphenidate ER cap (RITALIN LA equiv)	-	1
methylphenidate ER tab 10mg, 20mg	-	1
methylphenidate soln (METHYLIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL = 2 tab/day)	PA-QL	1
CONCERTA TAB	-	2
METHYLIN SOLN	-	2
METHYLPHENIDATE ER TAB	-	2
DAYTRANA PATCH	-	3
FOCALIN TAB	-	3
FOCALIN XR CAP	-	3
METADATE CD CAP	-	3
METHYLIN CHEW TAB	-	3
NUVIGIL TAB (QL = 1 tab/day)	PA-QL	3
PROVIGIL TAB	PA-QL	3
RITALIN LA CAP	-	3
RITALIN LA CAP 10MG	-	3
RITALIN LA CAP 60MG	-	3
RITALIN SR TAB	-	3
RITALIN TAB	-	3
AMEBICIDES		
AMEBICIDES		
YODOXIN TAB	-	3
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	1
TOBI NEB SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	4
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	4
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	4
BETHKIS NEB SOLN	-	NC
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ TAB (QL=2 tab/day)	MSP-PA-QL	4
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ (QL=2 inj/28 days)	MSP-PA-QL	4
HUMIRA PEN INJ (QL= 2 inj/28 days;)	MSP-PA-QL	4
SIMPONI INJ (QL=1 inj/28 days)	MSP-PA-QL	4
SIMPONI ARIA INJ	-	NC
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
KINERET INJ (QL=28 inj/28 days)	MSP-PA-QL	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SC INJ (QL=2 inj/28 days)	MSP-PA-QL	4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL = 2 cap/day)	QL	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac ER tab (LODINE XL equiv)	-	1
etodolac tab	-	1
fenoprofen calcium tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	-	1
ibuprofen tab	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketoprofen cap (ORUDIS equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 5 days treatment (20 tabs/5 days))	QL	1
MECLOFENAMATE CAP	-	1
mefenamic acid cap (PONSTEL equiv)	-	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
oxaprozin tab (DAYPRO equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
tolmetin cap (TOLECTIN DS equiv)	-	1
TOLMETIN TAB	-	1
INDOCIN SUPP	-	2
INDOCIN SUSP	-	2
NAPROXEN SUSP	-	2
ANAPROX TAB	-	3
ARTHROTEC TAB	-	3
CATAFLAM TAB	-	3
CELEBREX CAP	QL	3
CLINORIL TAB	-	3
DAYPRO TAB	-	3
FELDENE CAP	-	3
INDOCIN SR CAP	-	3
KETOPROFEN ER CAP	-	3
MELOXICAM SUSP	-	3
MOBIC TAB	-	3
MOTRIN SUSP	-	3
NALFON CAP	-	3
NAPROSYN EC TAB	-	3

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
NAPROSYN SUSP	-	3
NAPROSYN TAB	-	3
PONSTEL CAP	-	3
VOLTAREN TAB	-	3
VOLTAREN XR TAB	-	3
ketorolac inj (TORADOL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB (QL=2 tab/day)	MSP-PA-QL	4
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
ARAVA TAB	-	3
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SC INJ (QL=4 inj/28 days)	MSP-PA-QL	4
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL=4 syringes/28 days)	MSP-PA-QL	4
ENBREL SURECLICK INJ (QL=4 syringes/28 days)	MSP-PA-QL	4
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
SALICYLATES		
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	$0
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	1
ZORPRIN TAB	-	3
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
fentanyl citrate lollipop (ACTIQ equiv) (QL = 120 unit/30 days)	PA-QL	1
fentanyl patch (DURAGESIC equiv)	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
meperidine tab (DEMEROL equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
morphine sulfate ER cap (KADIAN equiv)	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate supp	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
OXYCODONE CONC	-	1
oxycodone soln (ROXICODONE equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol ER tab (ULTRAM ER equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
HYSINGLA ER TAB (QL = 1 tab/day)	QL	2
LEVORPHANOL TAB	-	2
NUCYNTA ER TAB (QL = 2 tab/day)	QL	2
OXYCONTIN CR TAB (QL= 120 tab/30 days)	QL	2
OXYIR CAP	-	2
ROXICODONE SOLN	-	2
ABSTRAL SL TAB (QL = 120 tab/30 days)	PA-QL	3
ACTIQ LOZENGE	PA-QL	3
AVINZA CAP	QL	3
CODEINE SULFATE SOLN	-	3
DAZIDOX TAB	-	3
DEMEROL TAB	-	3
DILAUDID TAB	-	3
DOLOPHINE TAB	-	3
DURAGESIC PATCH	-	3
EMBEDA CAP	-	3
FENTORA TAB (QL = 120 unit/30 days)	PA-QL	3
KADIAN CAP	-	3
LAZANDA SPRAY (QL=15 bottles/30 days)	PA-QL	3
LEVO-DROMORAN TAB	-	3
METHADONE INTENSOL CONC	-	3
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3
MS CONTIN TAB	-	3
NUCYNTA TAB	-	3
ORAMORPH SR TAB	-	3
ROXICODONE TAB	-	3
ULTRAM ER TAB	-	3
ULTRAM TAB	-	3
hydromorphone ER tab (EXALGO equiv)	-	NC
OPANA ER TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
oxycodone ER tab (OXYCONTIN equiv)	--NC	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen/caffeine/dihydrocodeine cap (TREZIX equiv)	-	1
acetaminophen/codeine soln	-	1

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	1
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	2
ROXICET SOLN 325MG/5ML	-	2
CAPITAL/CODEINE SUSP	-	3
COCET TAB	-	3
COMBUNOX TAB	-	3
HYCET SOLN	-	3
HYDROCODONE/ACETAMINOPHEN SOLN 10-325MG	-	3
LORTAB	-	3
LORTAB ELIXIR	-	3
PERCOCET TAB	-	3
PERCODAN TAB	-	3
REPREXAIN TAB	-	3
ROXICET TAB	-	3
TALACEN TAB	-	3
TREZIX CAP	-	3
TYLENOL/CODEINE TAB	-	3
TYLOX CAP	-	3
ULTRACET TAB	-	3
VICOPROFEN TAB	-	3
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
OPIOID PARTIAL AGONISTS		
buprenorphine SL tab (SUBUTEX equiv) (QL = 21 tab/7 day)	PA-QL	1
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1
pentazocine/naloxone tab (TALWIN NX equiv)	-	1
SUBOXONE SL FILM	-	2
BUTRANS PATCH (QL = 4 patch/28 day)	QL	3
BUNAVAIL SL FILM	-	NC
ZUBSOLV SL TAB	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1
ANADROL TAB	-	3
OXANDRIN TAB	-	3

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
ANDROGENS		
danazol cap (DANOCRINE equiv)	-	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
testosterone gel 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
ANDRODERM PATCH (QL = 1 patch/day)	PA-QL	2
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	2
ANDROGEL 1.62% 2.5GM (QL= 2 packets/ day)	PA-QL	2
ANDROGEL 25MG (QL = 1 packet/day)	PA-QL	2
ANDROGEL 50MG (QL = 2 packets/day)	PA-QL	2
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	2
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	2
ANDROXY TAB	-	2
ANDROGEL 50MG (QL= 2 packets/day)	PA-QL	3
ANDROID/TESTRED CAP	PA	3
AXIRON SOLN (QL = 2 bottle/30 days)	PA-QL	3
DEPO-TESTOSTERONE INJ	-	3
FORTESTA GEL/ TESTOSTERONE GEL (QL = 2 bottle/30 days)	PA-QL	3
METHITEST TAB	PA	3
TESTIM GEL/ TESTOSTERONE GEL (QL=2 packets/day)	PA-QL	3
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	1
CORTENEMA	-	3
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3
RECTAL COMBINATIONS		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
PROCTOFOAM HC FOAM	-	2
ANALPRAM-HC KIT	-	3
ANALPRAM-HC CREAM	-	NC
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC
RECTAL STEROIDS		
proctosol cream (ANUSOL HC equiv)	-	1
ANUSOL-HC CREAM	-	3
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
ivermectin tab (STROMECTOL equiv)	-	1
mebendazole chew tab (VERMOX equiv)	-	1
BILTRICIDE TAB	-	2
ALBENZA TAB	-	3
STROMECTOL TAB	-	3
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	2

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ANTIANGINAL AGENTS Cont.		
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SR cap	-	1
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
NITROSTAT SL TAB	-	2
DILATRATE SR CAP	-	3
IMDUR TAB	-	3
ISORDIL TITRADOSE TAB	-	3
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3
MONOKET TAB	-	3
NITRO-BID OINT	-	3
NITRO-DUR PATCH	-	3
NITROLINGUAL PUMP SPRAY	-	3
NITROMIST SPRAY	-	3
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	1
BUSPAR TAB	-	3
VISTARIL CAP	-	3
buspirone tab 30mg (BUSPAR equiv)	-	NC
BENZODIAZEPINES		
alprazolam ER tab (XANAX XR equiv)	-	1
alprazolam ODT (NIRAVAM equiv)	-	1
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
clorazepate tab (TRANXENE-T equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
DIAZEPAM SOLN	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
oxazepam cap (SERAX equiv)	-	1
ATIVAN TAB	-	3
LIBRIUM CAP	-	3
NIRAVAM ODT	-	3
TRANXENE-T TAB	-	3
VALIUM TAB	-	3
XANAX TAB	-	3

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DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
XANAX XR TAB	-	3
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
disopyramide ER cap (NORPACE CR equiv)	-	1
quinidine gluconate CR tab	-	1
quinidine sulfate tab	-	1
QUINIDINE SULFATE TAB 200MG	-	1
NORPACE CR CAP	-	2
NORPACE CAP	-	3
QUINIDINE SULFATE ER TAB	-	3
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap (MEXITIL equiv)	-	1
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
RYTHMOL SR CAP	-	3
RYTHMOL TAB	-	3
TAMBOCOR TAB	-	3
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
MULTAQ TAB	-	2
TIKOSYN CAP	-	2
CORDARONE TAB	-	3
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-HT3 RECEPTOR ANTAGONISTS		
ACCUNEB NEB SOLN	-	3
ANTI-INFLAMMATORY AGENTS		
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	1
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	1
cromolyn neb soln (INTAL equiv)	-	1
CROMOLYN NEB SOLN	-	2
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
SPIRIVA HANDIHALER (For use with Handihaler device)	-	2
SPIRIVA RESPIMAT INHALER	-	2
TUDORZA PRESSAIR INHALER	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
zafirlukast tab (ACCOLATE equiv)	-	1
ACCOLATE TAB	-	3
SINGULAIR CHEW TAB	-	3
SINGULAIR GRANULE PACK	-	3

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SINGULAIR TAB	-	3
ZYFLO CR TAB	-	3
ZYFLO TAB	-	3
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER	-	1
ASMANEX INHALER	-	1
budesonide inh susp (PULMICORT equiv)	-	1
FLOVENT DISKUS INHALER	-	1
FLOVENT HFA INHALER	-	1
PULMICORT INH SUSP	-	3
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
levalbuterol neb soln (XOPENEX equiv)	-	1
METAPROTERENOL SYRUP	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
FORADIL AEROLIZER	-	2
MAXAIR AUTOHALER (Step Therapy requires trial of Ventolin)	ST	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	2
BRETHINE TAB	-	3
BROVANA NEB SOLN	-	3
DUONEB NEB SOLN	-	3
METAPROTERENOL TAB	-	3
PERFOROMIST NEB SOLN	-	3
STRIVERDI RESPIMAT INHALER (QL = 1 inhaler/30 days)	QL	3
VOSPIRE ER TAB	-	3
XOPENEX HFA INHALER (QL=2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3
XOPENEX NEB SOLN	-	3
ANORO ELLIPTA INHALER	-	NC
PROAIR HFA INHALER	-	NC
PROVENTIL HFA INHALER	-	NC

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SYMBICORT INHALER	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
THEOPHYLLINE ELIXIR	-	2
LUFYLLIN TAB	-	3
THEO-24 CAP	-	3
UNIPHYL TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
COUMADIN TAB	-	3
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ	PA-SP	4
enoxaparin inj (LOVENOX equiv) (QL = 17 days supply)	QL-SP	4
fondaparinux inj (ARIXTRA equiv)	PA-SP	4
FRAGMIN INJ	SP	4
LOVENOX INJ	QL-SP	4
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam ODT (KLONOPIN equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
ONFI TAB	PA	2
DIAZEPAM/DIASTAT RECTAL GEL	-	3
KLONOPIN TAB	-	3
KLONOPIN WAFER	-	3
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	1
carbamazepine ER tab (TEGRETOL XR equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin soln (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine ER tab (LAMICTAL XR equiv)	-	1
lamotrigine ODT (LAMICTAL equiv)	-	1

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	-	2
BANZEL TAB	-	2
LAMICTAL CHEW TAB 2MG	-	2
LYRICA CAP	-	2
LYRICA SOLN	-	2
POTIGA TAB (QL = 3 tab/day)	QL	2
POTIGA TAB 50MG	QL	2
TRILEPTAL SUSP	-	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL = 2 tab/day)	QL	2
CARBATROL CAP	-	3
KEPPRA SOLN	-	3
KEPPRA TAB	-	3
KEPPRA XR TAB	-	3
LAMICTAL CHEW TAB	-	3
LAMICTAL ODT	-	3
LAMICTAL TAB	-	3
LAMICTAL XR TAB	-	3
LAMICTAL XR/ODT KIT	-	3
MYSOLINE TAB	-	3
NEURONTIN CAP	-	3
NEURONTIN SOLN	-	3
NEURONTIN TAB	-	3
TEGRETOL CHEW TAB	-	3
TEGRETOL SUSP	-	3
TEGRETOL TAB	-	3
TEGRETOL XR TAB	-	3
TEGRETOL XR TAB 100MG	-	3
TOPAMAX SPRINKLE CAP	-	3
TOPAMAX TAB	-	3
TRILEPTAL TAB	-	3
ZONEGRAN CAP	-	3
APTIOM TAB	-	NC
QUDEXY XR CAP	-	NC
TROKENDI XR CAP	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	1
felbamate tab (FELBATOL equiv)	-	1
FELBATOL TAB	-	2
FELBATOL SUSP	-	3

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
GABA MODULATORS		
tigabine tab (GABITRIL equiv)	-	1
GABITRIL TAB 12MG, 16MG	-	2
GABITRIL TAB	-	3
SABRIL POWDER PACK (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD	4
SABRIL TAB (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD	4
HYDANTOINS		
PHENYTEK CAP	-	1
PHENYTEK CAP 300MG	-	1
phenytoin cap (DILANTIN equiv)	-	1
phenytoin chew tab (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
DILANTIN CAP 100MG	-	3
DILANTIN INFATABS	-	3
DILANTIN SUSP	-	3
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	1
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ZARONTIN CAP	-	3
ZARONTIN SOLN	-	3
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPAKENE CAP	-	3
DEPAKENE SYRUP	-	3
DEPAKOTE ER TAB	-	3
DEPAKOTE SPRINKLE CAP	-	3
DEPAKOTE TAB	-	3
STAVZOR CAP	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
REMERON SOLUTAB	-	3
REMERON TAB	-	3
ANTIDEPRESSANTS - MISC.		
bupropion SR tab (WELLBUTRIN SR equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
WELLBUTRIN SR TAB	-	3
WELLBUTRIN TAB	-	3

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
WELLBUTRIN XL TAB	-	3
APLENZIN TAB	-	NC
MODIFIED CYCLICS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
BRINTELLIX TAB (QL=1 tab/day)	PA-QL	3
OLEPTRO TAB	-	3
trazodone tab 300mg (DESYREL equiv)	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2
NARDIL TAB	-	2
EMSAM PATCH	-	3
PARNATE TAB	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine ER tab (PAXIL CR equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
CELEXA SOLN	-	3
CELEXA TAB	-	3
LEXAPRO SOLN	-	3
LEXAPRO TAB	-	3
LUVOX CR CAP	ST	3
PAXIL CR TAB	-	3
PAXIL SUSP	-	3
PAXIL TAB	-	3
PEXEVA TAB (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3
PROZAC CAP	-	3
PROZAC SOLN	-	3
PROZAC TAB	-	3
ZOLOFT CONC	-	3
ZOLOFT TAB	-	3
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
SEROTONIN MODULATORS		
VIIBRYD STARTER KIT	-	3

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ANTIDEPRESSANTS Cont.		
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv) (QL = 2 cap/day)	QL	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine ER tab	-	1
VENLAFAXINE ER TAB 225MG	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
VENLAFAXINE ER TAB	-	2
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
EFFEXOR TAB	-	3
EFFEXOR XR CAP	-	3
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3
KHEDEZLA ER TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
PRISTIQ TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	1
clomipramine cap (ANAFRANIL equiv)	-	1
desipramine tab (NORPRAMIN equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
DOXEPIN CAP 75MG	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine pamoate cap (TOFRANIL PM equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
NORTRIPTYLINE SOLN	-	1
protriptyline tab (VIVACTIL equiv)	-	1
trimipramine cap (SURMONTIL equiv)	-	1
ANFRANIL CAP	-	3
NORPRAMIN TAB	-	3
PAMELOR CAP	-	3
SURMONTIL CAP	-	3
TOFRANIL PM CAP	-	3
TOFRANIL TAB	-	3
VIVACTIL TAB	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
GLYSET TAB	-	3
PRECOSE TAB	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
pioglitazone/glimepiride tab (DUETACT equiv)	-	1
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	1

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
JANUMET TAB	-	2
JANUMET XR TAB	-	2
JUVISYNC TAB	-	2
KOMBIGLYZE XR TAB	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB (QL = 1 tab/day)	QL	2
XIGDUO XR TAB 5-1000MG (QL = 2 tab/day)	QL	2
ACTOPLUS MET TAB	-	3
ACTOPLUS MET XR TAB	-	3
DUETACT TAB	-	3
GLUCOVANCE TAB	-	3
INVOKAMET TAB (QL = 2 tab/day)	PA-QL	3
JENTADUETO TAB (QL = 2 tab/day)	PA-QL	3
KAZANO TAB (QL = 2 tab/day)	PA-QL	3
METAGLIP TAB	-	3
OSENI TAB (QL = 1 tab/day)	PA-QL	3
PRANDIMET TAB	-	3
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
GLUCOPHAGE TAB	-	3
GLUCOPHAGE XR TAB	-	3
RIOMET SOLN	-	3
GLUMETZA TAB	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	2
GLUCAGON INJ KIT	-	2
PROGLYCEM SUSP	-	3
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	4
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL = 1 tab/day)	QL	2
ONGLYZA TAB (QL = 1 tab/day)	QL	2
NESINA TAB (QL = 1 tab/day)	PA-QL	3
TRADJENTA TAB (QL = 1 tab/day)	PA-QL	3
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON INJ (QL = 4 inj/28 day)	QL	2
BYDUREON PEN INJ (QL = 4 inj/28 day)	QL	2
VICTOZA INJ (QL= 9 ml/30 days)	QL	2
BYETTA INJ	-	3
TRULICITY INJ	-	3
TANZEUM INJ	-	NC
INSULIN		
HUMULIN R INJ U-500	-	2
LANTUS INJ	-	2

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXPEN INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG PEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
RELION R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
ACTOS TAB	-	3
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	1
repaglinide tab (PRANDIN equiv)	-	1
PRANDIN TAB	-	3
STARLIX TAB	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL = 1 tab/day)	QL	2
JARDIANCE TAB (QL=1 tab/day)	QL	2
INVOKANA TAB (QL=1 tab/day)	PA-QL	3
SULFONYLUREAS		
chlorpropamide tab (DIABINESE equiv)	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
tolazamide tab (TOLINASE equiv)	-	1
TOLBUTAMIDE TAB	-	2
AMARYL TAB	-	3
DIABETA TAB	-	3
GLUCOTROL TAB	-	3
GLUCOTROL XL TAB	-	3

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GLYNASE TAB	-	3
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
FULYZAQ TAB	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	1
LOMOTIL LIQUID	-	3
LOMOTIL TAB	-	3
MOTOFEN TAB	-	3
OPIUM TINCTURE	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
EXJADE TAB	MSP	4
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
JADENU TAB	MSP	4
OPIOID ANTAGONISTS		
naloxone inj	-	1
naltrexone tab (REVIA equiv)	-	1
naloxone inj	-	3
REVIA TAB	-	3
EVZIO INJ	-	NC
VIVITROL INJ	-	NC
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ondansetron ODT (ZOFRAN equiv)	-	1
ondansetron soln (ZOFRAN equiv)	-	1
ondansetron tab (ZOFRAN equiv)	-	1
ZOFRAN ODT	-	3
ZOFRAN SOLN	-	3
ZOFRAN TAB	-	3
ANZEMET TAB (QL= Retail 9 tabs/fill; Mail Order 27 tabs/fill)	QL-SP	4
granisetron tab (KYTRIL equiv) (QL= 9 tab/fill)	QL-SP	4
GRANISOL SOLN (QL= 60ml/fill)	QL-SP	4
KYTRIL TAB	QL-SP	4
SANCUSO PATCH (QL= 4 patch/fill)	QL-SP	4
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT TAB	OTC	1
maldemar tab (SCOPACE equiv)	-	1
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
BONINE CHEW TAB	OTC	3

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
TIGAN CAP	-	3
TRANSDERM-SCOP PATCH	-	3
ANTIEMETICS - MISCELLANEOUS		
dronabinol cap (MARINOL equiv)	PA	1
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
CESAMET CAP	-	3
MARINOL CAP	PA	3
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND CAP (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	1
griseofulvin micro tab (GRIFULVIN V equiv)	-	1
griseofulvin susp (GRIFULVIN equiv)	-	1
griseofulvin tab (GRIS-PEG equiv)	-	1
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
GRIFULVIN SUSP	-	2
ANCOBON CAP	-	3
GRIFULVIN V TAB	-	3
GRIS-PEG TAB	-	3
LAMISIL TAB	-	3
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	1
ketoconazole tab (NIZORAL equiv)	-	1
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	1
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	1
NOXAFIL SUSP	-	2
DIFLUCAN SUSP	-	3
DIFLUCAN TAB	-	3
SPORANOX CAP	PA	3
SPORANOX SOLN	PA	3
VFEND SUSP (Restricted to Infectious Disease Specialist)	RS	3
VFEND TAB (Restricted to Infectious Disease Specialist)	RS	3
NOXAFIL TAB	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
CPM CAP	-	3
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine soln (PALGIC equiv)	-	1
carbinoxamine tab (PALGIC equiv)	-	1
clemastine syrup (TAVIST equiv)	-	1
clemastine tab (TAVIST equiv)	-	1

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DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
diphenhydramine inj (BENADRYL equiv)	-	1
PALGIC SOLN	-	3
PALGIC TAB	-	3
KARBINAL ER SUSP	-	NC
ANTIHISTAMINES - NON-SEDATING		
CLARINEX SYRUP	-	NC
desloratadine ODT (CLARINEX equiv)	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	1
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
LIPTRUZET TAB	-	3
VYTORIN TAB (QL = 1 tab/day (10/80mg is Not Covered))	QL	3
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1
LOVAZA CAP	-	3
KYNAMRO INJ	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol granule (COLESTID equiv)	-	1
colestipol powder packet (COLESTID equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
WELCHOL PAK	-	2
WELCHOL TAB	-	2
COLESTID GRANULE	-	3
COLESTID POWDER PACK	-	3
COLESTID TAB	-	3
QUESTRAN LITE POWDER	-	3
QUESTRAN LITE POWDER PACK	-	3
QUESTRAN POWDER	-	3
QUESTRAN POWDER PACK	-	3
FIBRIC ACID DERIVATIVES		
fenofibrate cap (ANTARA equiv)	-	1
fenofibrate micronized cap 130mg (ANTARA equiv)	-	1
fenofibrate micronized cap 43mg (ANTARA equiv)	-	1
fenofibrate tab (TRICOR equiv)	-	1

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
gemfibrozil tab (LOPID equiv)	-	1
LOFIBRA CAP	-	1
LOFIBRA TAB	-	1
TRILIPIX CAP	-	1
ANTARA CAP	-	3
FENOGLIDE TAB	-	3
FIBRICOR TAB	-	3
LOPID TAB	-	3
TRICOR TAB	-	3
fenofibric acid DR cap (TRILIPIX equiv)	-	NC
LIPOFEN CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	1
fluvastatin cap (LESCOL equiv)	-	1
fluvastatin ER tab (LESCOL XL equiv)	-	1
lovastatin tab (MEVACOR equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1
simvastatin tab 80mg (ZOCOR equiv)	ST	1
CRESTOR TAB (QL=1 tab/day)	QL	2
CRESTOR TAB 20MG (QL=1.5 tab/day)	QL	2
SIMCOR TAB	-	2
ADVICOR TAB	-	3
ALTOPREV TAB	-	3
LESCOL CAP	-	3
LESCOL XL TAB	-	3
LIPITOR TAB	-	3
LIVALO TAB	-	3
MEVACOR TAB	-	3
PRAVACHOL TAB	-	3
ZOCOR TAB	-	3
ZOCOR TAB 80MG	ST	3
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL = 1 tab/day)	QL	2
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
NIACOR TAB	-	1
NIASPAN ER TAB	-	1
niacin ER tab (NIASPAN equiv)	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ	-	NC
REPATHA INJ	-	NC
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
ACCUPRIL TAB	-	3
ACEON TAB	-	3
ALTACE CAP	-	3
ALTACE TAB	-	3
CAPOTEN TAB	-	3
LOTENSIN TAB	-	3
MAVIK TAB	-	3
MONOPRIL TAB	-	3
PRINIVIL TAB/ ZESTRIL TAB	-	3
UNIVASC TAB	-	3
VASOTEC TAB	-	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	1
DIBENZYLINE CAP	-	3
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
AVAPRO TAB	-	3
COZAAR TAB	-	3
DIOVAN TAB	-	3
EDARBI TAB	-	3
MICARDIS TAB	-	3
TEVETEN TAB	-	3
TEVETEN TAB 400MG	-	3
BENICAR TAB	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	1
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
CARDURA TAB	-	3
CATAPRES TAB	-	3
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
HYTRIN CAP	-	3
MINIPRESS CAP	-	3
NEXICLON XR SUSP	-	3

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ANTIHYPERTENSIVES Cont.		
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
TENEX TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/ valsartan tab (EXFORGE equiv)	-	1
amlodipine/benazepril cap (LOTREL equiv)	-	1
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
telmisartan/amlodipine tab (TWYNSTA equiv)	-	1
trandolapril/verapamil ER tab (TARKA equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
DUTOPROL TAB	-	2
ACCURETIC TAB	-	3
AMTURNIDE TAB	-	3
ATACAND HCT TAB	-	3
AVALIDE TAB	-	3
AZOR TAB	-	3
CORZIDE TAB	-	3
DIOVAN HCT TAB	-	3
EDARBYCLOR TAB	-	3
EXFORGE HCT TAB	-	3
EXFORGE TAB	-	3
HYZAAR TAB	-	3
LOPRESSOR HCT TAB	-	3
LOTENSIN HCT TAB	-	3
LOTREL CAP	-	3
MONOPRIL HCT TAB	-	3
TARKA TAB	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
TENORETIC TAB	-	3
TEVETEN HCT TAB	-	3
TRIBENZOR TAB	-	3
TWYNSTA TAB	-	3
UNIRETIC TAB	-	3

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ANTIHYPERTENSIVES Cont.		
VALTURNA TAB	-	3
VASERETIC TAB	-	3
ZESTORETIC TAB	-	3
ZIAC TAB	-	3
BENICAR HCT TAB	-	NC
PRESTALIA TAB	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
DIRECT RENIN INHIBITORS		
TEKTURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	1
INSPRA TAB	-	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/ fill; Step Therapy requires trial of vancomycin soln)	QL-ST	1
VANCOMYCIN SOLN KIT	-	2
FLAGYL CAP	-	3
FLAGYL ER TAB	-	3
FLAGYL TAB	-	3
PRIMSOL SOLN	-	3
TINDAMAX TAB	-	3
VANCOCIN CAP	QL-ST	3
XIFAXAN TAB 200MG (QL=Max 3 tabs/day for 3 days)	QL	3
XIFAXAN TAB 550MG (QL = 2 tab/day)	QL	3
CAYSTON INH SOLN (Only available through Cystic Fibrosis Services, Inc. 800-541-4959; Restricted to Infectious Disease or Pulmonology Specialist)	LD-RS	4
NEBUPENT NEB SOLN	MSP	4
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	1
BACTRIM DS TAB	-	3
PEDIAZOLE SUSP	-	3
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	1
ALINIA SUSP	-	2
ALINIA TAB	-	3
MEPRON SUSP	-	3
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
DAPSONE TAB	-	1
LINCOSAMIDES		
clindamycin cap 150mg (CLEOCIN equiv)	-	1
clindamycin cap 75mg (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1
CLEOCIN CAP 150MG	-	3
CLEOCIN CAP 75MG	-	3
CLEOCIN SOLN	-	3
clindamycin cap 300mg (CLEOCIN equiv)	-	NC
OXAZOLIDINONES		
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	2
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	3
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
MALARONE TAB	-	2
COARTEM TAB	-	3
FANSIDAR TAB	-	3
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
mefloquine tab (LARIAM equiv)	-	1
quinine sulfate cap (QUALAQUIN equiv)	-	1
DARAPRIM TAB	-	2
PRIMAQUINE TAB	-	2
ARALEN TAB	-	3
LARIAM TAB	-	3
PLAQUENIL TAB	-	3
QUALAQUIN CAP	-	3
ANTIMYASTHENIC AGENTS		
ANTIMYASTHENIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
MESTINON SYRUP	-	3
MESTINON TAB	-	3
MYTELASE TAB	-	3
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine CR tab (MESTINON equiv)	-	1
GUANIDINE TAB	-	3
MESTINON TIMESPAN TAB	-	3
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
isonarif cap (RIFAMATE equiv)	-	1
RIFAMATE CAP	-	2

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DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
RIFATER TAB	PA	3
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	1
ISONIAZID SYRUP	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
rifabutin cap (MYCOBUTIN equiv)	-	1
rifampin cap (RIFADIN equiv)	-	1
PRIFTIN TAB	-	2
MYAMBUTOL TAB	-	3
MYCOBUTIN CAP	-	3
RIFADIN CAP	-	3
TRECATOR TAB	PA	3
SEROMYCIN CAP	-	NC
SIRTURO TAB	-	NC
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	MSP	4
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	MSP	4
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	MSP-PA	4
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide tab (CYTOXAN equiv)	-	1
ALKERAN TAB	-	2
CEENU CAP	-	2
CYCLOPHOSPHAMIDE CAP	-	2
LOMUSTINE CAP	-	2
MYLERAN TAB	-	2
AFINITOR TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4
HEXALEN CAP	MSP	4
LEUKERAN TAB	MSP	4
TEMODAR CAP	MSP	4
temozolomide cap (TEMODAR equiv)	MSP	4
ANTIMETABOLITES		
mercaptopurine tab (PURINETHOL equiv)	-	1
methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
TABLOID TAB	-	2
TREXALL TAB	-	2
PURINETHOL TAB	-	3
capecitabine tab (XELODA equiv)	MSP	4
XELODA TAB	MSP	4
PURIXAN SUSP	-	NC
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	MSP-PA	4
GAZYVA INJ	-	NC

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	MSP-PA-SF	4
ODOMZO CAP	-	NC
ANTINEOPLASTIC - HORMONAL AGENTS		
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	$0
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
exemestane tab (AROMASIN equiv)	-	1
flutamide cap (EULEXIN equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	2
FARESTON TAB	-	2
NILANDRON TAB	-	2
ARIMIDEX TAB	-	3
AROMASIN TAB	-	3
CASODEX TAB	-	3
FEMARA TAB	-	3
MEGACE SUSP	-	3
ZYTIGA TAB	MSP-PA-SF	3
LYSODREN TAB	MSP	4
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
leuprolide inj (LUPRON equiv)	INF-MSP	4
LUPRON DEPOT INJ	INF-MSP	4
LUPRON INJ KIT	INF-MSP	4
TRELSTAR INJ	INF-MSP	4
XTANDI CAP (QL = 4 cap/day)	MSP-PA-QL-SF	4
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	NC
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
GLEEVEC TAB (QL = 3 tab/day)	MSP-PA-QL-SF	3
SPRYCEL TAB	MSP-PA-SF	3
AFINITOR DISPERZ (QL= 1 tab/day)	MSP-PA-QL-SF	4
BOSULIF TAB	MSP-PA-SF	4
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4
GILOTRIF TAB (QL= 1 tab/day, Only available through Accredo 888-773-7376)	LD-PA-QL	4
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4
IMBRUVICA CAP (QL = 4 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
INLYTA TAB (QL = 8 tab/day)	MSP-PA-QL-SF	4
IRESSA TAB (Only available through Iressa Access Program 800-601-8933)	LD	4
JAKAFI TAB (QL=2 tab/day)	MSP-PA-QL	4
MEKINIST TAB	MSP-PA	4
NEXAVAR TAB	MSP-PA-SF	4
STIVARGA TAB (QL = 4 tab/day)	MSP-PA-QL-SF	4

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
SUTENT CAP	MSP-PA-SF	4
TAFINLAR CAP (QL = 4 cap/day)	MSP-PA-QL-SF	4
TARCEVA TAB	MSP-PA-SF	4
TASIGNA CAP	MSP-PA-SF	4
TYKERB TAB	MSP-PA	4
VOTRIENT TAB	MSP-PA-SF	4
XALKORI CAP	MSP-PA-SF	4
ZELBORAF TAB	MSP-PA-SF	4
ZOLINZA CAP	MSP-PA-SF	4
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4
ZYKADIA CAP	-	NC
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
HYDREA CAP	-	3
ACTIMMUNE INJ	MSP	4
ALFERON-N INJ	MSP	4
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	4
INTRON-A INJ	MSP	4
PROLEUKIN INJ	MSP	4
SYLATRON INJ	MSP-PA	4
TARGRETIN CAP	MSP-PA-SF	4
SYNRIBO INJ	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	MSP	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	1
LODOSYN TAB	-	3
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	1
tolcapone tab (TASMAR equiv)	-	1
COMTAN TAB	-	3
TASMAR TAB	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
bromocriptine cap (PARLODEL equiv)	-	1
bromocriptine tab (PARLODEL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole ER tab (MIRAPEX ER equiv)	-	1

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole ER tab (REQUIP XL equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	2
AMANTADINE TAB	-	3
MIRAPEX ER TAB	-	3
MIRAPEX ER TAB 2.25MG, 3.75MG	-	3
MIRAPEX TAB	-	3
NEUPRO PATCH	-	3
PARCOPA ODT	-	3
PARLODEL CAP	-	3
PARLODEL TAB	-	3
REQUIP TAB	-	3
REQUIP XL TAB	-	3
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER tab.)	ST	3
SINEMET CR TAB	-	3
SINEMET TAB	-	3
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	4
DUOPA ENTERAL SUSP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
AZILECT TAB	-	2
ELDEPYRL CAP	-	3
ZELAPAR ODT	-	3
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
LITHOBID TAB	-	3
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
GEODON CAP	-	3
LATUDA TAB (QL=1 tab/day)	PA-QL	3
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv)	PA	1
risperidone ODT (RISPERDAL M equiv)	-	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
FANAPT TAB	PA	3
INVEGA TAB	PA	3
RISPERDAL M ODT	-	3
RISPERDAL SOLN	-	3
RISPERDAL TAB	-	3
RISPERDAL CONSTA INJ	MSP	4
INVEGA SUSTENNA/TRINZ INJ	-	NC

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
clozapine tab (CLOZARIL equiv)	-	1
loxapine cap (LOXITANE equiv)	-	1
olanzapine ODT (ZYPREXA equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
CLOZAPINE ODT	-	2
FAZACLO ODT	-	2
CLOZARIL TAB	-	3
LOXITANE CAP	-	3
SAPHRIS SL TAB (QL = 2 tab/day)	PA-QL	3
SEROQUEL TAB	-	3
SEROQUEL XR TAB	-	3
ZYPREXA TAB	-	3
ZYPREXA ZYDIS TAB	-	3
ADASUVE INHALER	-	NC
VERSACLOZ SUSP	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv) (QL = 2 tab/day)	PA-QL	1
ABILIFY DISCMELT (QL = 2 tab/day)	PA-QL	3
ABILIFY SOLN	PA	3
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
NAVANE CAP	-	3
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
lamivudine soln (EPIVIR equiv)	SP	1
lamivudine tab (EPIVIR equiv)	SP	1
nevirapine tab (VIRAMUNE equiv)	SP	1
stavudine cap (ZERIT equiv)	SP	1
stavudine soln (ZERIT equiv)	SP	1

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
zidovudine cap (RETROVIR equiv)	SP	1
zidovudine syrup (RETROVIR equiv)	SP	1
zidovudine tab (RETROVIR equiv)	SP	1
ISENTRESS CHEW TAB	SP	3
ISENTRESS POWDER PACK	SP	3
ISENTRESS TAB	SP	3
NORVIR CAP	SP	3
NORVIR SOLN	SP	3
NORVIR TAB	SP	3
VITEKTA TAB	SP	3
abacavir tab (ZIAGEN equiv)	SP	4
abacavir/ lamivudine/ zidovudine tab (TRIZIVIR equiv)	SP	4
APTIVUS CAP	SP	4
APTIVUS SOLN	SP	4
ATRIPLA TAB	SP	4
COMBIVIR TAB	SP	4
COMPLERA TAB	SP	4
CRIXIVAN CAP	SP	4
didanosine DR cap (VIDEX EC equiv)	SP	4
EDURANT TAB	SP	4
EMTRIVA CAP	SP	4
EMTRIVA SOLN	SP	4
EPIVIR SOLN	SP	4
EPIVIR TAB	SP	4
EPZICOM TAB	SP	4
EVOTAZ TAB	SP	4
FUZEON INJ	SP	4
INTELENCE TAB	SP	4
INVIRASE TAB	SP	4
KALETRA SOLN	SP	4
KALETRA TAB	SP	4
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	4
LEXIVA SUSP	SP	4
LEXIVA TAB	SP	4
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	SP-ST	4
NEVIRAPINE SUSP (VIRAMUNE equiv)	SP	4
PREZCOBIX TAB	SP	4
PREZISTA SUSP	SP	4
PREZISTA TAB	SP	4
RESCRIPTOR TAB	SP	4
RETROVIR CAP	SP	4
RETROVIR SYRUP	SP	4
RETROVIR TAB	SP	4
REYATAZ CAP	SP	4
REYATAZ POWDER PACK	SP	4
SELZENTRY TAB	SP	4
STRIBILD TAB (QL = 1 tab/ day)	QL-SP	4
SUSTIVA CAP	SP	4
SUSTIVA TAB	SP	4
TIVICAY TAB (QL = 2 tab/day)	QL-SP	4

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
TRIUMEQ TAB (QL = 1 tab/day)	QL-SP	4
TRIZIVIR TAB	SP	4
TRUVADA TAB	PA-SP	4
VIDEX EC CAP	SP	4
VIDEX SOLN	SP	4
VIRACEPT POWDER	SP	4
VIRACEPT TAB	SP	4
VIRAMUNE SUSP	SP	4
VIRAMUNE TAB	SP	4
VIRAMUNE XR TAB	SP-ST	4
VIREAD TAB	SP	4
ZERIT CAP	SP	4
ZERIT SOLN	SP	4
ZIAGEN TAB	SP	4
TYBOST TAB	-	NC
CMV AGENTS		
valganciclovir tab (VALCYTE equiv)	-	1
VALCYTE TAB	-	3
GANCICLOVIR CAP	SP	4
VALCYTE SOLN	SP	4
HEPATITIS AGENTS		
ribasphere cap (REBETOL equiv)	MSP	1
ribavirin tab (COPEGUS equiv)	MSP	1
adefovir dipivoxil tab (HEPSERA equiv)	SP	4
BARACLUDE TAB	MSP-QL	4
COPEGUS TAB	MSP	4
entecavir tab (BARACLUDE equiv) (QL=1 tab/day)	MSP-QL	4
EPIVIR HBV SOLN	SP	4
EPIVIR HBV TAB	SP	4
HARVONI TAB (QL=1 tab/day)	MSP-PA-QL	4
HEPSERA TAB	SP	4
INCIVEK TAB	MSP-PA-SF	4
INFERGEN INJ	MSP	4
lamivudine tab 100mg (EPIVIR HBV equiv)	SP	4
PEGASYS INJ (Step Therapy requires trial of PEG-INTRON)	MSP-ST	4
PEGASYS INJ KIT (Step Therapy requires trial of PEG-INTRON)	MSP-ST	4
PEG-INTRON INJ	MSP	4
REBETOL CAP	MSP	4
REBETOL SOLN	MSP	4
RIBATAB	MSP	4
SOVALDI TAB (QL=1 tab/day)	MSP-PA-QL	4
TYZEKA TAB	PA-SP	4
VICTRELIS CAP	MSP-PA-SF	4
DAKLINZA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
TECHNIVIE TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1

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ANTIVIRALS Cont.		
acyclovir tab (ZOVIRAX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
FAMVIR TAB	-	3
VALTREX TAB	-	3
ZOVIRAX CAP	-	3
ZOVIRAX SUSP	-	3
ZOVIRAX TAB	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
rimantadine tab (FLUMADINE equiv)	-	1
RELENZA DISKHALER (QL= 20 units/fill)	QL	2
TAMIFLU CAP (QL= 10 caps/fill)	QL	2
TAMIFLU CAP 30MG	QL	2
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	2
FLUMADINE TAB	-	3
ASSORTED CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP	-	2
SYPRINE CAP	-	3
IMMUNOMODULATORS		
REVLIMID CAP (QL=1 cap/day)	MSP-PA-QL	3
THALOMID CAP	MSP-PA	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
RAPAMUNE SOLN	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
AZASAN TAB	-	3
IMURAN TAB	-	3
CELLCEPT CAP	SP	4
CELLCEPT SUSP	SP	4
CELLCEPT TAB	SP	4
cyclosporine cap (SANDIMMUNE equiv)	SP	4
cyclosporine modified cap (NEORAL equiv)	SP	4
CYCLOSPORINE MODIFIED CAP 50MG	SP	4
cyclosporine modified soln (NEORAL equiv)	SP	4
mycophenolate DR tab (MYFORTIC equiv)	SP	4
mycophenolate mofetil cap (CELLCEPT equiv)	SP	4
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	4
mycophenolate mofetil tab (CELLCEPT equiv)	SP	4
MYFORTIC TAB	SP	4
NEORAL CAP	SP	4
NEORAL SOLN	SP	4
PROGRAF CAP	SP	4
RAPAMUNE TAB	SP	4
SANDIMMUNE CAP	SP	4
sirolimus tab (RAPAMUNE equiv)	SP	4
tacrolimus cap (PROGRAF equiv)	SP	4
ZORTRESS TAB	MSP-PA	4

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DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
ENVARSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	1
sodium polystyrene soln (SPS equiv)	-	1
KAYEXALATE POWDER	-	3
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
COREG CR CAP	-	3
COREG TAB	-	3
TRANDATE TAB	-	3
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BYSTOLIC TAB	-	2
KERLONE TAB	-	3
LOPRESSOR TAB	-	3
SECTRAL CAP	-	3
TENORMIN TAB	-	3
TOPROL XL TAB	-	3
ZEBETA TAB	-	3
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	1
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
BETAPACE AF TAB	-	3
BETAPACE TAB	-	3
CORGARD TAB	-	3
INDERAL LA CAP	-	3
INNOPRAN XL CAP	-	3
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS		
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amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
matzim LA tab (CARDIZEM LA equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
nimodipine cap (NIMOTOP equiv)	-	1
nisoldipine ER tab (SULAR equiv)	-	1
NISOLDIPINE ER TAB 25.5MG	-	1
verapamil SR cap (VERELAN SR equiv)	-	1
verapamil SR tab (CALAN SR/ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
VERAPAMIL TAB 40MG	-	1
ADALAT CC TAB	-	3
CALAN SR TAB	-	3
CALAN TAB	-	3
CARDENE SR CAP	-	3
CARDIZEM CD CAP	-	3
CARDIZEM LA TAB	-	3
CARDIZEM TAB	-	3
COVERA-HS TAB	-	3
DILACOR XR CAP	-	3
DYNACIRC CR TAB	-	3
NIMOTOP CAP	-	3
NORVASC TAB	-	3
PLENDIL TAB	-	3
PROCARDIA CAP	-	3
SULAR TAB	-	3
TIAZAC CAP	-	3
VERELAN CAP	-	3
VERELAN PM CAP	-	3
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN TAB	-	3
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	1
CADUET TAB	-	3
IMPOTENCE AGENTS		
CAVERJECT INJ (QL=6 inj/30 days)	QL	2
CIALIS TAB (QL=6 tabs/30 days)	QL	2
CIALIS TAB 2.5MG, 5MG (QL=6 tabs/30 days)	QL	2

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
EDEX INJ (QL=6 inj/30 days)	QL	2
LEVITRA TAB (QL=6 tabs/30 days)	QL	2
MUSE SUPP (QL=6 inj/30 days)	QL	2
STAXYN ODT (QL=6 tabs/30 days)	QL	2
STENDRA TAB (QL = 6 tab/30 days)	QL	2
VIAGRA TAB (QL=6 tabs/30 days)	QL	2
PERIPHERAL VASODILATORS		
isoxsuprine tab	-	1
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	4
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	4
ORENITRAM TAB	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB (QL = 1 tab/day)	PA-QL-SP	4
OPSUMIT TAB (QL= 1 tab/day, Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TRACLEER TAB (QL= 2 tabs/day)	PA-QL-SP	4
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab (REVATIO equiv)	PA-SP	1
ADCIRCA TAB	MSP-PA	4
REVATIO TAB	PA-SP	4
REVATIO SUSP	-	NC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL = 3 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN TAB	-	1
KEFLEX CAP	-	3
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap (CECLOR equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEFTIN SUSP	-	3
CEFTIN TAB	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
cefixime susp (SUPRAX equiv)	-	1
cefpodoxime proxetil susp (VANTIN equiv)	-	1
cefpodoxime proxetil tab (VANTIN equiv)	-	1

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEDAX CAP	-	3
CEDAX SUSP	-	3
OMNICEF CAP	-	3
OMNICEF SUSP	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
VANTIN TAB	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	$0
apri tab (DESOGEN equiv)	-	$0
aranelle tab (TRI-NORINYL equiv)	-	$0
aviane tab (ALESSE equiv)	-	$0
balziva tab (OVCON 35 equiv)	-	$0
BEYAZ TAB	-	$0
cesia tab (CYCLESSA equiv)	-	$0
cryselle tab (OGESTREL equiv)	-	$0
enpresse tab (TRI-LEVELEN equiv)	-	$0
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv) (3 copays per RX)	-	$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
ORTHO TRI-CYCLEN LO TAB	-	$0
tri-legest tab (ESTROSTEP FE equiv)	-	$0
trinessa tab (ORTHO TRI-CYCLEN equiv)	-	$0
YASMIN TAB	-	$0
YAZ TAB	-	$0
zeosa chew tab (FEMCON FE equiv)	-	$0
ALESSE TAB	-	3
CYCLESSA TAB	-	3
DESOGEN TAB	-	3
ESTROSTEP FE TAB	-	3
FEMCON FE CHEW TAB	-	3
LO LOESTRIN TAB	-	3
LO MINASTRIN 24 FE CHEW TAB	-	3
LOESTRIN 24 FE TAB	-	3
LOESTRIN FE TAB	-	3
LOESTRIN TAB	-	3
MINASTRIN CHEW TAB	-	3
MIRCETTE TAB	-	3
NATAZIA TAB	-	3
NORINYL TAB 1/50	-	3

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
OGESTREL TAB	-	3
ORTHO TRI-CYCLEN TAB	-	3
ORTHO-CYCLEN TAB	-	3
OVCON 35 TAB	-	3
SEASONALE TAB/ SEASONIQUE TAB	-	3
TRI-NORINYL TAB	-	3
FALESSA KIT	-	NC
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	NC
QUARTETTE TAB	-	NC
SAFYRAL TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	$0
ORTHO-EVRA PATCH	-	3
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	$0
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	NC
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	$0
levonorgestrel tab (PLAN B equiv)	OTC	$0
LEVONORGESTREL TAB 0.75MG	-	$0
PLAN B TAB	OTC	$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON/NEXPLANON IMPLANT	-	NC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG	-	NC
medroxyprogesterone inj (DEPO-PROVERA equiv)	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	NC
PROGESTIN CONTRACEPTIVES - ORAL		
nora-be tab (NORA-QD equiv)	-	$0
NOR-QD TAB	-	3
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv)	-	1
CORTEF TAB	-	1
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone soln	-	1
DEXAMETHASONE TAB	-	1
hydrocortisone tab (CORTEF equiv)	-	1
MEDROL TAB	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone ODT (ORAPRED equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisolone syrup (PRELONE equiv)	-	1
PREDNISONE SOLN	-	1

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CORTICOSTEROIDS Cont.		
PREDNISONE TAB	-	1
CORTISONE ACETATE TAB	-	2
ORAPRED ODT	-	2
PREDNISONE PAK	-	2
DEXPAK TAB	-	3
ENTOCORT EC CAP	-	3
MEDROL DOSE PACK	-	3
MEDROL TAB	-	3
MILLIPRED DP PAK	-	3
MILLIPRED TAB	-	3
ORAPRED ODT	-	3
ORAPRED SOLN	-	3
PEDIAPRED SOLN	-	3
PRELONE SYRUP	-	3
UCERIS TAB (QL= 1 tab/day)	PA-QL	3
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
RAYOS TAB	-	NC
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
TESSALON/ZONATUSS CAP	-	3
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniramine/pseudoephedrine tab (BROVEX PSE equiv)	OTC	1
guaifenesin/codeine soln (BRONTEX equiv)	OTC	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL=240ml/dispensing)	OTC-QL	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL = 120ml/fill; 2 fill/30 days)	QL	1
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL = 4 oz/Rx; 2 fills/month)	QL	1
promethazine DM syrup	-	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	1
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	1
pseudoephedrine/brompheniramine/codeine liquid (CPB WC LIQUID equiv)	OTC	1
ALBATUSSIN LIQUID	-	3
BRONCOPECTOL SYRUP	-	3
BROVEX PSE TAB	OTC	3
CHLORPHENIRAMINE/PSEUDOEPHEDRINE SYRUP	-	3
DECON-A ELIXIR	-	3
DECONEX DM TAB	-	3
DESPEC SYRUP	-	3
DICEL SUSP	-	3
GILTUSS LIQUID	-	3
HISTEX LIQUID	-	3
LARTUS LIQUID	-	3

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
NEOTUSS LIQUID	-	3
PEDIATEX TDM SUSP	-	3
RESCON TAB	-	3
REZIRA SOLN	-	3
RYNATAN CHEW TAB	-	3
SEMPREX-D CAP	-	3
SUDAHIST TAB	-	3
TUSNEL CAP	-	3
TUSNEL SYRUP	-	3
TUSSICAPS (QL = 20 caps/fill; 2 fills/30 days)	QL	3
TUSSIONEX SUSP	QL	3
TUSSI-ORGANI SYRUP (QL=240ml/per dispensing)	QL	3
ZUTRIPRO LIQUID	QL	3
CLARINEX-D TAB	-	NC
HISTEX-AC SYRUP	-	NC
HYCOFENIX SOLN	-	NC
EXPECTORANTS		
guaifenesin tab (ALLFEN JR equiv)	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN 6%	-	2
HYPER-SAL NEB SOLN	-	3
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (acne only - 26 or older requires PA)	PA	1
adapalene gel 0.1% (DIFFERIN equiv) (acne only - 26 or older requires PA)	PA	1
amnesteem cap (ACCUTANE equiv)	-	1
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
clindamycin/ benzoyl peroxide gel (DUAC GEL equiv)	-	1
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1
DIFFERIN GEL 0.3% (acne only - 26 or older requires PA)	PA	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	1
RETIN-A MICRO GEL 0.04%, 0.1% (acne only - 26 or older requires PA)	PA	1
sodium sulfacetamide lotion (KLARON equiv)	-	1
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	1
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	1
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	1
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	1

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DERMATOLOGICALS Cont.		
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	1
tretinoin cream (acne only - 26 or older requires PA)	PA	1
tretinoin gel (RETIN-A GEL equiv) (acne only - 26 or older requires PA)	PA	1
ADAPALENE LOTION (acne only - 26 or older requires PA)	PA	2
AVAR GEL	-	2
EPIDUO (FORTE) GEL (acne only - 26 or older requires PA)	PA	2
PRASCION RA CREAM	-	2
ACANYA/ONEXTON GEL	-	3
AKNE-MYCIN OINT	-	3
AVAR AEROSOL FOAM	-	3
AZELEX CREAM	PA	3
BENZACLIN GEL	-	3
BENZAMYCIN GEL	-	3
BENZAMYCIN GEL PACK	-	3
CLARAVIS CAP 30MG	-	3
CLARIFOAM EF FOAM	-	3
CLEOCIN-T GEL	-	3
CLEOCIN-T LOTION	-	3
CLEOCIN-T PAD	-	3
CLEOCIN-T SOLN	-	3
CLINDAGEL	-	3
DIFFERIN CREAM	PA	3
DIFFERIN GEL 0.1%	PA	3
DUAC CS KIT	-	3
DUAC GEL	-	3
KLARON LOTION	-	3
PLEXION CLEANSING CLOTH	-	3
PLEXION LOTION	-	3
PLEXION SCT CREAM	-	3
RETIN-A CREAM	PA	3
RETIN-A GEL	PA	3
ROSULA EMULSION	-	3
ROSULA GEL	-	3
SUMAXIN TS SUSP	-	3
SUMAXIN WASH	-	3
TRETIN-X CREAM	PA	3
VELTIN/ ZIANA GEL	-	3
ABSORICA CAP	-	NC
ACZONE GEL	-	NC
AVAR PAD	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
FABIOR AEROSOL FOAM	-	NC
RETIN-A MICRO GEL 0.08%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR FACIAL WRINKLES		
RENOVA CREAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin cream (BACTROBAN equiv)	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
ALTABAX OINT	-	3
BACTROBAN CREAM	-	3
BACTROBAN OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	1
econazole cream (SPECTAZOLE CREAM equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
naftifine cream 1% (NAFTIN equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
NAFTIN CREAM 2%	-	2
NAFTIN GEL	-	2
OXISTAT CREAM	-	2
OXISTAT LOTION	-	2
ERTACZO CREAM	-	3
EXELDERM CREAM	-	3
EXELDERM SOLN	-	3
LOPROX CREAM	-	3
LOPROX GEL	-	3
LOPROX SHAMPOO	-	3
LOTRISONE CREAM	-	3
LOTRISONE LOTION	-	3
MENTAX CREAM	-	3
NAFTIN CREAM 1%	-	3
NIZORAL SHAMPOO	-	3
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC

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DERMATOLOGICALS Cont.		
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
VOLTAREN GEL (QL= 5 tubes/fill)	QL	2
FLECTOR PATCH (QL = 30 patch/fill)	QL	3
PENNSAID SOLN	-	3
diclofenac soln 1.5% (PENNSAID equiv)	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN 1.5%	-	NC
REXAPHENAC CREAM	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac gel (SOLARAZE equiv)	-	1
fluorouracil cream (EFUDEX CREAM equiv)	-	1
fluorouracil soln (EFUDEX SOLN equiv)	-	1
CARAC CREAM	-	2
EFUDEX CREAM	-	3
EFUDEX SOLN	-	3
PICATO GEL (QL=1 box/fill)	QL	3
SOLARAZE GEL	-	3
PANRETIN GEL	PA-SP	4
TARGRETIN GEL	MSP	4
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4
FLUORAC CREAM	-	NC
ANTIPRURITICS - TOPICAL		
PRUDOXIN CREAM	-	3
ZONALON CREAM	-	3
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv)	-	1
calcipotriene oint	-	1
calcipotriene soln (DOVONEX SOLN equiv)	-	1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1
8-MOP CAP	-	2
SORIATANE CK KIT	-	2
VECTICAL OINT	-	2
DOVONEX CREAM	-	3
DOVONEX SOLN	-	3
DRITHO-SCALP CREAM	-	3
OXSORALEN ULTRA CAP	-	3
SORILUX FOAM	-	3
TAZORAC CREAM	-	3
TAZORAC GEL	-	3
acitretin cap (SORIATANE equiv)	SP	4

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DERMATOLOGICALS Cont.		
COSENTYX INJ	MSP-PA	4
SORIATANE CAP	SP	4
STELARA INJ (QL=1 syringe/84 days)	MSP-PA-QL	4
ANTISEBORRHEIC PRODUCTS		
seb-prev cream (OVACE CREAM equiv)	-	1
selenium sulfide lotion	-	1
selenium sulfide shampoo (SELSEB equiv)	-	1
sodium sulfacetamide gel (OVACE PLUS equiv)	-	1
sodium sulfacetamide shampoo (OVACE equiv)	-	1
sodium sulfacetamide wash (OVACE WASH equiv)	-	1
sodium sulfacetamide/ urea pad (ROSULA equiv)	-	1
OVACE PLUS CREAM	-	3
OVACE PLUS GEL	-	3
OVACE PLUS SHAMPOO	-	3
OVACE WASH	-	3
ROSULA PAD	-	3
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
SELRX SHAMPOO 2.3%	-	NC
ANTIVIRALS - TOPICAL		
ZOVIRAX OINT	-	1
DENAVIR CREAM	-	2
XERESE CREAM	-	3
ZOVIRAX CREAM	-	3
acyclovir oint (ZOVIRAX OINT equiv)	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SILVADENE CREAM	-	3
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
alclometasone oint (ACLOVATE OINT equiv)	-	1
amcinonide cream (CYCLOCORT CREAM equiv)	-	1
apexicon oint	-	1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel (DIPROLENE GEL equiv)	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone diproprionate lotion	-	1
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
calcipotriene/ betamethasone oint (TACLONEX equiv)	-	1
clobetasol foam (OLUX equiv)	PA	1
clobetasol lotion (CLOBEX equiv)	PA	1
clobetasol propionate cream (TEMOVATE equiv)	PA	1
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	1

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DERMATOLOGICALS Cont.		
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	PA	1
clobetasol propionate soln (TEMOVATE equiv)	PA	1
clobetasol shampoo (CLOBEX equiv)	PA	1
clobetasol spray (CLOBEX equiv)	PA	1
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream (LIDEX equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
halobetasol propionate cream (ULTRAVATE equiv)	PA	1
halobetasol propionate oint (ULTRAVATE equiv)	PA	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
pramoxine/hydrocortisone oint (PRAMOSONE equiv)	-	1
prednicarbate cream (DERMATOP equiv)	-	1
prednicarbate oint (DERMATOP equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
TRIAMCINOLONE OINT	-	1
triamcinolone spray (KENALOG equiv)	-	1
AMCINONIDE OINT	-	2
EPIFOAM AEROSOL	-	2
PRAMOSONE CREAM 1%	-	2
PRAMOSONE OINT	-	2
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	2
U-CORT CREAM	-	2
ACLOVATE CREAM	-	3
ACLOVATE OINT	-	3
AMCINONIDE LOTION	-	3
CAPEX SHAMPOO	-	3
CARMOL-HC CREAM	-	3
CLOBEX LOTION	PA	3
CLOBEX SHAMPOO	PA	3
CLOBEX SPRAY	PA	3
CLODERM CREAM/ CLOCORTOLONE CREAM	-	3
CORDRAN CREAM	-	3
CORDRAN LOTION	-	3
CORDRAN TAPE	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CUTIVATE CREAM	-	3
CUTIVATE OINT	-	3
DERMA-SMOOTH/FS OIL	-	3
DERMATOP CREAM	-	3
DERMATOP OINT	-	3
DIPROLENE AF CREAM	-	3
DIPROLENE LOTION	-	3
DIPROLENE OINT	-	3
ELOCON CREAM	-	3
ELOCON OINT	-	3
ELOCON SOLN	-	3
HALOG CREAM	-	3
HALOG OINT	-	3
HYTONE LOTION	-	3
KENALOG SPRAY	-	3
LIDEX CREAM	-	3
NUCORT LOTION	-	3
OLUX FOAM	PA	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
PROCTOCORT CREAM	-	3
PSORCON E CREAM	-	3
TACLONEX OINT	-	3
TACLONEX SCALP SUSP	-	3
TEMOVATE CREAM	PA	3
TEMOVATE OINT	PA	3
TEMOVATE SOLN	PA	3
TEXACORT SOLN	-	3
TOPICORT CREAM 0.25%	-	3
ULTRAVATE CREAM	PA	3
ULTRAVATE OINT	PA	3
VERDESO FOAM	-	3
AMCINONIDE CREAM 0.1%	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
CLOBETAPLUS CREAM KIT	-	NC
CLOBETAPLUS OINT KIT	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CUTIVATE LOTION	-	NC
desonide cream	-	NC
desonide lotion	-	NC
desonide oint	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint 0.25% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
DIFLORASONE OINT (PSORCON equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC

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DERMATOLOGICALS Cont.		
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE E CREAM	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT 0.25%	-	NC
TOPICORT/DESOXIMETASONE OINT 0.05%	-	NC
WESTCORT OINT	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 40% (CARMOL equiv)	-	1
urea cream 50% (KERALAC equiv)	-	1
urea gel 40%	-	1
urea gel 50%	-	1
urea lotion (KERALAC LOTION equiv)	-	1
urea susp 40% (UMECTA equiv)	-	1
GORDON'S UREA OINT 40%	-	2
URAMAXIN CREAM (Only RX version covered/OTC version NOT covered)	-	2
CARMOL 40 GEL	-	3
CARMOL LOTION	-	3
KERAFOAM	-	3
KERALAC CREAM	-	3
KERALAC GEL 50%	-	3
UMECTA EMULSION 40%	-	3
UMECTA SUSP	-	3
UREA NAIL KIT	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
LAC-HYDRIN CREAM	-	3
LAC-HYDRIN LOTION	-	3
ENZYMES - TOPICAL		
papain/urea/chlorophyllin oint (PANAFIL equiv)	-	1
papain-urea oint (ACCUZYME OINT equiv)	-	1
KOVIA OINT	-	2
SANTYL OINT	-	2
PANAFIL OINT	-	3
trypsin/castor oil/peruvian balsam oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC

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DERMATOLOGICALS Cont.		
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	NC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
ALDARA CREAM	-	3
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
ELIDEL CREAM	-	2
PROTOPIC OINT	-	3
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln (CONDYLOX equiv)	-	1
salicylic acid shampoo (SALEX equiv)	-	1
PODOCON SOLN	-	2
CONDYLOX GEL	-	3
CONDYLOX SOLN	-	3
SALEX SHAMPOO	-	3
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint	-	1
lidocaine patch (LIDODERM equiv) (QL = 3 patches/day)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
EMLA CREAM	-	3
LIDODERM PATCH	QL	3
SYNERA PATCH	-	3
XYLOCAINE GEL	-	3
XYLOCAINE SOLN	-	3
ADAZIN CREAM	-	NC
LIDOCAINE CREAM 3.75%, 3.95%	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
lidocaine/menthol patch	-	NC
LIDOCIN GEL	-	NC
RELYYKS PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC

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DERMATOLOGICALS Cont.		
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA FOAM	-	2
FINACEA GEL	-	2
FINACEA PLUS KIT	-	2
METROCREAM	-	3
METROGEL 1% (Step Therapy requires trial of FINACEA)	ST	3
METROLOTION	-	3
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3
DOXYCYCLINE (ROSACEA)/ORACEA CAP	-	NC
METROGEL 1% KIT	-	NC
SCABICIDES & PEDICULICIDES		
lindane lotion	-	1
lindane shampoo	-	1
malathion lotion (OVIDE equiv) (QL=2 bottle/fill)	QL	1
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL = 1 bottle/fill)	QL	2
ELIMITE CREAM	-	3
EURAX LOTION	-	3
NATROBA SUSP (QL = 1 bottle/fill)	QL	3
OVIDE LOTION	QL	3
SKLICE LOTION (QL= 1 tube/ fill)	PA-QL	3
ULESFIA LOTION (QL=4 bottle/fill)	QL	3
WOUND CARE PRODUCTS		
REGRANEX GEL (QL = 2 - 15gm tubes/fill)	QL	2
BIAFINE EMULSION	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
ACCU-CHEK TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	2
TEST STRIP (all other test strips)	OTC	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
DEPLIN CAP	-	NC

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DrugName	Special Code	Tier
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.		
DEPLIN TAB	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
METANX CAP	-	NC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP (Step therapy requires trial of CREON)	ST	3
PERTZYE CAP (Step Therapy requires trial of CREON)	ST	3
ULTRESA CAP (Step Therapy requires trial of CREON)	ST	3
ZENPEP CAP (Step Therapy requires trial of CREON)	ST	3
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
ACETAZOLAMIDE TAB 125MG	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
DIAMOX SEQUEL CAP	-	3
NEPTAZANE TAB	-	3
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
ALDACTAZIDE TAB	-	3
ALDACTAZIDE TAB 50-50MG	-	3
DYAZIDE CAP	-	3
MAXZIDE TAB	-	3
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
EDECRIN TAB	-	2
DEMADEX TAB	-	3
LASIX TAB	-	3
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
DYRENIUM CAP	-	2
ALDACTONE TAB	-	3
MIDAMOR TAB	-	3
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	1
CHLOROTHIAZIDE TAB 250MG	-	1

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DIURETICS Cont.		
CHLORTHALIDONE TAB	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYLCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
MICROZIDE CAP	-	3
ZAROXOLYN TAB	-	3
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB	-	1
alendronate tab (FOSAMAX equiv)	-	1
ETIDRONATE DISODIUM TAB 400MG	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/month; Step Therapy requires trial of alendronate)	QL-ST	1
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	1
ALENDRONATE TAB 40MG	-	2
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3
FOSAMAX+D TAB	-	3
SKELID TAB	-	3
FORTICAL NASAL SPRAY	SP	4
risedronate tab (ACTONEL equiv)	-	NC
CALCIUM REGULATORS - MISC.		
etidronate disodium tab 200mg (DIDRONEL equiv)	-	1
DIDRONEL TAB	-	3
FOSAMAX SOLN	-	3
FOSAMAX TAB	-	3
calcitonin nasal spray (MIACALCIN equiv)	SP	4
FORTEO INJ	MSP	4
MIACALCIN INJ	MSP	4
MIACALCIN NASAL SPRAY	SP	4
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD	4
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	NC
GROWTH HORMONES		
NORDITROPIN INJ	MSP-PA	4
GENOTROPIN/HUMATROPE/OMNITROPE/ZOMACTON INJ	-	NC
NUTROPIN AQ/OMNITROPE INJ	-	NC
SAIZEN/SEROSTIM/ZORBTIVE INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	$0
EVISTA TAB	-	3
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPRON DEPOT PED INJ	INF-MSP	4

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
LUPRON DEPOT-PED INJ	INF-MSP	4
SYNAREL NASAL SOLN	MSP	4
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
sodium phenylbutyrate powder (BUPHENYL equiv)	-	1
BUPHENYL TAB	-	2
BUPHENYL POWDER	-	3
CARBAGLU TAB	-	3
CARNITOR SOLN	-	3
CARNITOR TAB	-	3
ROCALTROL CAP	-	3
ALDURAZYME INJ	MSP-PA	4
CALCIJEX INJ	MSP	4
calcitriol inj (CALCIJEX equiv)	MSP	4
doxercalciferol cap (HECTOROL equiv)	MSP	4
FABRAZYME INJ	MSP-PA	4
HECTOROL CAP	MSP	4
KUVAN POWDER PACK	MSP-PA	4
KUVAN TAB	MSP-PA	4
ORFADIN CAP	MSP-PA	4
paricalcitol cap (ZEMPLAR equiv)	MSP	4
SENSIPAR TAB	MSP	4
ZEMPLAR CAP	MSP	4
MYALEPT INJ	-	NC
RAVICTI LIQUID	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	1
desmopressin acetate nasal spray (DDAVP equiv)	-	1
desmopressin acetate tab (DDAVP equiv)	-	1
desmopressin nasal soln (DDAVP equiv)	-	1
STIMATE NASAL SOLN	-	2
DDAVP INJ	-	3
DDAVP NASAL SOLN	-	3
DDAVP NASAL SPRAY	-	3
DDAVP TAB	-	3
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	MSP	4
SANDOSTATIN INJ	MSP	4
SIGNIFOR INJ (QL = 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SANDOSTATIN LAR INJ KIT	-	NC
SOMATULINE INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB	SP	4

ESTROGENS

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ESTROGENS Cont.

DrugName	Special Code	Tier
ESTROGEN COMBINATIONS		
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
PREMPHASE TAB/ PREMPRO TAB	-	2
ACTIVELLA TAB	-	3
ANGELIQ TAB	-	3
CLIMARA PRO PATCH	-	3
COMBIPATCH	-	3
FEMHRT TAB	-	3
ORTHO-PREFEST TAB	-	3
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
estropipate tab (OGEN equiv)	-	1
ESTROPIPATE TAB 3MG	-	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
CLIMARA PATCH	-	3
DIVIGEL/ELESTRIN GEL	-	3
ENJUVIA TAB	-	3
ESTRACE TAB	-	3
ESTRASORB EMULSION	-	3
ESTRATAB	-	3
EVAMIST SPRAY	-	3
MENOSTAR PATCH	-	3
OGEN TAB	-	3
VIVELLE-DOT PATCH	-	3

FLUOROQUINOLONES

DrugName	Special Code	Tier
FLUOROQUINOLONES		
ciprofloxacin ER tab (CIPRO XR equiv)	-	1
ciprofloxacin susp (CIPRO equiv)	-	1
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
moxifloxacin tab (AVELOX equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
OFLOXACIN TAB 400MG	-	2
AVELOX TAB	-	3
CIPRO CYSTITIS TAB	-	3
CIPRO SUSP	-	3
CIPRO XR TAB	-	3
LEVAQUIN SOLN	-	3
LEVAQUIN TAB	-	3
NOROXIN TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
ACTIGALL CAP	-	3
URSO FORTE TAB	-	3
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	1
GASTROCROM CONC	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP	ST	3
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
REGLAN TAB	-	3
metoclopramide ODT (METOZOLV equiv)	-	NC
METOZOLV ODT	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
mesalamine enema (ROWASA equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
APRISO CAP	-	2
ASACOL (HD)/LIALDA TAB	-	2
CANASA SUPP	-	2
DELZICOL CAP	-	2
AZULFIDINE EN-TABS	-	3
AZULFIDINE TAB	-	3
COLAZAL CAP	-	3
DIPENTUM CAP	-	3
PENTASA CAP (Step Therapy requires trial of ASACOL (HD), LIALDA or DELZICOL)	ST	3
SFROWASA ENEMA	-	3
CIMZIA INJ (QL=2 syringes/28 days)	MSP-PA-QL	4
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	1
LINZESS CAP (QL = 1 cap/day)	PA-QL	3
LOTRONEX TAB	-	3
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ	MSP-PA	4
RELISTOR INJ KIT	MSP-PA	4
MOVANTIC TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
FOSRENOL CHEW TAB	-	2
FOSRENOL POWDER PACK	-	2

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
PHOSLYRA SOLN	-	2
RENVELA PACKET	-	2
RENVELA TAB	-	2
SEVELAMER CARBONATE TAB	-	2
AURYXIA TAB	-	3
ELIPHOS TAB	-	3
PHOSLO CAP	-	3
RENAGEL TAB	-	3
VELPHORO CHEW TAB	-	3
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
BICITRA SOLN	-	2
POLYCITRA CRYSTAL PACK	-	3
POLYCITRA SYRUP	-	3
POLYCITRA-LC SOLN	-	3
UROCIT-K TAB	-	3
CYSTINOSIS AGENTS		
CYSTAGON CAP	-	2
GENITOURINARY IRRIGANTS		
sodium chloride 0.9% irr soln	-	1
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
AVODART CAP	-	2
JALYN CAP	-	2
RAPAFLO CAP (Restricted to Urology Specialist)	RS	2
UROXATRAL TAB	-	2
CARDURA XL TAB	-	3
FLOMAX CAP	-	3
PROSCAR TAB	-	3
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
PYRIDIUM TAB	-	3
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA TAB	-	NC

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DrugName	Special Code	Tier
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
COLCHICINE TAB (COLCRYS equiv)	-	2
ULORIC TAB (Step Therapy requires failure of allopurinol.)	ST	2
ZYLOPRIM TAB	-	3
MITIGARE CAP	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
TRENTAL TAB	-	3
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
ticlopidine tab (TICLID equiv)	-	1
AGGRENOX/ASPIRIN-DIPYRIDAMOLE CAP	-	2
EFFIENT TAB	-	2
AGRYLIN CAP	-	3
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3
PERSANTINE TAB	-	3
PLAVIX TAB 75MG	-	3
PLETAL TAB	-	3
TICLID TAB	-	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
ZAVESCA CAP	-	2
CEREZYME INJ	MSP-PA	4
CERDELGA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
COBALAMINS		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	-	$0
folic acid tab 400mcg (Covered for females only)	OTC	$0
folic acid tab 800mcg (Covered for females only)	OTC	$0
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ (Step Therapy requires trial of PROCRIT; Product is mandated through Acaria Specialty Pharmacy.)	MSP-ST	4
EPOGEN INJ	MSP	4

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
GRANIX INJ	MSP	4
LEUKINE INJ	MSP	4
NEULASTA INJ (Product is mandated through Acaria Specialty Pharmacy)	MSP	4
NEUMEGA INJ	MSP	4
NEUPOGEN INJ (Product is mandated through Acaria Specialty Pharmacy)	MSP	4
PROCRIT INJ	MSP	4
PROMACTA TAB	MSP-PA	4
MIRCERA INJ	-	NC
ZARXIO INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1
multigen folic tab (CHROMAGEN FA equiv)	-	1
multigen plus tab (CHROMAGEN FORTE equiv)	-	1
multigen tab (CHROMAGEN equiv)	-	1
multivitamin tab	-	1
tricon cap (TRINSICON equiv)	-	1
CHROMAGEN FORTE TAB	-	2
CHROMAGEN TAB	-	2
NEPHRON FA TAB	-	2
NIFEREX-150 FORTE CAP	-	2
CHROMAGEN FA TAB	-	3
FETRIN CAP	-	3
MULTIVITAMIN TAB	-	3
REPLIVA TAB	-	3
BIFERARX 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
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
tranex acid tab (LYSTEDA equiv)	-	1
AMICAR SYRUP	-	3
LYSTEDA TAB	-	3
aminocaproic acid tab (AMICAR equiv)	SP	4
AMINOCAPROIC ACID/AMICAR TAB	SP	4
CYKLOKAPRON INJ	MSP	4
tranexamic acid inj (CYKLOKAPRON equiv)	MSP	4
AMICAR SOLN	-	NC
HYPNOTICS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
PHENOBARBITAL TAB	-	1
SECONAL CAP	-	2

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DrugName	Special Code	Tier
HYPNOTICS Cont.		
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
SILENOR TAB	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL=1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 22.5mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
temazepam cap 7.5mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
zolpidem tab 10mg (AMBIEN equiv) (Male QL = 1 tab/day; Female QL = 0.5 tab/day)	QL	1
zolpidem tab 5mg (AMBIEN equiv) (QL = 1 tab/day)	QL	1
AMBIEN TAB 10MG	QL	3
AMBIEN TAB 5MG	QL	3
HALCION TAB	-	3
LUNESTA TAB	QL	3
PROSOM TAB	-	3
RESTORIL CAP 15MG	-	3
RESTORIL CAP 22.5MG	-	3
RESTORIL CAP 30MG	-	3
RESTORIL CAP 7.5MG	-	3
SOMNOTE CAP	-	3
SONATA CAP	-	3
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ROZEREM TAB (QL = 1 tab/day)	QL	3
HETLIOZ CAP	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	$0
trilyte soln (NULYTELY equiv) (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	$0
GOLYTELY PACKET	-	1
MOVIPREP SOLN (QL = 1 bottle/fill)	QL	2
SUPREP SOLN	-	3
gavilyte-h kit	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
SUCLEAR KIT	-	NC
LAXATIVES - MISCELLANEOUS		

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DrugName	Special Code	Tier
LAXATIVES Cont.		
lactulose soln	-	1
KRISTALOSE PACKET	-	3
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
SALINE LAXATIVES		
OSMOPREP TAB	-	3
VISICOL TAB	-	3
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZITHROMAX SUSP	-	3
ZITHROMAX TAB	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin ER tab (BIAXIN XL equiv)	-	1
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
BIAXIN SUSP	-	3
BIAXIN TAB	-	3
BIAXIN XL TAB	-	3
ERYTHROMYCINS		
ERY-TAB	-	1
ERYTHROMYCIN CAP	-	1
erythromycin DR cap (ERYC equiv)	-	1
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	1
erythromycin stearate tab	-	1
ERYPED SUSP	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2
ERYTHROMYCIN TAB (all forms except PCE)	-	3
PCE TAB	-	3
FIDAXOMICIN		
DIFICID TAB (QL= 20 tab/fill; Step Therapy requires trial of vancomycin)	QL-ST	2
MEDICAL DEVICES		
CONTRACEPTIVES		
CERVICAL CAP	-	$0
DIAPHRAGM	-	$0
FEMALE CONDOMS	OTC	$0
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS METER	OTC	$0
ACCU-CHEK NANO METER	OTC	$0
ACCU-CHEK NANO SMARTVIEW METER	OTC	$0
FREESTYLE FREEDOM LITE METER	OTC	$0
FREESTYLE INSULINX METER	OTC	$0
FREESTYLE LITE METER	OTC	$0
PRECISION XTRA METER	OTC	$0
CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1

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DrugName	Special Code	Tier
MEDICAL DEVICES Cont.		
LANCET KIT	OTC	1
LANCETS	OTC	1
V-GO INJ KIT (QL=1 KIT/DAY)	QL	2
DIABETIC METER (all other diabetic meters)	OTC	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	1
FREESTYLE INSULIN SYRINGE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
PRECISION INSULIN SYRINGE	OTC	1
INSULIN SYRINGE	OTC	3
PEN NEEDLE	OTC	3
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	2
CAFERGOT TAB	-	3
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
isometh/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
MIDRIN CAP	-	NC
PRODRIN TAB	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	1
D.H.E. INJ	-	3
ERGOMAR SL TAB	-	3
MIGRANAL/ DIHYDROERGOTAMINE SPRAY (QL= 8 units/fill, 2 fills/30 days)	QL	3
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
SEROTONIN AGONISTS		
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill; 2 fills/30 days)	QL	1
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 day)	QL	1
rizatriptan tab (MAXALT equiv) (QL =12 tabs/fill, 3 fills/60 day)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1
SUMATRIPTAN INJ 6MG/0.5ML	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL=5 injs/fill, 2 fills/30 days)	QL	1
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
ALSUMA INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3

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MIGRAINE PRODUCTS Cont.		
AMERGE TAB	QL	3
AXERT TAB (QL= 9 tabs/fill; 2 fills/30 days)	QL	3
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX INJ	QL	3
IMITREX TAB	QL	3
IMITREX VIAL INJ (QL=5 injs/fill, 2 fills/30 days)	QL	3
MAXALT MLT TAB	QL	3
MAXALT TAB	QL	3
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
SUMAVEL DOSEPRO INJ (QL= 6 inj/fill, 2 fills/30 days)	QL	3
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG TAB	QL	3
ZOMIG ZMT	QL	3
ZECUITY PAD	-	NC
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	$0
LURIDE SOLN (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	$0
LURIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	$0
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	-	1
IODINE PRODUCTS		
SSKI SOLN	-	2
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
K-PHOS NEUTRAL TAB	-	3
POTASSIUM		
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (KLOR-CON equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1
potassium chloride soln	-	1
KLOR-CON M15 TAB	-	2
KLOR-CON POWDER PACKET	-	3
KLOR-CON POWDER PACKET 25MEQ	-	3
KLOR-CON TAB	-	3
MICRO-K CAP	-	3
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MOUTH/THROAT/DENTAL AGENTS		

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
FIRST MOUTHWASH BLM	-	3
LTA 360 KIT	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
FIRST DUKES MOUTHWASH	-	3
FIRST MARYS MOUTHWASH	-	3
MYCELEX TROCHES	-	3
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
PERIDEX SOLN	-	3
DENTAL PRODUCTS		
PREVIDENT CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	$0
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	$0
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT GEL	-	2
PREVIDENT PASTE	-	2
PREVIDENT RINSE	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	1
pilocarpine tab (SALAGEN equiv)	-	1
EVOXAC CAP	-	3
SALAGEN TAB	-	3
GELCLAIR GEL	-	NC
ORAFATE PASTE/ PROTHELIAL PASTE	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/IRON TAB	-	1
DIALYVITE/ZINC TAB	-	1
folbee plus CZ tab (DIATX ZN equiv)	-	1
FOLBEE PLUS TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
DIATZ ZN TAB	-	3
NEPHROCAP	-	3
NEPHRO-VITE TAB	-	3

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
MULTIPLE VITAMINS W/ MINERALS		
MULTIVITAMIN CAP	-	1
multivitamin w/ minerals tab (STROVITE equiv)	-	1
FORTAVIT CAP	-	3
STROVITE TAB	-	3
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
tri-vit/iron/fluoride drop	-	1
ESCAVITE CHEW TAB	-	3
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
QUFLORA PEDIATRIC CHEW TAB	-	3
QUFLORA PEDIATRIC DROP	-	3
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	1
carisoprodol tab (SOMA equiv)	-	1
chlorzoxazone tab (PARAFON FORTE equiv)	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	1
metaxalone tab (SKELAXIN equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine cap (ZANAFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
FEXMID TAB	-	3
FLEXERIL TAB	-	3
PARAFON FORTE TAB	-	3
ROBAXIN TAB	-	3
SKELAXIN TAB	-	3
SOMA TAB	-	3
ZANAFLEX CAP	-	3
ZANAFLEX TAB	-	3
CARISOPRODOL/ SOMA TAB 250MG	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
LORZONE TAB	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	1
DANTROLENE CAP 100MG	-	2
DANTRIUM CAP	-	3
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	1
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1
ORPHENADRINE COMPOUND DS TAB (NORGESIC FORTE equiv)	-	3
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
DYMISTA NASAL SPRAY	PA	3
NASAL ANTIALLERGY		
azelastine nasal spray (ASTELIN/ASTEPRO equiv)	-	1
olopatadine nasal spray (PATANASE equiv)	-	1
ASTELIN/ASTEPRO NASAL SPRAY	-	3
PATANASE NASAL SPRAY	-	3
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
ATROVENT NASAL SPRAY	-	3
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	1
FLUNISOLIDE NASAL SOLN	QL	1
flunisolide nasal spray (NASAREL equiv) (QL = 2 bottle/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL = 2 bottle/fill)	QL	1
NASACORT NASAL SPRAY (OTC) (QL = 2 bottle/fill)	OTC-QL	1
triamcinolone nasal spray (NASACORT AQ equiv) (QL = 2 bottle/fill)	QL	1
NASONEX NASAL SPRAY (QL = 2 bottle/fill)	QL	2
VERAMYST NASAL SPRAY (QL = 2 bottle/fill)	QL	2
BECONASE AQ NASAL SPRAY (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	3
FLONASE NASAL SPRAY	QL	3
NASACORT AQ NASAL SPRAY	QL	3
OMNARIS NASAL SPRAY (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	3
QNASL NASAL SPRAY (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	3
RHINOCORT AQUA NASAL SPRAY	QL-ST	3
ZETONNA NASAL SPRAY (QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX)	QL-ST	3
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE NASAL SOLN	-	3
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	1
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	2
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1

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OPHTHALMIC AGENTS Cont.		
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	2
COSOPT PF OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN	-	2
BETAGAN OPHTH SOLN	-	3
COSOPT OPHTH SOLN	-	3
TIMOPTIC OCUDOSE OPHTH SOLN	-	3
TIMOPTIC OPHTH SOLN	-	3
TIMOPTIC-XE OPHTH GEL	-	3
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOGYL OPHTH SOLN 0.5%, 2%	-	2
CYCLOMYDRIL OPHTH SOLN	-	2
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
CYCLOGYL OPHTH SOLN	-	3
ISOPTO ATROPINE OPHTH SOLN	-	3
MYDRIACYL OPHTH SOLN	-	3
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
ISOPTO CARPINE OPHTH SOLN	-	3
PILOPINE HS OPHTH GEL	-	3
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine ophth soln (IOPIDINE equiv)	-	1
brimonidine ophth soln (ALPHAGAN P equiv)	-	1
ALPHAGAN-P OPHTH SOLN	-	2
ALPHAGAN-P OPHTH SOLN 0.1%	-	2
IOPIDINE OPHTH SOLN 1%	-	2
SIMBRINZA OPHTH SUSP	-	2
IOPIDINE OPHTH SOLN	-	3
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	1

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv)	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
trifluridine ophth soln (VIROPTIC equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN	-	2
ZIRGAN OPHTH GEL	-	2
BESIVANCE OPHTH SUSP (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3
BLEPH-10 OPHTH SOLN	-	3
CILOXAN OPHTH OINT	-	3
CILOXAN OPHTH SOLN	-	3
NEOSPORIN OPHTH SOLN	-	3
OCUFLOX OPHTH SOLN	-	3
POLYTRIM OPHTH SOLN	-	3
TOBREX OPHTH OINT	-	3
TOBREX OPHTH SOLN	-	3
VIROPTIC OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	ST	3
OPHTHALMIC DECONGESTANTS		
naphazoline ophth soln	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
MYDFRIN OPHTH SOLN	-	3
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
OPHTHALMIC LOCAL ANESTHETICS		
parcaine ophth soln (ALCAINE equiv)	-	1
ALCAINE OPHTH SOLN	-	3
OPHTHALMIC STEROIDS		
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	1
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	1
prednisolone ophth soln (PRED FORTE equiv)	-	1
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2
DUREZOL OPHTH EMULSION	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
MAXIDEX OPHTH SOLN	-	2

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
CORTISPORIN OPHTH SOLN	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML LIQUIFLIM OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
MAXITROL OPHTH OINT	-	3
MAXITROL OPHTH SUSP	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX OPHTH SOLN	-	3
TOBRADEX ST OPHTH SUSP	-	3
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
bromfenac ophth soln (BROMDAY equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
epinastine opthth soln (ELESTAT equiv)	-	1
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1
ALAMAST OPHTH SOLN	-	2
ALOCRIL OPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2
AZOPT OPHTH SUSP	-	2
BROMDAY OPHTH SOLN	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
PATADAY OPHTH SOLN (QL = 2.5ml/30 days)	QL	2
ACULAR (LS) OPHTH SOLN	-	3
ACUVAIL OPHTH SOLN	-	3
BEPREVE OPHTH SOLN	-	3
CROLOM OPHTH SOLN	-	3
ELESTAT OPHTH SOLN	-	3
EMADINE OPHTH SOLN	-	3
LASTACAFT OPHTH SOLN (QL=3ml/30 days)	QL	3
OCUFEN OPHTH SOLN	-	3
OPTIVAR OPHTH SOLN	-	3
PATANOL OPHTH SOLN	-	3
TRUSOPT OPHTH SOLN	-	3
VOLTAREN OPTH SOLN	-	3
CYSTARAN OPHTH SOLN (QL=4 bottles/30 days)	MSP-PA-QL	4
PAZEO OPHTH SOLN 0.7%	-	NC
PROSTAGLANDINS - OPHTHALMIC		

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OPHTHALMIC AGENTS Cont.		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/ 30 days)	QL	1
LUMIGAN OPHTH SOLN (QL= 2.5ml/ 30 days)	QL	2
TRAVATAN (Z) OPHTH SOLN (QL = 5ml/30 days)	QL	2
XALATAN OPHTH SOLN	QL	3
ZIOPTAN OPHTH SOLN (QL=30 vials/30 days; Step Therapy requires trial of latanoprost)	QL-ST	3
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
CRESYLATE OTIC SOLN	-	3
VOSOL OTIC SOLN	-	3
OTIC ANALGESICS		
omedia otic soln (AMERICAINE equiv)	-	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	1
CIPROFLOXACIN OTIC SOLN	-	2
OTIC COMBINATIONS		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	1
zotane HC otic soln (CORTANE-B AQUEOUS equiv)	-	1
CIPRODEX OTIC SUSP	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO-HC OTIC SUSP	-	3
CORTANE-B AQUEOUS OTIC SOLN	-	3
CORTISPORIN OTIC SOLN	-	3
CORTISPORIN OTIC SUSP	-	3
OTOZIN OTIC DROPS	-	3
aero otic soln (CORTANE-B equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocoritisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	1
ACETASOL-HC OTIC SOLN	-	3
DERMOTIC OIL	-	3
VOSOL-HC OTIC SOLN	-	3
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL = 28 tab/fill; 1 fill/365 days)	QL	1
METHERGINE TAB	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP	3
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	1

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DrugName	Special Code	Tier
PENICILLINS Cont.		
AMOXICILLIN CHEW TAB 250MG	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AUGMENTIN CHEW TAB	-	3
AUGMENTIN ES-600 SUSP	-	3
AUGMENTIN SUSP	-	3
AUGMENTIN TAB	-	3
AUGMENTIN XR TAB	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
megestrol ES susp (MEGACE ES equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
AYGESTIN TAB	-	3
MEGACE ES SUSP	-	3
PROMETRIUM CAP	-	3
PROVERA TAB	-	3
progesterone oil inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	1
disulfiram tab (ANTABUSE equiv)	-	1
ANTABUSE TAB	-	2
CAMPRAL TAB	-	3
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL = 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL=1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL = 2 tab/day)	QL	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	1

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
galantamine ER cap (RAZADYNE ER equiv)	-	1
GALANTAMINE SOLN	-	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
rivastigmine patch (EXELON equiv)	-	1
EXELON SOLN	-	2
NAMENDA SOLN	-	2
NAMENDA XR CAP (QL= 1 cap/day)	QL	2
NAMZARIC CAP (Step therapy requires trial of donepezil)	ST	2
ARICEPT ODT	QL	3
ARICEPT TAB	QL	3
ARICEPT TAB 23MG	QL-ST	3
EXELON CAP	-	3
NAMENDA TAB	-	3
RAZADYNE ER CAP	-	3
RAZADYNE SOLN	-	3
RAZADYNE TAB	-	3
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1
olanzapine/ fluoxetine cap (SYMBYAX equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
LIMBITROL TAB	-	3
SYMBYAX CAP	-	3
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL = 2 tab/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv) (Only available through Xenazine Support Program 888-882-6013)	LD-PA	4
XENAZINE TAB (Only available through Xenazine Support Program 888-882-6013)	LD-PA	4
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB (QL=2 tab/day)	MSP-PA-QL	3
AUBAGIO TAB (QL=1 tab/day)	MSP-PA-QL	4
AVONEX INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	4
COPAXONE INJ 20MG/ML	MSP	4
COPAXONE INJ 40MG/ML	MSP	4
EXTAVIA INJ (Step Therapy Requires failure of 2 of the 3 products: AVONEX, REBIF, COPAXONE; Product is mandated through Acaria Specialty Pharmacy)	MSP-ST	4
GILENYA CAP (QL=1 cap/day)	MSP-PA-QL	4
PLEGRIDY INJ	MSP-PA	4
PLEGRIDY PEN INJ	MSP-PA	4
REBIF INJ (Product is mandated through Acaria Specialty Pharmacy)	MSP	4
TECFIDERA CAP	MSP	4
TECFIDERA STARTER PACK	MSP	4
BETASERON INJ	-	NC
glatopa inj 20mg/ml (COPAXONE equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
selfemra cap (SARAFEM equiv)	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL = 2 cap/day)	QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab (HYDERGINE equiv)	-	1
pimozide tab	-	1
ERGOLOID MESYLATES TAB	-	3
ORAP TAB	-	3
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
buproban SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	$0
CHANTIX PAK (Limited to 180 days/calendar year)	QL-SMKG	$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	$0
COMMIT LOZENGE	OTC-QL-SMKG	$0
NICODERM PATCH	OTC-QL-SMKG	$0
NICORETTE GUM	OTC-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
ZYBAN TAB	QL-SMKG	$0
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL=2 packets/day)	MSP-PA-QL	4
KALYDECO TAB (QL=2 tab/day)	MSP-PA-QL	4
PULMOZYME INH SOLN	MSP	4
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	4
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	4
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	1
TETRACYCLINES		
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	1
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate DR tab (DORYX equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	1

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline monohydrate tab (ADOXA equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline tab (DYNACIN equiv)	-	1
ADOXA TAB	-	3
DECLOMYCIN TAB	-	3
DORYX TAB	-	3
DOXYCYCLINE HYCLATE DR CAP	-	3
DYNACIN TAB	-	3
MINOCIN CAP	-	3
MONODOX CAP	-	3
ORAXYL CAP	-	3
TETRACYCLINE CAP	-	3
VIBRAMYCIN CAP	-	3
VIBRAMYCIN SUSP	-	3
VIBRAMYCIN SYRUP	-	3
VIBRATAB	-	3
ACTICLATE TAB	-	NC
DORYX TAB	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
NORTHYX TAB	-	2
TAPAZOLE TAB	-	3
THYROID HORMONES		
liothyronine tab (CYTOMEL equiv)	-	1
NATURE THROID/ARMOUR THYROID TAB	-	1
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	1
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
CYTOMEL TAB	-	3
TIROSINT CAP	-	3
levothyroxine tab (SYNTHROID equiv)	-	NC
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine soln (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab (ROBINUL equiv)	-	1
hyoscyamine IR/SR tab (SYMAX equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
hyoscyamine tab (LEVSIN equiv)	-	1
methscopolamine tab (PAMINE equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
DONNATAL EXTENTABS	-	2
PROPANTHELINE TAB	-	2
ANASPAZ ODT	-	3
BENTYL CAP	-	3
BENTYL SYRUP	-	3
BENTYL TAB	-	3
CANTIL TAB	-	3
LEVBID TAB	-	3
LEVSIN INJ	-	3
LEVSIN SOLN	-	3
LEVSIN TAB	-	3
LEVSIN/SL TAB	-	3
LEVSINEX CAP	-	3
PAMINE TAB	-	3
ROBINUL TAB	-	3
SYMAX DUOTAB	-	3
CUVPOSA SOLN	MSP	4
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB 1.5MG	-	NC
LIBRAX CAP	-	NC
H-2 ANTAGONISTS		
cimetidine soln (TAGAMET equiv)	-	1
cimetidine tab (TAGAMET equiv)	-	1
famotidine susp (PEPCID equiv)	-	1
famotidine tab (PEPCID equiv)	-	1
nizatidine cap (AXID equiv)	-	1
nizatidine soln (AXID equiv)	-	1
ranitidine cap (ZANTAC equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
PEPCID SUSP	-	2
AXID CAP	-	3
AXID SOLN	-	3
PEPCID TAB	-	3
TAGAMET TAB	-	3
ZANTAC CAP	-	3
ZANTAC EFFER TAB	-	3
ZANTAC GRANULE PACKET	-	3
ZANTAC SYRUP	-	3
ZANTAC TAB	-	3
MISC. ANTI-ULCER		
CARAFATE SUSP	-	1
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE TAB	-	3
PROTON PUMP INHIBITORS		

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MSP	Mandatory Specialty Pharmacy Program	NC	Not Covered	OTC	Over-the-Counter
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program		

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

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
lansoprazole DR cap 15mg (PREVACID equiv)	OTC	1
omeprazole DR cap 10mg (PRILOSEC equiv)	-	1
omeprazole DR cap 20mg (PRILOSEC equiv)	-	1
omeprazole DR cap 40mg (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
PREVACID DR CAP OTC	OTC	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
PREVACID SOLUTAB	-	2
ACIPHEX TAB	-	3
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of omeprazole or pantoprazole)	QL-ST	3
FIRST OMEPRAZOLE SUSP	-	3
LANSOPRAZOLE SUSP	-	3
PREVACID DR CAP	-	3
PROTONIX EC TAB	-	3
ACIPHEX SPRINKLE CAP	-	NC
esomeprazole cap (NEXIUM equiv)	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
NEXIUM CAP OTC	OTC	NC
NEXIUM GRANULE PACK	-	NC
OMEPRAZOLE TAB	OTC	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX PAK	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
CYTOTEC TAB	-	3
ULCER THERAPY COMBINATIONS		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	1
ZEGERID CAP OTC	OTC	1
PREVPAC KIT	-	3
PYLERA CAP	-	3
ZEGERID POWDER PACK (Covered at Tier 2 if less than 12 years old)	-	3
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
UTA cap	-	NC
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	1
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
nitrofurantoin susp (FURADANTIN equiv)	-	1
FURADANTIN SUSP	-	2
HIPREX TAB	-	3
MACROBID CAP	-	3
MACRODANTIN CAP	-	3
MANDELAMINE MANDELATE TAB 500MG	-	3
MONUROL GRANULE PACK	-	3
URINARY ANTISPASMODICS		

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DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
trospium chloride SR cap (SANCTURA XR equiv)	PA	1
trospium tab (SANCTURA equiv)	-	1
VESICARE TAB	-	2
DETROL TAB	-	3
DITROPAN XL TAB	-	3
ENABLEX TAB	PA	3
GELNIQUE	-	3
OXYTROL PATCH	PA	3
SANCTURA TAB	-	3
SANCTURA XR CAP	PA	3
TOVIAZ TAB	PA	3
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv)	-	1
DETROL LA CAP	-	3
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS (NEW)		
bethanechol tab (URECHOLINE equiv)	-	1
URECHOLINE TAB	-	3
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
VIVOTIF CAP (QL=4 caps/fill)	QL-VAC	2
VIRAL VACCINES		
FLUVIRIN INJ	VAC	NC
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
SPERMICIDES		
CONCEPTROL GEL	OTC	$0
CONTRACEPTIVE FILM	OTC	$0
CONTRACEPTIVE FOAM	OTC	$0
CONTRACEPTIVE GEL	OTC	$0
CONTRACEPTIVE SUPP	OTC	$0
TODAY SPONGE	OTC	$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	$0

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL CREAM	-	3
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
METROGEL VAGINAL GEL	-	3
MICONAZOLE 3 SUPP 200MG	-	3
TERAZOL CREAM	-	3
TERAZOL SUPP	-	3
VAGINAL ESTROGENS		
ESTRACE VAGINAL CREAM	-	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
FEMRING (3 copays per Rx)	-	3
VAGIFEM TAB (QL=8 tabs/28 days (18 tabs on first fill))	QL	3
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN INJ (QL=2 units/fill)	QL	2
EPIPEN-JR INJ (QL=2 units/fill)	QL	2
ADRENACLICK INJ (Step Therapy requires trial of EPIPEN; QL= 2 units/fill)	QL-ST	3
AUVI-Q INJ (Step Therapy requires trial of EPIPEN; QL= 2 units/fill)	QL-ST	3
EPINEPHRINE INJ (Step Therapy requires trial of EPIPEN; QL= 2 units/fill)	QL-ST	3
TWINJECT INJ (Step Therapy requires trial of EPIPEN; QL= 2 units/fill)	QL-ST	3
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
PROAMATINE TAB	-	3
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/PRENAPLUS)	-	1
PRENATAL VITAMINS (NON-PREFERRED)	-	3
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	$0
vitamin D cap (Rx covered Only)	-	1
MEPHYTON TAB	-	2
DRISDOL CAP	-	3

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VITAMINS Cont.

WATER SOLUBLE VITAMINS

DrugName	Special Code	Tier
niacin cap	OTC	1
niacin CR tab (SLO-NIACIN equiv)	OTC	1
niacin tab	OTC	1
NIACIN TR TAB	OTC	1
niacinamide tab	OTC	1
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
POTABA CAP	-	3
POTABA POWDER PACKET	-	3
SLO-NIACIN TAB	OTC	3

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Prior Authorization Drug List
Last Updated* 10/15/2015

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY DISCMELT	3
ABILIFY SOLN	3
ABSTRAL SL TAB	3
ACTEMRA SC INJ	4
ACTIQ LOZENGE	3
adapalene cream	1
adapalene gel 0.1%	1
ADAPALENE LOTION	2
ADCIRCA TAB	4
ADEMPAS TAB	4
ADIPEX CAP	3
ADIPEX TAB	3
AFINITOR DISPERZ	4
AFINITOR TAB	4
ALDURAZYME INJ	4
AMPYRA TAB	3
ANDRODERM PATCH	2
ANDROGEL 1.62% 1.25GM	2
ANDROGEL 1.62% 2.5GM	2
ANDROGEL 25MG	2
ANDROGEL 50MG	3
ANDROGEL PUMP 1%	2
ANDROGEL PUMP 1.62%	2
ANDROID/TESTRED CAP	3
aripiprazole tab	1
ARIXTRA INJ	4
AUBAGIO TAB	4
AXIRON SOLN	3
AZELEX CREAM	3
BELVIQ TAB	3
bexarotene cap	4
BOSULIF TAB	4
BRINTELLIX TAB	3
buprenorphine SL tab	1
CAPRELSA TAB	4
CEREZYME INJ	4
CIMZIA INJ	4
clobetasol foam	1
clobetasol lotion	1
clobetasol propionate cream	1
clobetasol propionate emollient cream	1
clobetasol propionate oint	1
clobetasol propionate soln	1
clobetasol shampoo	1
clobetasol spray	1

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CLOBEX LOTION	3
CLOBEX SHAMPOO	3
CLOBEX SPRAY	3
COMETRIQ KIT	4
CONTRAVE TAB	3
COSENTYX INJ	4
CRINONE GEL	2
CYSTARAN OPHTH SOLN	4
DIFFERIN CREAM	3
DIFFERIN GEL 0.1%	3
DIFFERIN GEL 0.3%	1
dronabinol cap	1
DYMISTA NASAL SPRAY	3
ENABLEX TAB	3
ENBREL INJ	4
ENBREL SURECLICK INJ	4
ENDOMETRIN INSERT	2
EPIDUO (FORTE) GEL	2
ERIVEDGE CAP	4
ESBRIET CAP	4
FABRAZYME INJ	4
FANAPT TAB	3
fentanyl citrate lollipop	1
FENTORA TAB	3
FERRIPROX TAB	4
FETZIMA CAP	3
FETZIMA TITRATION PACK	3
fondaparinux inj	4
FORTESTA GEL/ TESTOSTERONE GEL	3
GILENYA CAP	4
GILOTRIF TAB	4
GLEEVEC TAB	3
halobetasol propionate cream	1
halobetasol propionate oint	1
HARVONI TAB	4
HUMIRA INJ	4
HUMIRA PEN INJ	4
HYCAMTIN CAP	4
ICLUSIG TAB	4
IMBRUVICA CAP	4
INCIVEK TAB	4
INLYTA TAB	4
INVEGA TAB	3
INVOKAMET TAB	3
INVOKANA TAB	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
itraconazole cap	1
JAKAFI TAB	4
JENTADUETO TAB	3
KALYDECO PAK	4
KALYDECO TAB	4
KAZANO TAB	3
KINERET INJ	4
KORLYM TAB	4
KUVAN POWDER PACK	4
KUVAN TAB	4
LATUDA TAB	3
LAZANDA SPRAY	3
LETAIRIS TAB	4
LINZESS CAP	3
MARINOL CAP	3
MEKINIST TAB	4
METHITEST TAB	3
modafinil tab	1
NESINA TAB	3
NEXAVAR TAB	4
NORDITROPIN INJ	4
NUVIGIL TAB	3
OFEV CAP	4
OLUX FOAM	3
ONFI TAB	2
OPSUMIT TAB	4
ORENCIA SC INJ	4
ORFADIN CAP	4
OSENI TAB	3
OTEZLA TAB	4
OXYTROL PATCH	3
paliperidone ER tab	1
PANRETIN GEL	4
phentermine cap	1
phentermine tab	1
PLEGRIDY INJ	4
PLEGRIDY PEN INJ	4
PROGESTERONE SUPP	3
PROMACTA TAB	4
PROVIGIL TAB	3
QSYMIA CAP	3
RELISTOR INJ	4
RELISTOR INJ KIT	4
RETIN-A CREAM	3
RETIN-A GEL	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
RETIN-A MICRO GEL 0.04%, 0.1%	1
REVATIO TAB	4
REVLIMID CAP	3
RIFATER TAB	3
RITUXAN INJ	4
SANCTURA XR CAP	3
SAPHRIS SL TAB	3
SIGNIFOR INJ	4
sildenafil tab	1
SIMPONI INJ	4
SKLICE LOTION	3
SOVALDI TAB	4
SPORANOX CAP	3
SPORANOX SOLN	3
SPRYCEL TAB	3
STELARA INJ	4
STIVARGA TAB	4
SUTENT CAP	4
SYLATRON INJ	4
TAFINLAR CAP	4
TARCEVA TAB	4
TARGRETIN CAP	4
TASIGNA CAP	4
TEMOVATE CREAM	3
TEMOVATE OINT	3
TEMOVATE SOLN	3
TESTIM GEL/ TESTOSTERONE GEL	3
testosterone gel 50mg	1
tetrabenazine tab	4
THALOMID CAP	4
TOVIAZ TAB	3
TRACLEER TAB	4
TRADJENTA TAB	3
TRECATOR TAB	3
tretinoin cream	1
tretinoin gel	1
TRETIN-X CREAM	3
trospium chloride SR cap	1
TRUVADA TAB	4
TYKERB TAB	4
TYVASO INH SOLN	4
TYZEKA TAB	4
UCERIS RECTAL FOAM	3
UCERIS TAB	3
ULTRAVATE CREAM	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ULTRAVATE OINT	3
VALCHLOR GEL	4
VENTAVIS INH SOLN	4
VICTRELIS CAP	4
VOTRIENT TAB	4
XALKORI CAP	4
XELJANZ TAB	4
XENAZINE TAB	4
XTANDI CAP	4
XYREM SOLN	4
ZELBORAF TAB	4
ZOLINZA CAP	4
ZORTRESS TAB	4
ZYDELIG TAB	4
ZYTIGA TAB	3

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

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK NANO SMARTVIEW METER
ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	AEROCHAMBER	ALCOHOL SWABS
ANTIVERT TAB	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	BONINE CHEW TAB	brompheniramine/pseudoephedrine tab	BROVEX PSE TAB
CALIBRATION LIQUID	CLINISTIX TEST STRIP	COMMIT LOZENGE	CONCEPTROL GEL
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
FEMALE CONDOMS	ferrous sulfate elixir	FERROUS SULFATE LIQUID	ferrous sulfate soln
FERROUS SULFATE SYRUP	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER
FREESTYLE INSULIN SYRINGE	FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER
FREESTYLE TEST STRIP	guaifenesin/codeine soln	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 STRIP	KETOSTIX
ketotifen ophth soln	LANCET DEVICE	LANCET KIT	LANCETS
lansoprazole DR cap 15mg	levonorgestrel tab	meclizine chew tab	meclizine tab
NASACORT NASAL SPRAY (OTC)	niacin cap	niacin CR tab	niacin tab
NIACIN TR TAB	niacinamide tab	NICODERM PATCH	NICORETTE GUM
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NOVOFINE PEN NEEDLE	NOVOLIN INJ	NOVOTWIST PEN NEEDLE	PEAK FLOW METER
PEN NEEDLE	PLAN B TAB	PRECISION INSULIN SYRINGE	PRECISION XTRA METER
PRECISION XTRA TEST STRIP	PREVACID DR CAP OTC	pseudoephedrine/brompheniramine/codeine liquid	RELION R INJ
SLO-NIACIN TAB	TODAY SPONGE	vcf vaginal gel	vitamin D cap 1000unit
vitamin D cap 400unit	VITAMIN D TAB 400UNIT	ZEGERID CAP OTC	

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

Mandatory Specialty Pharmacy (MSP) Medications

ACTEMRA SC INJ	ACTIMMUNE INJ	ADCIRCA TAB	ADEMPAS TAB
AFINITOR DISPERZ	AFINITOR TAB	ALDURAZYME INJ	ALFERON-N INJ
AMPYRA TAB	APOKYN INJ	ARANESP INJ	AUBAGIO TAB
AVONEX INJ	BARACLUDE TAB	bexarotene cap	BOSULIF TAB
CALCIJEX INJ	calcitriol inj	capecitabine tab	CAPRELSA TAB
CAYSTON INH SOLN	CEREZYME INJ	CIMZIA INJ	COMETRIQ KIT
COPAXONE INJ 20MG/ML	COPAXONE INJ 40MG/ML	COPEGUS TAB	COSENTYX INJ
CUVPOSA SOLN	CYKLOKAPRON INJ	CYSTARAN OPHTH SOLN	doxercalciferol cap
ENBREL INJ	ENBREL SURECLICK INJ	entecavir tab	EPOGEN INJ
ERIVEDGE CAP	ESBRIET CAP	etoposide cap	EXJADE TAB
EXTAVIA INJ	FABRAZYME INJ	FERRIPROX TAB	FORTEO INJ
GILENYA CAP	GILOTRIF TAB	GLEEVEC TAB	GRANIX INJ
HARVONI TAB	HECTOROL CAP	HEXALEN CAP	HIZENTRA INJ
HUMIRA INJ	HUMIRA PEN INJ	HYCAMTIN CAP	ICLUSIG TAB
IMBRUVICA CAP	INCIVEK TAB	INCRELEX INJ	INFERGEN INJ
INLYTA TAB	INTRON-A INJ	IRESSA TAB	JADENU TAB
JAKAFI TAB	KALYDECO PAK	KALYDECO TAB	KINERET INJ
KORLYM TAB	KUVAN POWDER PACK	KUVAN TAB	LEUKERAN TAB
LEUKINE INJ	leuprolide inj	LUPRON DEPOT INJ	LUPRON DEPOT PED INJ
LUPRON DEPOT-PED INJ	LUPRON INJ KIT	LYSODREN TAB	MEKINIST TAB
MESNEX TAB	MIACALCIN INJ	NEBUPENT NEB SOLN	NEULASTA INJ
NEUMEGA INJ	NEUPOGEN INJ	NEXAVAR TAB	NORDITROPIN INJ
octreotide inj	OFEV CAP	OPSUMIT TAB	ORENCIA SC INJ
ORFADIN CAP	OTEZLA TAB	paricalcitol cap	PEGASYS INJ
PEGASYS INJ KIT	PEG-INTRON INJ	PLEGRIDY INJ	PLEGRIDY PEN INJ
PROCRIT INJ	PROLEUKIN INJ	PROMACTA TAB	PULMOZYME INH SOLN
REBETOL CAP	REBETOL SOLN	REBIF INJ	RELISTOR INJ
RELISTOR INJ KIT	REVLIMID CAP	ribasphere cap	RIBATAB
ribavirin tab	RISPERDAL CONSTA INJ	RITUXAN INJ	SABRIL POWDER PACK
SABRIL TAB	SANDOSTATIN INJ	SENSIPAR TAB	SIGNIFOR INJ
SIMPONI INJ	SOMAVERT INJ	SOVALDI TAB	SPRYCEL TAB
STELARA INJ	STIVARGA TAB	SUTENT CAP	SYLATRON INJ
SYNAREL NASAL SOLN	TAFINLAR CAP	TARCEVA TAB	TARGRETIN CAP
TARGRETIN GEL	TASIGNA CAP	TECFIDERA CAP	TECFIDERA STARTER PACK
TEMODAR CAP	temozolomide cap	tetrabenazine tab	THALOMID CAP
TOBI NEB SOLN	TOBI PODHALER	tobramycin neb soln	tranexamic acid inj
TRELSTAR INJ	tretinoin cap	TYKERB TAB	TYVASO INH SOLN
VALCHLOR GEL	VENTAVIS INH SOLN	VICTRELIS CAP	VOTRIENT TAB
XALKORI CAP	XELJANZ TAB	XELODA TAB	XENAZINE TAB
XTANDI CAP	XYREM SOLN	ZELBORAF TAB	ZEMPLAR CAP

ZOLINZA CAP ZORTRESS TAB ZYDELIG TAB ZYTIGA TAB

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ADRENACLICK INJ	Step Therapy requires trial of EPIPEN; QL= 2 units/fill
AMITIZA CAP	
APIDRA INJ	Step Therapy requires trial of NOVOLOG
APIDRA SOLOSTAR INJ	Step Therapy requires trial of NOVOLOG
ARANESP INJ	Step Therapy requires trial of PROCRIT; Product is mandated through Acaria Specialty Pharmacy.
ARICEPT TAB 23MG	
ATELVIA TAB	Step Therapy requires trial of alendronate
AUVI-Q INJ	Step Therapy requires trial of EPIPEN; QL= 2 units/fill
BECONASE AQ NASAL SPRAY	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
BESIVANCE OPHTH SUSP	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
budesonide nasal spray	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
DESVENLAFAXINE ER TAB	Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of omeprazole or pantoprazole
DIFICID TAB	QL= 20 tab/fill; Step Therapy requires trial of vancomycin
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EPINEPHRINE INJ	Step Therapy requires trial of EPIPEN; QL= 2 units/fill
EXTAVIA INJ	Step Therapy Requires failure of 2 of the 3 products: AVONEX, REBIF, COPAXONE; Product is mandated through Acaria Specialty Pharmacy
fluvoxamine ER cap	Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
gatifloxacin ophth soln	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
HUMALOG INJ	Step Therapy requires trial of NOVOLOG
HUMALOG KWIKPEN INJ	Step Therapy requires trial of NOVOLOG
HUMALOG MIX INJ	Step Therapy requires trial of NOVOLOG
HUMALOG MIX KWIKPEN INJ	Step Therapy requires trial of NOVOLOG
HUMALOG PEN INJ	Step Therapy requires trial of NOVOLOG
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
ibandronate tab 150mg	QL= 1 tab/month; Step Therapy requires trial of alendronate
INTUNIV TAB	
KHEDEZLA ER TAB	Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
LUVOX CR CAP	
MAXAIR AUTOHALER	Step Therapy requires trial of Ventolin
METROGEL 1%	Step Therapy requires trial of FINACEA
NAMZARIC CAP	Step therapy requires trial of donepezil
nevirapine ER tab	Step Therapy requires trial of nevirapine
NORITATE CREAM	Step Therapy requires trial of FINACEA
OMNARIS NASAL SPRAY	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
PANCREAZE CAP	Step therapy requires trial of CREON
PEGASYS INJ	Step Therapy requires trial of PEG-INTRON
PEGASYS INJ KIT	Step Therapy requires trial of PEG-INTRON
PENTASA CAP	Step Therapy requires trial of ASACOL (HD), LIALDA or DELZICOL
PERTZYE CAP	Step Therapy requires trial of CREON
PEXEVA TAB	Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
PRISTIQ TAB	Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
QNASL NASAL SPRAY	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
RELION R INJ	Step Therapy requires trial of NOVOLIN
RHINOCORT AQUA NASAL SPRAY	
risedronate DR tab	Step Therapy requires trial of alendronate
RYTARY CAP	Step Therapy requires trial of carbidopa/levodopa ER tab.
simvastatin tab 80mg	
TWINJECT INJ	Step Therapy requires trial of EPIPEN; QL= 2 units/fill
ULORIC TAB	Step Therapy requires failure of allopurinol.
ULTRESA CAP	Step Therapy requires trial of CREON
VANCOCIN CAP	
vancomycin cap	QL= 56 caps/ fill; Step Therapy requires trial of vancomycin soln
VIRAMUNE XR TAB	
XOPENEX HFA INHALER	QL=2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
ZENPEP CAP	Step Therapy requires trial of CREON
ZETONNA NASAL SPRAY	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
ZIOPTAN OPHTH SOLN	QL=30 vials/30 days; Step Therapy requires trial of latanoprost
ZOCOR TAB 80MG	
ZYMAXID OPHTH SOLN	

L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Smoking Cessation Agents
Last Updated* 10/15/2015

Drug Name	Tier # for Drug Copay
buproban SR tab(Limited to 180 days/plan year)	$0
CHANTIX PAK(Limited to 180 days/calendar year)	$0
CHANTIX TAB(Limited to 180 days/plan year)	$0
COMMIT LOZENGE	$0
NICODERM PATCH	$0
NICORETTE GUM	$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
ZYBAN TAB	$0

L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Infertility Drug List
Last Updated* 10/15/2015

Drug Name	Tier # for Drug Copay
leuprolide inj	4
LUPRON DEPOT INJ	4
LUPRON DEPOT PED INJ	4
LUPRON DEPOT-PED INJ	4
LUPRON INJ KIT	4
TRELSTAR INJ	4

L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Last Updated* 10/15/2015
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL = 2 tab/day
ABSTRAL SL TAB	QL = 120 tab/30 days
ACTEMRA SC INJ	QL=2 inj/28 days
ACTIQ LOZENGE	
ADEMPAS TAB	QL = 3 tab/day; Only available through Accredo 888-773-7376
ADIPEX CAP	
ADIPEX TAB	
ADRENACLICK INJ	Step Therapy requires trial of EPIPEN; QL= 2 units/fill
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
almotriptan tab	QL= 9 tabs/fill; 2 fills/30 days
ALSUMA INJ	QL= 4 inj/fill, 2 fills/30 days
AMBIEN TAB 10MG	
AMBIEN TAB 5MG	
AMERGE TAB	
AMPYRA TAB	QL=2 tab/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 25MG	QL = 1 packet/day
ANDROGEL 50MG	QL = 2 packets/day
ANDROGEL PUMP 1%	QL= 4 bottles/30 days
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ANZEMET TAB	QL= Retail 9 tabs/fill; Mail Order 27 tabs/fill
ARICEPT ODT	
ARICEPT TAB	
ARICEPT TAB 23MG	
aripiprazole tab	QL = 2 tab/day
AUBAGIO TAB	QL=1 tab/day
AUVI-Q INJ	Step Therapy requires trial of EPIPEN; QL= 2 units/fill
AVINZA CAP	
AXERT TAB	QL= 9 tabs/fill; 2 fills/30 days
AXIRON SOLN	QL = 2 bottle/30 days
BARACLUDE TAB	
BECONASE AQ NASAL SPRAY	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
BELVIQ TAB	QL=2 tab/day
BRINTELLIX TAB	QL=1 tab/day
budesonide nasal spray	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
buprenorphine SL tab	QL = 21 tab/7 day
buproban SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH	QL = 4 patch/28 day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BYDUREON INJ	QL = 4 inj/28 day
BYDUREON PEN INJ	QL = 4 inj/28 day
CAVERJECT INJ	QL=6 inj/30 days
CELEBREX CAP	
celecoxib cap	QL = 2 cap/day
CHANTIX PAK	Limited to 180 days/calendar year
CHANTIX TAB	Limited to 180 days/plan year
CIALIS TAB	QL=6 tabs/30 days
CIALIS TAB 2.5MG, 5MG	QL=6 tabs/30 days
CIMZIA INJ	QL=2 syringes/28 days
COMMIT LOZENGE	
CONTRAVE TAB	QL=4 tabs/day
CRESTOR TAB	QL=1 tab/day
CRESTOR TAB 20MG	QL=1.5 tab/day
CYSTARAN OPHTH SOLN	QL=4 bottles/30 days
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of omeprazole or pantoprazole
DIFICID TAB	QL= 20 tab/fill; Step Therapy requires trial of vancomycin
donepezil ODT	QL=1 tab/day
donepezil tab	QL = 2 tab/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
duloxetine EC cap	QL = 2 cap/day
EDEX INJ	QL=6 inj/30 days
EMEND CAP	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
EMEND PAK	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
ENBREL INJ	QL=4 syringes/28 days
ENBREL SURECLICK INJ	QL=4 syringes/28 days
enoxaparin inj	QL = 17 days supply
entecavir tab	QL=1 tab/day
EPINEPHRINE INJ	Step Therapy requires trial of EPIPEN; QL= 2 units/fill
EPIPEN INJ	QL=2 units/fill
EPIPEN-JR INJ	QL=2 units/fill
ESBRIET CAP	QL= 9 caps/day
eszopiclone tab	QL=1 tab/day
FARXIGA TAB	QL = 1 tab/day
fentanyl citrate lollipop	QL = 120 unit/30 days
FENTORA TAB	QL = 120 unit/30 days
FETZIMA CAP	QL= 1 cap/day
FETZIMA TITRATION PACK	QL= 1 cap/day
FLECTOR PATCH	QL = 30 patch/fill
FLONASE NASAL SPRAY	
FLUNISOLIDE NASAL SOLN	
flunisolide nasal spray	QL = 2 bottle/fill
fluticasone nasal spray	QL = 2 bottle/fill
FORTESTA GEL/ TESTOSTERONE GEL	QL = 2 bottle/30 days
FROVA TAB	QL= 9 tabs/fill, 2 fills/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
GILENYA CAP	QL=1 cap/day
GILOTRIF TAB	QL= 1 tab/day, Only available through Accredo 888-773-7376
GLEEVEC TAB	QL = 3 tab/day
granisetron tab	QL= 9 tab/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL=240ml/dispensing
HARVONI TAB	QL=1 tab/day
HUMIRA INJ	QL=2 inj/28 days
HUMIRA PEN INJ	QL= 2 inj/28 days;
hydrocodone/chlorpheniramine CR susp	QL = 120ml/fill; 2 fill/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL = 4 oz/Rx; 2 fills/month
HYSINGLA ER TAB	QL = 1 tab/day
ibandronate tab 150mg	QL= 1 tab/month; Step Therapy requires trial of alendronate
IMBRUVICA CAP	QL = 4 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMITREX INJ	
IMITREX TAB	
IMITREX VIAL INJ	QL=5 injs/fill, 2 fills/30 days
INLYTA TAB	QL = 8 tab/day
INVOKAMET TAB	QL = 2 tab/day
INVOKANA TAB	QL=1 tab/day
JAKAFI TAB	QL=2 tab/day
JANUVIA TAB	QL = 1 tab/day
JARDIANCE TAB	QL=1 tab/day
JENTADUETO TAB	QL = 2 tab/day
KALYDECO PAK	QL=2 packets/day
KALYDECO TAB	QL=2 tab/day
KAZANO TAB	QL = 2 tab/day
ketorolac tab	QL= 5 days treatment (20 tabs/5 days)
KINERET INJ	QL=28 inj/28 days
KYTRIL TAB	
LASTACAFT OPHTH SOLN	QL=3ml/30 days
latanoprost ophth soln	QL= 2.5ml/ 30 days
LATUDA TAB	QL=1 tab/day
LAZANDA SPRAY	QL=15 bottles/30 days
LETAIRIS TAB	QL = 1 tab/day
LEVITRA TAB	QL=6 tabs/30 days
lidocaine patch	QL = 3 patches/day
LIDODERM PATCH	
LINZESS CAP	QL = 1 cap/day
LOVENOX INJ	
LUMIGAN OPHTH SOLN	QL= 2.5ml/ 30 days
LUNESTA TAB	
malathion lotion	QL=2 bottle/fill
MAXALT MLT TAB	

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MAXALT TAB	
METHERGINE TAB	
methylergonovine tab	QL = 28 tab/fill; 1 fill/365 days
MIGRANAL/ DIHYDROERGOTAMINE SPRAY	QL= 8 units/fill, 2 fills/30 days
modafinil tab	QL = 2 tab/day
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MOVIPREP SOLN	QL = 1 bottle/fill
MUSE SUPP	QL=6 inj/30 days
NAMENDA XR CAP	QL= 1 cap/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT AQ NASAL SPRAY	
NASACORT NASAL SPRAY (OTC)	QL = 2 bottle/fill
NASONEX NASAL SPRAY	QL = 2 bottle/fill
NATROBA SUSP	QL = 1 bottle/fill
NESINA TAB	QL = 1 tab/day
NICODERM PATCH	
NICORETTE GUM	
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 tab/day
NUEDEXTA CAP	QL = 2 cap/day
NUVIGIL TAB	QL = 1 tab/day
OFEV CAP	QL= 2 caps/day
OMNARIS NASAL SPRAY	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
ONGLYZA TAB	QL = 1 tab/day
OPSUMIT TAB	QL= 1 tab/day, Only available through Walgreens 888-347-3416
ORENCIA SC INJ	QL=4 inj/28 days
OSENI TAB	QL = 1 tab/day
OTEZLA TAB	QL=2 tab/day
OVIDE LOTION	
OXYCONTIN CR TAB	QL = 120 tab/30 days
PATADAY OPHTH SOLN	QL = 2.5ml/30 days
peg 3350/electrolytes soln	Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
phentermine cap	QL=1 cap/day
phentermine tab	QL=1 tab/day
PICATO GEL	QL=1 box/fill
POTIGA TAB	QL = 3 tab/day
POTIGA TAB 50MG	

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PROVIGIL TAB	
QNASL NASAL SPRAY	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
QSYMIA CAP	QL=1 cap/day
REGRANEX GEL	QL = 2 - 15gm tubes/fill
RELENZA DISKHALER	QL= 20 units/fill
RELPAX TAB	QL= 9 tabs/fill, 2 fills/30 days
REVLIMID CAP	QL=1 cap/day
RHINOCORT AQUA NASAL SPRAY	
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 day
rizatriptan tab	QL =12 tabs/fill, 3 fills/60 day
ROZEREM TAB	QL = 1 tab/day
SANCUSO PATCH	QL= 4 patch/fill
SAPHRIS SL TAB	QL = 2 tab/day
SAVELLA TAB	QL = 2 tab/day
SIGNIFOR INJ	QL = 2 vials/day; Only available through Accredo 888-773-7376
SIMPONI INJ	QL=1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/ fill
SOVALDI TAB	QL=1 tab/day
SPINOSAD SUSP	QL = 1 bottle/fill
STAXYN ODT	QL=6 tabs/30 days
STELARA INJ	QL=1 syringe/84 days
STENDRA TAB	QL = 6 tab/30 days
STIVARGA TAB	QL = 4 tab/day
STRIBILD TAB	QL = 1 tab/ day
STRIVERDI RESPIMAT INHALER	QL = 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL=5 injs/fill, 2 fills/30 days
SUMATRIPTAN/ IMITREX NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
SUMAVEL DOSEPRO INJ	QL= 6 inj/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
TAFINLAR CAP	QL = 4 cap/day
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	
TAMIFLU SUSP 6MG/ML	QL= 250ml/fill
TESTIM GEL/ TESTOSTERONE GEL	QL=2 packets/day
testosterone gel 50mg	QL= 2 packets/day
TIVICAY TAB	QL = 2 tab/day
TRACLEER TAB	QL= 2 tabs/day
TRADJENTA TAB	QL = 1 tab/day
TRAVATAN (Z) OPHTH SOLN	QL = 5ml/30 days
triamcinolone nasal spray	QL = 2 bottle/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
trilyte soln	Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
TRIUMEQ TAB	QL = 1 tab/day
TUSSICAPS	QL = 20 caps/fill; 2 fills/30 days
TUSSIONEX SUSP	
TUSSI-ORGANI SYRUP	QL=240ml/per dispensing
TWINJECT INJ	Step Therapy requires trial of EPIPEN; QL= 2 units/fill
UCERIS TAB	QL= 1 tab/day
ULESFIA LOTION	QL=4 bottle/fill
VAGIFEM TAB	QL=8 tabs/28 days (18 tabs on first fill)
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
VANCOCIN CAP	
vancomycin cap	QL= 56 caps/ fill; Step Therapy requires trial of vancomycin soln
VENTOLIN HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
VERAMYST NASAL SPRAY	QL = 2 bottle/fill
V-GO INJ KIT	QL=1 KIT/DAY
VIAGRA TAB	QL=6 tabs/30 days
VICTOZA INJ	QL= 9 ml/30 days
VIMPAT TAB	QL = 2 tab/day
VIVOTIF CAP	QL=4 caps/fill
VOLTAREN GEL	QL= 5 tubes/fill
VYTORIN TAB	QL = 1 tab/day (10/80mg is Not Covered)
XALATAN OPHTH SOLN	
XELJANZ TAB	QL=2 tab/day
XIFAXAN TAB 200MG	QL=Max 3 tabs/day for 3 days
XIFAXAN TAB 550MG	QL = 2 tab/day
XIGDUO XR TAB	QL = 1 tab/day
XIGDUO XR TAB 5-1000MG	QL = 2 tab/day
XOPENEX HFA INHALER	QL=2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
XTANDI CAP	QL = 4 cap/day
XYREM SOLN	QL = 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZETIA TAB	QL = 1 tab/day
ZETONNA NASAL SPRAY	QL=2 bottle/fill; Step Therapy requires trial of 2: fluticasone, flunisolide, VERAMYST, or NASONEX
ZIOPTAN OPHTH SOLN	QL=30 vials/30 days; Step Therapy requires trial of latanoprost
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem tab 10mg	Male QL = 1 tab/day; Female QL = 0.5 tab/day
zolpidem tab 5mg	QL = 1 tab/day
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOMIG TAB	
ZOMIG ZMT	
ZUTRIPRO LIQUID	
ZYBAN TAB	
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)