

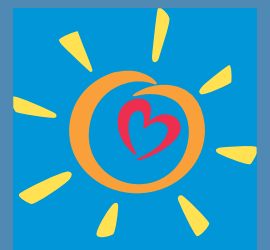


L.A. Care  
**PASC-SEIU**  
Formulary

[www.lacare.org](http://www.lacare.org)

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Last Updated: 3/1/2018



**L.A. Care**  
HEALTH PLAN®

# L.A. Care PASC-SEIU Formulary

## INTRODUCTION

### Foreword

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

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

### How to Use the Formulary

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

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

### Generic and Brand Name Medications

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

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

### Non-Formulary Medications

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

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

### Benefit Coverage and Limitations

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

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

## Restrictions on Medication Coverage

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

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

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

## Medication Request Process

### Formulary Agents

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

### Non-Formulary Agents

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

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

## General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

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

## Pharmacist and Physician Feedback

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

**Search Tip:**

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
8-MOP CAP	KMSP	F	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	F	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	F	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	F	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	F	ANTIVIRALS
ABILIFY DISCMELT	-	NC	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
ABILIFY SOLN	-	NC	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB	-	NC	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ACANYA GEL, ONEXTON GEL	-	NC	DERMATOLOGICALS
acarbose tab (PRECOSE equiv)	-	F	ANTIDIABETICS
ACCOLATE TAB	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ACCU-CHECK GUIDE CARE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ACCUNEB NEB SOLN	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
acebutolol cap (SECTRAL equiv)	-	F	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	F	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	F	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	F	ANALGESICS - OPIOID
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	NC	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F	DIURETICS
acetazolamide tab	-	F	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	F	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	F	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	F	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	KMSP	F	DERMATOLOGICALS
ACTEMRA SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	F	ANTINEOPLASTICS
ACTIQ LOZENGE	-	NC	ANALGESICS - OPIOID
ACTIVELLA TAB	-	NC	ESTROGENS

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

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

**L.A. Care PASC-SEIU Homecare Workers Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ACTOPLUS MET XR TAB	-	NC	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	F	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	F	ANTIVIRALS
ACZONE GEL 7.5%	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADCIRCA TAB	LMSP-PA	F	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	KMSP	F	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADVAIR DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
AEROCHAMBER	OTC	F	MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AGGRENOX CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
ALAMAST OPHTH SOLN	-	F	OPHTHALMIC AGENTS
ALBENZA TAB	-	NC	ANTHELMINTICS

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
albuterol neb soln 0.083% (PROVENTIL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	F	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	F	DERMATOLOGICALS
ALCOHOL SWABS	OTC	F	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	KMSP	F	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	F	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	F	ANTI-INFECTIVE AGENTS - MISC.
ALKERAN TAB	KMSP	F	ANTINEOPLASTICS
allopurinol tab (ZYLOPRIM equiv)	-	F	GOUT AGENTS
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	F	OPHTHALMIC AGENTS
ALOGLIPTIN TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	NC	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	F	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	NC	ANTI-ANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	NC	ANTI-ANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	F	ANTI-ANXIETY AGENTS
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	F	OPHTHALMIC AGENTS

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VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
aluminum chloride soln (DRYSOL equiv)	-	F	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	F	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	F	ANTIPARKINSON AGENTS
amantadine tab	-	F	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	NC	DERMATOLOGICALS
AMCINONIDE OINT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	F	HEMOSTATICS
AMICAR SYRUP	-	NC	HEMOSTATICS
AMICAR TAB	-	F	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	F	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	F	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	F	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	F	HEMOSTATICS
AMINOCAPROIC ACID TAB	-	NC	HEMOSTATICS
aminophylline tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	F	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	F	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	F	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	F	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	F	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	F	DERMATOLOGICALS
AMOXAPINE TAB	-	F	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	F	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	F	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	F	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	F	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	F	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F	PENICILLINS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	NC	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F	PENICILLINS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	F	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	F	PENICILLINS
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMTURNIDE TAB	-	NC	ANTIHYPERTENSIVES
ANAFRANIL CAP	-	NC	ANTIDEPRESSANTS
anagrelide cap (AGRYLIN equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	NC	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROID CAP, TESTRED CAP	-	NC	ANDROGENS-ANABOLIC
ANDROXY TAB	-	F	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANORO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANZEMET TAB	-	NC	ANTIEMETICS
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	F	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	F	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	F	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP	-	F	GASTROINTESTINAL AGENTS - MISC.
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	F	ANTIVIRALS
APTIVUS SOLN	-	F	ANTIVIRALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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aripiprazole tab (ABILIFY equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	F	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARTHROTEC TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	F	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	-	F	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	F	ANTIVIRALS
ATELVIA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	F	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	F	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	F	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	F	ANTIMALARIALS
ATRIPLA TAB (QL= 1 tab/day)	QL	F	ANTIVIRALS
atropine ophth oint	-	F	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN XR TAB	-	NC	PENICILLINS

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AURYXIA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ, EPIPEN (JR) INJ	-	NC	VASOPRESSORS
AVANDAMET TAB	-	F	ANTIDIABETICS
AVANDARYL TAB	-	F	ANTIDIABETICS
AVANDIA TAB	-	F	ANTIDIABETICS
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	F	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	F	VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVINZA CAP	-	NC	ANALGESICS - OPIOID
AVONEX INJ	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AXID SOLN	-	NC	ULCER DRUGS
AZASAN TAB	-	NC	ASSORTED CLASSES
AZASITE SOLN	-	F	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	F	ASSORTED CLASSES
azelastine nasal spray (ASTELIN, ASTEPRO equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	F	OPHTHALMIC AGENTS
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZILECT TAB	-	NC	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	F	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	F	MACROLIDES
AZOPT OPHTH SUSP	-	F	OPHTHALMIC AGENTS
AZOR TAB	-	NC	ANTIHYPERTENSIVES
BACITRACIN OPHTH OINT	-	F	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	F	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen tab	-	F	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN NASAL OINT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
balsalazide cap (COLAZAL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	-	F	ANTICONVULSANTS
BANZEL TAB	-	F	ANTICONVULSANTS
BASAGLAR INJ	-	F	ANTIDIABETICS
BAXDELA TAB	-	NC	FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	F	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	F	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS

INF	NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
LMSP	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program	LD	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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	Vaccine Program				

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BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benazepril tab (LOTENSIN equiv)	-	F	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENICAR TAB	-	NC	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
BENLYSTA INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZACLIN GEL	-	NC	DERMATOLOGICALS
BENZAMYCIN GEL	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	-	NC	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	F	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benztropine tab	-	F	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F	DERMATOLOGICALS
betamethasone augmented gel	-	F	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	F	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate lotion	-	F	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	F	DERMATOLOGICALS
betamethasone valerate cream	-	F	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	F	DERMATOLOGICALS
betamethasone valerate oint	-	F	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	F	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	F	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	F	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	\$0	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
BIAXIN XL TAB	-	NC	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIKTARVY TAB	-	NC	ANTIVIRALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BILTRICIDE TAB	-	F	ANTHELMINTICS
BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
bisoprolol tab (ZEBETA equiv)	-	F	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	NC	OPHTHALMIC AGENTS
BOSULIF TAB	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln (ALPHAGAN P equiv)	-	F	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONSULTANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONSULTANTS
BRIVIACT TAB	-	NC	ANTICONSULTANTS
bromfenac ophth soln (BROMDAY equiv)	-	F	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	F	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BROVANA NEB SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide inh susp (PULMICORT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine)	ST	F	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	F	DIURETICS
BUNAVAIL SL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPRENORPHINE PATCH, BUTRANS PATCH	-	NC	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	F	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	F	ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	F	ANTIAXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC	ANTIAXIETY AGENTS
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
BUTISOL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	F	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	F	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	F	ANTIDIABETICS

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BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	F	ANTIDIABETICS
BYETTA INJ	-	NC	ANTIDIABETICS
BYSTOLIC TAB	-	F	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
CAFERGOT TAB	-	NC	MIGRAINE PRODUCTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	F	DERMATOLOGICALS
calcipotriene oint	-	F	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	F	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	LMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	LMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	F	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CALQUENCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
CANASA SUPP	-	F	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	NC	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CANTIL TAB	-	NC	ULCER DRUGS
capecitabine tab (XELODA equiv)	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	NC	ANALGESICS - OPIOID
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	F	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	F	ULCER DRUGS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS

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carbamazepine ER cap (CARBATROL equiv)	-	F	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	F	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	F	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	F	ANTIPARKINSON AGENTS
carbinoxamine soln (PALGIC equiv)	-	NC	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	NC	ANTIHISTAMINES
CARDENE SR CAP	-	NC	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv) (QL=120 tabs/30 days)	QL	F	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CAROSPIR SUSP	-	NC	DIURETICS
carteolol ophth soln (OCUPRESS equiv)	-	F	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	F	BETA BLOCKERS
CAVERJECT INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	NC	CEPHALOSPORINS
CEDAX SUSP	-	NC	CEPHALOSPORINS
CEENU CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	NC	CEPHALOSPORINS
CEFACLOR ER TAB	-	NC	CEPHALOSPORINS
CEFACLOR SUSP	-	NC	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	F	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	F	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	F	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	F	CEPHALOSPORINS
CEFDITOREN TAB	-	NC	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	NC	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	NC	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	NC	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	F	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	F	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	F	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	F	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	F	ANTICONVULSANTS
CENESTIN TAB	-	NC	ESTROGENS
CENTANY OINT	-	NC	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	F	CEPHALOSPORINS

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

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cephalexin susp (KEFLEX equiv)	-	F	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CERDELGA CAP	MSP-PA	F	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	NC	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
cetirizine cap (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine chew tab (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine syrup (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	F	COUGH/COLD/ALLERGY
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 168 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 168 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	F	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	F	ANTIANKXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	F	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	F	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	F	DIURETICS
chlorpheniramine ER cap	-	F	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	F	ANTIDIABETICS
CHLORTHALIDONE TAB	-	F	DIURETICS
CHLORZOXAZONE TAB	-	F	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	F	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	F	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	F	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	F	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	F	ANALGESICS - NONNARCOTIC
CIALIS TAB (QL= 6 tabs/30 days)	QL	F	CARDIOVASCULAR AGENTS - MISC.
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	F	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	F	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	F	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	F	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
CIMETIDINE SOLN	-	F	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	F	ULCER DRUGS
CIMZIA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.

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

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CIPRO HC OTIC SUSP	-	NC	OTIC AGENTS
CIPRO SUSP 5%	-	NC	FLUOROQUINOLONES
CIPRO XR TAB	-	NC	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	F	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	NC	FLUOROQUINOLONES
ciprofloxacin ER tab (CIPRO XR equiv)	-	NC	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	F	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	F	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	F	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	F	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	F	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	F	ANTIDEPRESSANTS
CLARIFOAM EF FOAM	-	NC	DERMATOLOGICALS
CLARINEX REDITAB	-	NC	ANTIHISTAMINES
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX TAB	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
CLARITHROMYCIN SUSP	-	F	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	NC	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	F	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	F	MACROLIDES
CLARITIN CAP	OTC	NC	ANTIHISTAMINES
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL SUPP	-	NC	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	F	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	F	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	F	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	NC	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	NC	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	NC	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	F	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	PA	F	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	NC	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	NC	DERMATOLOGICALS

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VAC	Vaccine Program				

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CLOBEX SHAMPOO	-	NC	DERMATOLOGICALS
CLOBEX SPRAY	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM, CLODERM CREAM	-	NC	DERMATOLOGICALS
clonazepam ODT (KLONOPIN equiv)	-	NC	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	F	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	F	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	F	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	F	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	F	DERMATOLOGICALS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	F	ANTIpsychOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	F	ANTIpsychOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	F	ANTIpsychOTICS/ANTIMANIC AGENTS
CODEINE SULFATE SOLN	-	NC	ANALGESICS - OPIOID
codeine sulfate tab	-	F	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
COLCHICINE TAB	PA	F	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	F	GOUT AGENTS
COLESTID GRANULE	-	NC	ANTIHYPERLIPIDEMICS
COLESTID POWDER PACK	-	NC	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	NC	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	NC	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	F	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	F	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	F	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB (QL= 1 tab/day)	QL	F	ANTIVIRALS
CONDYLOX GEL	-	NC	DERMATOLOGICALS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRAIVE TAB (QL= 4 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CORDRAN CREAM	-	NC	DERMATOLOGICALS
CORDRAN LOTION	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
CORTANE-B AQUEOUS OTIC SOLN	-	NC	OTIC AGENTS

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CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	F	CORTICOSTEROIDS
CORTIFOAM	-	NC	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	F	CORTICOSTEROIDS
CORTISPORIN CREAM	-	NC	DERMATOLOGICALS
CORTISPORIN OINT	-	NC	DERMATOLOGICALS
CORZIDE TAB	-	NC	ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	F	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	F	DERMATOLOGICALS
COSOPT PF OPHTH SOLN	-	F	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COVERA-HS TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CREON CAP	-	F	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG	-	NC	ANTIHYPERLIPIDEMICS
CRINONE GEL	PA	F	VAGINAL PRODUCTS
CRIVAN CAP	MSP	F	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	F	OPHTHALMIC AGENTS
cryselle tab (OGESTREL equiv)	-	\$0	CONTRACEPTIVES
CUPRIMINE CAP	-	NC	ASSORTED CLASSES
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVPOSA SOLN	-	NC	ULCER DRUGS
cyanocobalamin inj	-	F	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	F	ANTINEOPLASTICS
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	NC	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	F	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	F	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	F	ASSORTED CLASSES
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
cyproheptadine syrup	-	F	ANTIHISTAMINES
cyproheptadine tab	-	F	ANTIHISTAMINES
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	F	GENITOURINARY AGENTS - MISCELLANEOUS

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CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	OPHTHALMIC AGENTS
CYTRA-3 SYRUP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB	-	NC	ANTIVIRALS
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	F	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB	MSP-PA	F	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	NC	URINARY ANTISPASMODICS
DAXBIA CAP	-	NC	CEPHALOSPORINS
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DECON-A LIQUID	OTC	NC	COUGH/COLD/ALLERGY
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	NC	TETRACYCLINES
DENAVIR CREAM	-	F	DERMATOLOGICALS
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPAKENE SYRUP	-	NC	ANTICONVULSANTS
DEPEN TITRATAB	-	F	ASSORTED CLASSES
DEPLIN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	NC	DERMATOLOGICALS
DESCOVY TAB	PA	F	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	F	ANTIDEPRESSANTS
DES Loratadine ODT	-	NC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	NC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	NC	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	F	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS

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

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desoximetasone oint (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	F	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	F	CORTICOSTEROIDS
dexamethasone elixir	-	F	CORTICOSTEROIDS
dexamethasone ophth soln	-	F	OPHTHALMIC AGENTS
dexamethasone soln	-	F	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	F	CORTICOSTEROIDS
DEXILANT CAP	-	NC	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIABETIC METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	F	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	F	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	F	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	NC	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	F	ANTIANKXIETY AGENTS
DIAZEPAM SOLN	-	F	ANTIANKXIETY AGENTS
diazepam tab (VALIUM equiv)	-	F	ANTIANKXIETY AGENTS
DICLEGIS TAB	-	NC	ANTIEMETICS
diclofenac gel (SOLARAZE equiv)	-	NC	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	F	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	F	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DICLOPR KIT	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	F	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	F	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	F	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	F	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	F	ANTIVIRALS
DIFFERIN OTC GEL 0.1%	OTC	NC	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap)	QL-ST	F	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	F	DERMATOLOGICALS
DIFLORASONE OINT (PSORCON equiv)	-	NC	DERMATOLOGICALS
diffunisal tab (DOLOBID equiv)	-	F	ANALGESICS - NONNARCOTIC

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VAC	Vaccine Program				

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digoxin soln (LANOXIN equiv)	-	F	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	F	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	F	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	F	CALCIUM CHANNEL BLOCKERS
DIPENTUM CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	F	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F	ANTIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F	ANTIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	F	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	F	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	F	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	F	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	F	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	NC	TETRACYCLINES
DORYX TAB 200MG	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	F	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	F	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	F	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	F	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	F	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	NC	DERMATOLOGICALS
doxercalciferol cap (HECTOROL equiv)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS

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	Vaccine Program				

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doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	F	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	F	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	F	TETRACYCLINES
dronabinol cap (MARINOL equiv)	PA	F	ANTIEMETICS
DROXIA CAP	-	F	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	F	DERMATOLOGICALS
DST PLUS PAK KIT	-	NC	DERMATOLOGICALS
DUAC CS KIT	-	NC	DERMATOLOGICALS
DUAC GEL	-	NC	DERMATOLOGICALS
DULERA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv)	-	F	ANTIDEPRESSANTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	F	DERMATOLOGICALS
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
DUREZOL OPTH EMULSION	-	F	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYMISTA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIRC CR TAB	-	NC	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	F	DIURETICS
EARLEADA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
econazole cream (SPECTAZOLE equiv)	-	NC	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDEX INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
EDURANT TAB	-	F	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	F	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	F	ANTIVIRALS
EFFIENT TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.

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EGRIFTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELESTAT OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
eletriptan tab (RELPAZ equiv)	-	NC	MIGRAINE PRODUCTS
ELIDEL CREAM	-	NC	DERMATOLOGICALS
ELIGEN B12 TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB	-	F	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
EMADINE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMSAM PATCH	-	NC	ANTIDEPRESSANTS
EMTRIVA CAP	-	F	ANTIVIRALS
EMTRIVA SOLN	-	F	ANTIVIRALS
EMVERM TAB	PA	F	ANTHELMINTICS
ENABLEX TAB	-	NC	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	F	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	F	VAGINAL PRODUCTS
ENJUVA TAB	-	NC	ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	F	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	F	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	KMSP-QL	F	ANTIVIRALS
ENTOCORT EC CAP	-	NC	CORTICOSTEROIDS
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
ENVARUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	-	NC	ANTIHYPERTENSIVES
EPCLUSA TAB (QL= 1 tab/day)	KMSP-PA-QL	F	ANTIVIRALS
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
EPIFOAM AEROSOL	-	F	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	NC	OPHTHALMIC AGENTS

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EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	F	VASOPRESSORS
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	F	VASOPRESSORS
EPIVIR HBV SOLN	-	F	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	-	NC	ANTIHYPERTENSIVES
EPOGEN INJ	KMSP	F	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	NC	ANTIHYPERTENSIVES
EPZICOM TAB	-	NC	ANTIVIRALS
EQUETRO CAP	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/cafeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERYPED SUSP	-	F	MACROLIDES
ERYPED SUSP 200MG/5ML	-	NC	MACROLIDES
ERY-TAB	-	F	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	F	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	F	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	F	MACROLIDES
erythromycin gel	-	F	DERMATOLOGICALS
erythromycin ophth oint	-	F	OPHTHALMIC AGENTS
erythromycin pad	-	F	DERMATOLOGICALS
erythromycin soln	-	F	DERMATOLOGICALS
erythromycin stearate tab	-	F	MACROLIDES
ERYTHROMYCIN TAB	-	NC	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
esomeprazole cap (NEXIUM equiv)	-	NC	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	NC	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	F	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	F	ESTROGENS
estradiol tab (ESTRACE equiv)	-	F	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	NC	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	NC	ESTROGENS
ESTRASORB EMULSION	-	NC	ESTROGENS
ESTRING	-	F	VAGINAL PRODUCTS

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ESTROPIPATE TAB	-	F	ESTROGENS
estropipate tab (OGEN equiv)	-	F	ESTROGENS
ESTROSTEP FE TAB	-	NC	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ethacrynic tab (EDECIN equiv)	-	F	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	F	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	F	ANTICONVULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	KMSP	F	ANTINEOPLASTICS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EURAX CREAM	-	F	DERMATOLOGICALS
EURAX LOTION	-	NC	DERMATOLOGICALS
EVAMIST SPRAY	-	NC	ESTROGENS
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCILIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	F	ANTIVIRALS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	NC	DERMATOLOGICALS
EXELON SOLN	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	MSP	F	ANTIDOTES
EXTAVIA INJ	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ezetimibe tab (ZETIA equiv)	-	F	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv)	-	NC	ANTHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	NC	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	F	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	F	ULCER DRUGS
FAMVIR TAB	-	NC	ANTIVIRALS
FANAPT TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	NC	ANTIMALARIALS
FARESTON TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB	-	NC	ANTIDIABETICS

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

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FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
felbamate susp (FELBATOL equiv)	-	F	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	F	ANTICONVULSANTS
FELBATOL TAB	-	F	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	NC	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMCON FE CHEW TAB	-	NC	CONTRACEPTIVES
FEMRING	-	NC	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	F	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	F	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	NC	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
fenopropfen calcium tab	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fantanyl citrate lollipop (ACTIQ equiv)	-	NC	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv)	-	F	ANALGESICS - OPIOID
FENTORA TAB	-	NC	ANALGESICS - OPIOID
ferrex 150 forte cap	-	F	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FEXMID TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
fexofenadine susp (ALLEGRA equiv)	OTC	F	ANTIHISTAMINES
fexofenadine tab (ALLEGRA equiv)	OTC	F	ANTIHISTAMINES
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	F	COUGH/COLD/ALLERGY
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	F	COUGH/COLD/ALLERGY
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	F	DERMATOLOGICALS
FINACEA GEL	-	F	DERMATOLOGICALS
FINACEA PLUS KIT	-	F	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	NC	DERMATOLOGICALS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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

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FIRST METRONIDAZOLE SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	NC	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	NC	ULCER DRUGS
FLAGYL ER TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	F	ANTIARRHYTHMICS
FLECTOR PATCH	-	NC	DERMATOLOGICALS
FLOLIPID SUSP	-	NC	ANTIHYPERLIPIDEMICS
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	F	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	F	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	F	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	F	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	F	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUNISOLIDE NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	F	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH equiv)	-	NC	DERMATOLOGICALS
fluocinolone acetonide oint	-	F	DERMATOLOGICALS
fluocinolone acetonide soln	-	F	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	F	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	F	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC	DERMATOLOGICALS
fluocinonide emollient cream	-	F	DERMATOLOGICALS
fluocinonide gel	-	F	DERMATOLOGICALS
fluocinonide oint	-	F	DERMATOLOGICALS
fluocinonide soln	-	F	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	-	F	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	F	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	F	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	F	DERMATOLOGICALS
FLUOROURACIL SOLN	-	F	DERMATOLOGICALS
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap (PROZAC equiv)	-	F	ANTIDEPRESSANTS

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

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FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	F	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
FLURBIPROFEN OPHTH SOLN	-	F	OPHTHALMIC AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	F	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	F	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	F	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	NC	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	F	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	F	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	NC	OPHTHALMIC AGENTS
FOCALIN XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
FOLBEE PLUS CZ TAB	-	F	MULTIVITAMINS
folbee tab	-	F	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
fondaparinux inj (ARIXTRA equiv)	PA	F	ANTICOAGULANTS
FORADIL AEROLIZER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTEO INJ	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL	-	NC	ANDROGENS-ANABOLIC

INF	NC =Not Covered Infertility	KMSP	generic =small letters Kroger Mandatory Specialty Pharmacy Program	LD	BRANDS =CAPITAL LETTERS Limited Distribution
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VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
FORTESTA GEL, TESTOSTERONE GEL	-	NC	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	F	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	F	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	F	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	NC	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULIN SYRINGE	OTC	F	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FUROSEMIDE SOLN	-	F	DIURETICS
furosemide soln (LASIX equiv)	-	F	DIURETICS
furosemide tab (LASIX equiv)	-	F	DIURETICS
FUZEON INJ	-	F	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONSULTANTS
FYCOMPA SUSP	-	NC	ANTICONSULTANTS
gabapentin cap (NEURONTIN equiv)	-	F	ANTICONSULTANTS
gabapentin soln (NEURONTIN equiv)	-	F	ANTICONSULTANTS
gabapentin tab (NEURONTIN equiv)	-	F	ANTICONSULTANTS
GABITRIL TAB 12MG, 16MG	-	F	ANTICONSULTANTS
galantamine ER cap (RAZADYNE ER equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	F	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	-	F	ANTIVIRALS
gatifloxacin ophth soln (ZYMADID equiv)	-	NC	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	-	NC	URINARY ANTISPASMODICS

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gemfibrozil tab (LOPID equiv)	-	F	ANTHYPERLIPIDEMICS
GENOTROPIN INJ	KMSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	F	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	F	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	F	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	F	DERMATOLOGICALS
gentamicin sulfate oint	-	F	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	F	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	NC	CONTRACEPTIVES
GILENYA CAP (QL= 1 cap/day)	LMSP-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatiramer inj (COPAXONE equiv)	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	F	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	F	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	F	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	F	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	F	ANTIDIABETICS
GLUCAGEN INJ	-	F	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	F	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	F	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	F	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	F	ANTIDIABETICS
GLYCATE TAB 1.5MG	-	NC	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	F	ULCER DRUGS
GLYGEST PAK	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYSET TAB	-	NC	ANTIDIABETICS
GLYXAMBI TAB	-	NC	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN	-	NC	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F	ANTIEMETICS
GRANISOL SOLN	-	NC	ANTIEMETICS
GRANIX INJ	KMSP	F	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	F	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	F	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	F	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY

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	Vaccine Program				

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guaifenesin/codeine soln (BRONTEX equiv)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	F	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	NC	ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	F	ANTIHYPERTENSIVES
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	F	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	PA	F	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB (QL= 1 tab/day)	KMSP-PA-QL	F	ANTIVIRALS
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F	ANORECTAL AGENTS
hc pramoxine cream 1-2.5% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
hc pramoxine rectal cream 2.5-1% (ANALPRAM HC equiv)	-	NC	ANORECTAL AGENTS
hc pramoxine rectal cream kit (ANALPRAM HC equiv)	-	NC	ANORECTAL AGENTS
HDC DM SYRUP	-	NC	COUGH/COLD/ALLERGY
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	-	NC	VACCINES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HEXALEN CAP	KMSP	F	ANTINEOPLASTICS
HIZENTRA INJ	KMSP	F	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ, ADMELOG INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ U-500	-	F	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	F	ANTIDIABETICS
HYCAMTIN CAP	KMSP-PA	F	ANTINEOPLASTICS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	F	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	F	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	F	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	F	ANALGESICS - OPIOID

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	F	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	F	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	NC	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	NC	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	NC	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	F	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	F	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	F	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	F	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	F	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	F	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	F	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	F	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	F	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	F	ANTIAXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	F	ANTIAXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	F	ANTIAXIETY AGENTS
HYOPHEN TAB	-	NC	URINARY ANTI-INFECTIVES
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	F	ULCER DRUGS
HYSINGLA ER TAB	-	NC	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	KMSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (RX only)	-	F	ANALGESICS - ANTI-INFLAMMATORY

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

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ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	F	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	NC	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	F	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	F	DERMATOLOGICALS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
IMPAVIDO CAP	PA	F	ANTI-INFECTIVE AGENTS - MISC.
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
INCIVEK TAB	-	NC	ANTIVIRALS
INCRELEX INJ	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	F	DIURETICS
INDOCIN SUPP	-	F	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
INFANT FORMULA LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FORMULA POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFERGEN INJ	MSP	F	ANTIVIRALS
INGREZZA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INSPRA TAB	-	NC	ANTIHYPERTENSIVES
INTELENCE TAB	-	F	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	KMSP	F	ANTINEOPLASTICS
INVEGA INJ	-	NC	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP	-	F	ANTIVIRALS
INVIRASE TAB	-	F	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
IOPIDINE OPHTH SOLN 1%	-	F	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	F	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	F	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	F	ANTIVIRALS
ISENTRESS CHEW TAB	-	F	ANTIVIRALS
ISENTRESS POWDER PACK	-	F	ANTIVIRALS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	F	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	F	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	F	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	F	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	NC	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	F	ANTIANGINAL AGENTS
isotretinoin cap (ACCUTANE equiv)	-	F	DERMATOLOGICALS
isoxsuprine tab	-	NC	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	F	ANTIFUNGALS
ivermectin tab (STROMEKTOL equiv)	-	F	ANTHELMINTICS
JADENU SPRINKLE	KMSP	F	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB	KMSP	F	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
JENTADUETO TAB	-	NC	ANTIDIABETICS
JENTADUETO XR TAB	-	NC	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	F	ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	NC	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
K/NA CITRATE SOLN CITRIC ACID	-	F	GENITOURINARY AGENTS - MISCELLANEOUS

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to Two 15 Day Fills per Month for the First 3 N	SMKG	Smoking Cessation	ST	Step Therapy
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KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA SOLN	-	NC	ANTIVIRALS
KALETRA TAB	-	F	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	KMSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
KAZANO TAB	-	NC	ANTIDIABETICS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KENALOG SPRAY	-	NC	DERMATOLOGICALS
KEPPRA XR TAB	-	NC	ANTICONVULSANTS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KETEK TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	F	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	F	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	F	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	F	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	F	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB	-	NC	ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	KMSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	KMSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARON LOTION	-	NC	DERMATOLOGICALS
KLOR-CON M15 TAB	-	F	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F	ANTIDIABETICS
K-PHOS TAB	-	F	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	NC	LAXATIVES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.

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VAC	Vaccine Program				

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KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERTENSIVES
labetalol tab (NORMODYNE equiv)	-	F	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	F	OPHTHALMIC AGENTS
lactulose soln	-	F	GASTROINTESTINAL AGENTS - MISC.
LAMICTAL CHEW TAB 2MG	-	F	ANTICONVULSANTS
LAMICTAL ODT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT	-	NC	ANTICONVULSANTS
LAMICTAL XR KIT	-	NC	ANTICONVULSANTS
LAMICTAL XR TAB	-	NC	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	F	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	F	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	F	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	F	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	NC	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine ODT kit	-	NC	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS
LANCET KIT	OTC	F	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	F	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	F	ULCER DRUGS
LANSOPRAZOLE SUSP	-	NC	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	NC	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	NC	ANTIDIABETICS
LASTACFT OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
LATUDA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY	-	NC	ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	NC	ANTIHYPERTENSIVES
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	F	ANTINEOPLASTICS
LEUKERAN TAB	KMSP	F	ANTINEOPLASTICS
LEUKINE INJ	KMSP-PA	F	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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LEVATOL TAB	-	NC	BETA BLOCKERS
LEVEMIR FLEXTOUCH INJ	-	NC	ANTIDIABETICS
LEVEMIR INJ	-	NC	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	F	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	F	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	F	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
levobunolol ophth soln (BETAGAN equiv)	-	F	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	F	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	F	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEXIVA SUSP	-	F	ANTIVIRALS
LEXIVA TAB	-	NC	ANTIVIRALS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	F	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	F	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	F	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv)	-	NC	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine viscous soln	-	F	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	F	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LINDANE LOTION	-	NC	DERMATOLOGICALS
lindane shampoo	-	NC	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	F	THYROID AGENTS
LIPTRUZET TAB	-	NC	ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	F	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F	ANTIHYPERTENSIVES

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VAC	Limited to Two 15 Day Fills per Month for the First 3 N	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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lithium carbonate cap (ESKALITH ER equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	NC	ANTIHYPERLIPIDEMICS
L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	NC	CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	NC	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LOESTRIN 24 FE TAB	-	NC	CONTRACEPTIVES
LOFIBRA TAB, TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	MSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv)	-	F	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	F	ANTIHISTAMINES
loratadine ODT (CLARITIN equiv)	OTC	F	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	OTC	F	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	OTC	F	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	F	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	F	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	F	ANTIAXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	F	ANTIAXIETY AGENTS
LORTAB ELIXIR	-	NC	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	F	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	F	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	F	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRONEX TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUFYLLIN TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LUZU CREAM	-	NC	DERMATOLOGICALS
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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LYRICA CAP	-	F	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	F	ANTICONVULSANTS
LYSODREN TAB	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MALARONE TAB	-	F	ANTIMALARIALS
malathion lotion (OVIDE equiv)	QL	F	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	F	ANTIEMETICS
MAPROTILINE TAB	-	F	ANTIDEPRESSANTS
MARPLAN TAB	-	F	ANTIDEPRESSANTS
MATULANE CAP	-	F	ANTINEOPLASTICS
MAVYRET TAB (QL= 3 tabs/day)	KMSP-PA-QL	F	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	F	OPHTHALMIC AGENTS
meclizine chew tab (BONINE equiv)	OTC	F	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	F	ANTIEMETICS
MECLOFENAMATE CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone tab (PROVERA equiv)	-	F	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEFLOQUINE TAB	-	F	ANTIMALARIALS
mefloquine tab (LARIAM equiv)	-	F	ANTIMALARIALS
MEGACE ES SUSP	-	NC	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	NC	PROGESTINS
megestrol susp (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	KMSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENEST TAB	-	NC	ESTROGENS
MENOSTAR PATCH	-	NC	ESTROGENS
MENTAX CREAM	-	NC	DERMATOLOGICALS
meperidine tab (DEMEROL equiv)	-	F	ANALGESICS - OPIOID
MEPHYTON TAB	-	F	VITAMINS
meprobamate tab (MILTOWN equiv)	-	F	ANTIANKXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	F	ANTINEOPLASTICS
mesalamine DR tab (LIALDA equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	KMSP	F	ANTINEOPLASTICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
MESTINON SYRUP	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	F	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	F	ANTIDIABETICS
METHADONE SOLN	-	F	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	F	ANALGESICS - OPIOID
methadose tab	-	F	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	F	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	F	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	F	URINARY ANTI-INFECTIVES
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	F	OXYTOCICS
methimazole tab (TAPAZOLE equiv)	-	F	THYROID AGENTS
METHITEST TAB	-	NC	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (Trexall equiv)	-	F	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	KMSP	F	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	NC	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	F	DIURETICS
methyl dopa tab (ALDOMET equiv)	-	F	ANTIHYPERTENSIVES
methyl dopa/hydrochlorothiazide tab (ALDORIL equiv)	-	F	ANTIHYPERTENSIVES
methyl ergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F	OXYTOCICS
METHYLIN CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE ER TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
METHYLPHENIDATE ER TAB 72MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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methylphenidate soln (METHYLIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	F	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	F	CORTICOSTEROIDS
methyltestosterone cap (ANDROID, TESTRED equiv)	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	F	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	F	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	F	BETA BLOCKERS
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	F	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	F	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	F	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	F	VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	F	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	NC	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
midodrine tab (PROAMATINE equiv)	-	F	VASOPRESSORS
MIGERGOT SUPP	-	F	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	NC	ANTIDIABETICS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	F	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	F	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	F	ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC	LAXATIVES
MIRALAX POWDER	-	NC	LAXATIVES
MIRAPEX ER TAB	-	NC	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mirtazapine ODT (REMERON equiv)	-	F	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	F	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	F	ULCER DRUGS
MITIGARE CAP	-	F	GOUT AGENTS

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modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
moexipril tab (UNIVASC equiv)	-	F	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	F	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	F	DERMATOLOGICALS
MONODOX CAP	-	NC	TETRACYCLINES
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	NC	URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/ 30 days)	QL	F	ANALGESICS - OPIOID
morphine sulfate soln	-	F	ANALGESICS - OPIOID
morphine sulfate supp	-	F	ANALGESICS - OPIOID
morphine sulfate tab	-	F	ANALGESICS - OPIOID
MOVANTIK TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	F	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN	-	F	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	F	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	F	FLUOROQUINOLONES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULTAQ TAB	-	F	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	F	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	F	HEMATOPOIETIC AGENTS
MULTIVITAMIN TAB	-	NC	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	F	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	F	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	F	DERMATOLOGICALS
MUSE SUPP	-	NC	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	F	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	F	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	F	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	F	ASSORTED CLASSES

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

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**L.A. Care PASC-SEIU Homecare Workers Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
MYDAYIS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYLERAN TAB	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	F	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTI-DIARRHEALS
nabumetone tab (RELAFEN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	F	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	NC	ANTI-HYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN CREAM	-	NC	DERMATOLOGICALS
NAFTIN GEL	-	NC	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
naloxone inj	-	F	ANTIDOTES
NALOXONE PREFILLED INJ	-	F	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	NC	ANTIDOTES
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN CR TAB 375MG, 750MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	F	ANTIDOTES
NARDIL TAB	-	F	ANTIDEPRESSANTS
NASACORT AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
NATAZIA TAB	-	NC	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	NC	ANTI-DIABETICS
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP	-	NC	DERMATOLOGICALS
NEBUPENT NEB SOLN	KMSP	F	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	F	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
necon tab 1-50 (NORYNIL equiv)	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB	-	F	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	F	ANTIDEPRESSANTS

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neomycin tab	-	F	AMINOGLYCOSIDES
neomycin/polymyxin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F	OTIC AGENTS
neomycin/polymyxin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F	OTIC AGENTS
neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv)	-	F	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEPHRON FA TAB	-	F	HEMATOPOIETIC AGENTS
NERLYNX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NESINA TAB	-	NC	ANTIDIABETICS
NEULASTA INJ	KMSP	F	HEMATOPOIETIC AGENTS
NEUMEGA INJ	KMSP	F	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEVANAC OPHTH SUSP	-	F	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	F	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	F	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	F	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	F	ANTINEOPLASTICS
NEXICLON XR SUSP	-	NC	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
niacin cap	OTC	F	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	F	VITAMINS
niacin ER tab (NIASPAN equiv)	-	NC	ANTIHYPERLIPIDEMICS
niacin tab	OTC	F	VITAMINS
NIACIN TR TAB	OTC	F	VITAMINS
niacinamide tab	OTC	F	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	F	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	F	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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 182 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)	-	F	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	F	CALCIUM CHANNEL BLOCKERS

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nilutamide tab (NILANDRON equiv)	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
NIMOTOP CAP	-	NC	CALCIUM CHANNEL BLOCKERS
NINJACOF-XG LIQUID	OTC	F	COUGH/COLD/ALLERGY
NINLARO CAP	KMSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIRAVAM ODT	-	NC	ANTIANKXIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	NC	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	F	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	F	URINARY ANTI-INFECTIVES
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	NC	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	F	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	F	ANTIANGINAL AGENTS
nitroglycerin SR cap	-	NC	ANTIANGINAL AGENTS
NITROLINGUAL PUMP SPRAY	-	NC	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	NC	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
nizatidine cap (AXID equiv)	-	F	ULCER DRUGS
nizatidine soln (AXID equiv)	-	NC	ULCER DRUGS
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	F	PROGESTINS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NOROXIN TAB	-	NC	FLUOROQUINOLONES
NORPACE CR CAP	-	F	ANTIARRHYTHMICS
NOR-QD TAB	-	NC	CONTRACEPTIVES
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	F	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	F	ANTIDEPRESSANTS
NORVIR CAP	-	F	ANTIVIRALS
NORVIR SOLN	-	F	ANTIVIRALS
NORVIR TAB	-	F	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
NOVOLIN INJ	OTC	F	ANTIDIABETICS
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	F	ANTIDIABETICS
NOVOLOG INJ, FIASP INJ	-	F	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	F	ANTIDIABETICS
NOVOLOG MIX INJ	-	F	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	F	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	F	MEDICAL DEVICES AND SUPPLIES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
NOXAFIL SUSP	-	F	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F	THYROID AGENTS
NUCYNTA ER TAB	-	NC	ANALGESICS - OPIOID
NUCYNTA TAB	-	NC	ANALGESICS - OPIOID
NUEDEXTA CAP (QL= 2 caps/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	NC	LAXATIVES
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUVARING	-	\$0	CONTRACEPTIVES
nystatin cream (MYCOSTATIN CREAM equiv)	-	F	DERMATOLOGICALS
nystatin oint	-	F	DERMATOLOGICALS
nystatin powder	-	F	ANTIFUNGALS
nystatin susp	-	F	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	F	ANTIFUNGALS
nystatin topical powder	-	F	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	F	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	NC	DERMATOLOGICALS
nystatin/triamcinolone oint	-	NC	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	F	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	F	ANTIVIRALS
ODOMZO CAP	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	F	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	NC	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	F	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	NC	ANTIDEPRESSANTS
OLLIZAC POWDER	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	F	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	F	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln (PATANOL equiv)	-	F	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv)	-	NC	OPHTHALMIC AGENTS
OLUX E FOAM	-	NC	DERMATOLOGICALS

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OLUX FOAM	-	NC	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	F	ULCER DRUGS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) (Covered at Tier 2 if less than 12 years old)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ondansetron ODT (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	F	ANTIEMETICS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	PA	F	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	NC	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
OPTIVAR OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ORACIT SOLN	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAVIG TAB	-	NC	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	NC	TETRACYCLINES
ORENCIA CLICK INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	KMSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	F	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	F	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	F	ANTIVIRALS
OSENI TAB	-	NC	ANTIDIABETICS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN	-	NC	OTIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
OVACE PLUS CREAM	-	NC	DERMATOLOGICALS
OVACE PLUS GEL	-	NC	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
oxandrolone tab (OXANDRIN equiv)	-	F	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	F	ANTI-ANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	F	URINARY ANTISPASMODICS
oxybutynin syrup	-	F	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	F	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	F	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	F	ANALGESICS - OPIOID
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	F	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	F	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	F	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	F	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	F	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	F	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	NC	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH	-	NC	URINARY ANTISPASMODICS
OZEMPIC INJ	-	NC	ANTIDIABETICS
PALGIC SOLN	-	NC	ANTIHISTAMINES
PALGIC TAB	-	NC	ANTIHISTAMINES
paliperidone ER tab (INVEGA equiv)	PA	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PAMINE TAB	-	NC	ULCER DRUGS
PANCREAZE CAP	-	NC	DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	F	ULCER DRUGS
PAPAVERINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PAPAVERINE/PHENTOLAMINE INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	NC	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	F	ANTIDEPRESSANTS

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

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paroxetine tab (PAXIL equiv)	-	F	ANTIDEPRESSANTS
PATADAY OPHTH SOLN (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
PCE TAB	-	NC	MACROLIDES
PEAK FLOW METER	OTC	F	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	NC	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	F	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	F	ANTICONVULSANTS
PEGASYS INJ	KMSP	F	ANTIVIRALS
PEGASYS INJ KIT	KMSP	F	ANTIVIRALS
PEG-INTRON INJ	KMSP	F	ANTIVIRALS
penicillin vk soln (VEETIDS equiv)	-	F	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	F	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN 1.5%	-	NC	DERMATOLOGICALS
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	F	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	NC	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
PERFOROMIST NEB SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	F	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	F	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERTZYE CAP	-	NC	DIGESTIVE AIDS
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	F	ANTIDEPRESSANTS
phenobarbital elixir	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	KMSP	F	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PHENTOLAMINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
phenylephrine ophth soln (MYDFRIN equiv)	-	F	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	F	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	F	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	F	ANTICONVULSANTS

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

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PHISOHEX LIQUID	-	NC	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	F	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PICATO GEL	-	NC	DERMATOLOGICALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	NC	OPHTHALMIC AGENTS
pimozide tab (ORAP equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	F	BETA BLOCKERS
pioglitazone tab (ACTOS TAB equiv)	-	F	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	F	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	F	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLEGRIDY INJ	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PODIAPN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	F	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	F	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	F	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	F	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
POTABA POWDER PACKET	-	NC	VITAMINS
POTABA TAB	-	NC	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	F	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride soln	-	F	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROKIT-K TAB equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	F	ANTICONVULSANTS

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PRADAXA CAP	-	F	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	KMSP-PA-QL	F	ANTIHYPERTENSIVES
pramipexole ER tab (MIRAPEX ER equiv)	-	NC	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	F	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	F	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	F	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERTENSIVES
prazosin cap (MINIPRESS equiv)	-	F	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	F	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members n on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	F	DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	F	DERMATOLOGICALS
PREDNICARBATE OIN	-	F	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	F	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	F	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISON PAK	-	F	CORTICOSTEROIDS
PREDNISON SOLN	-	F	CORTICOSTEROIDS
PREDNISON TAB	-	F	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	F	CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	NC	ESTROGENS
PREMARIN TAB	-	F	ESTROGENS
PREMARIN VAGINAL CREAM	-	F	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	F	ESTROGENS
PRENATAL VITAMINS (NON-PREFERRED)	-	NC	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	F	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PREVACID CAP	-	NC	ULCER DRUGS
PREVACID OTC CAP (Step Therapy requires trial of lansoprazole or pantoprazole)	OTC-ST	F	ULCER DRUGS
PREVACID SOLUTAB	-	NC	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	F	MOUTH/THROAT/DENTAL AGENTS

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	Vaccine Program				

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PREVIDENT RINSE	-	F	MOUTH/THROAT/DENTAL AGENTS
PREVPAC KIT	-	NC	ULCER DRUGS
PREVMIS TAB	-	NC	ANTIVIRALS
PREZCOBIX TAB	-	F	ANTIVIRALS
PREZISTA SUSP	-	F	ANTIVIRALS
PREZISTA TAB	-	F	ANTIVIRALS
PRIFTIN TAB	-	F	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	-	NC	ULCER DRUGS
PRIMAQUINE TAB	-	F	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	F	ANTICONVULSANTS
PRIMSOL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
PROAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	F	GOUT AGENTS
PROCENTRA SOLN	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
prochlorperazine supp (COMPAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	KMSP	F	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	F	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	F	ANORECTAL AGENTS
PROCYSBI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
progesterone cap (PROMETRIUM equiv)	-	F	PROGESTINS
progesterone oil inj	-	NC	PROGESTINS
PROGESTERONE SUPP	-	NC	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	NC	ANTIDIABETICS
PROLENSA OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS
PROMACTA TAB	KMSP-PA	F	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	NC	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	F	ANTIHISTAMINES
promethazine syrup	-	F	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	F	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	F	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	F	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	F	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	F	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	F	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	F	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	F	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	F	BETA BLOCKERS
PROPRANOLOL SOLN	-	F	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	F	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	F	ANTIHYPERTENSIVES
propylthiouracil tab	-	F	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSTIGMIN TAB	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS

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PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX PAK	-	NC	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	NC	ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	KMSP	F	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	NC	ULCER DRUGS
pyrazinamide tab	-	F	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
QBRELIS SOLN	-	NC	ANTIHYPERTENSIVES
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	NC	MULTIVITAMINS
QUILLICHEW ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	F	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	F	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	NC	ANTIARRHYTHMICS
quinidine sulfate tab	-	F	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	NC	ULCER DRUGS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
rajani tab (BEYAZ equiv)	-	NC	CONTRACEPTIVES
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	F	ANTIHYPERTENSIVES
RANEXA TAB	-	F	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F	ULCER DRUGS
RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
RAPAMUNE SOLN	-	F	ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	-	F	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN	KMSP	F	ANTIVIRALS
REBIF INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	F	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	F	ANTIVIRALS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB	-	NC	MIGRAINE PRODUCTS
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	F	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
REVELA PAK	-	NC	GASTROINTESTINAL AGENTS - MISC.
REVELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	F	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	KMSP-PA-QL	F	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	KMSP-PA-QL	F	ANTIHYPERTENSIVES
REQUIP XL TAB	-	NC	ANTIPARKINSON AGENTS
RESCRIPTOR TAB	-	F	ANTIVIRALS
RESERPINE TAB	-	NC	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F	OPHTHALMIC AGENTS
RESTORIL CAP 22.5MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 7.5MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVIA TAB	-	NC	ANTIDOTES
REVLIMID CAP (QL= 1 cap/day)	KMSP-PA-QL	F	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXASIL KIT	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK	-	F	ANTIVIRALS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RIBAPAK TAB	-	NC	ANTIVIRALS
RIBATAB	KMSP	F	ANTIVIRALS

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VAC	Vaccine Program				

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ribavirin cap (REBETOL equiv)	KMSP	F	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	KMSP	F	ANTIVIRALS
RIDAURA CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	F	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	F	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	F	ANTIVIRALS
RIOMET SOLN	-	NC	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate)	ST	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP 10MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RITALIN LA CAP 60MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
rivastigmine cap (EXELON equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F	MIGRAINE PRODUCTS
ropinirole ER tab (REQUIP XL equiv)	-	NC	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	F	ANTIPARKINSON AGENTS
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA PAD	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	F	ANTIHYPERTENSIVES
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	F	ANTIHYPERTENSIVES
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERTENSIVES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYDAPT CAP	KMSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
salicylic acid shampoo (SALEX equiv)	-	F	DERMATOLOGICALS

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

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SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	F	ANALGESICS - NONNARCOTIC
SANCTURA TAB	-	NC	URINARY ANTISPASMODICS
SANCTURA XR CAP	-	NC	URINARY ANTISPASMODICS
SANCUSO PATCH	-	NC	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	F	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	F	DERMATOLOGICALS
SAPHRIS SL TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA PAK	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
scopolamine patch (TRANSDERM-SCOP equiv)	-	NC	ANTIEMETICS
SEASONIQUE TAB	-	NC	CONTRACEPTIVES
seb-prev cream (OVACE CREAM equiv)	-	NC	DERMATOLOGICALS
SECONAL CAP	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB	-	NC	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	F	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	F	DERMATOLOGICALS
SELZENTRY SOLN	-	F	ANTIVIRALS
SELZENTRY TAB	-	F	ANTIVIRALS
SENSIPAR TAB	LMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
sertraline conc (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days)	QL	F	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	F	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SILIQ INJ	-	NC	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS

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SIMBRINZA OPHTH SUSP	-	F	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERTENSIVES
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERTENSIVES
simvastatin tab 80mg (ZOCOR equiv)	-	NC	ANTIHYPERTENSIVES
sirolimus tab (RAPAMUNE equiv)	-	F	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	F	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SKELID TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride neb soln (HYPER-SAL equiv)	-	F	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	F	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)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	F	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)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	F	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	F	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	F	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	F	DERMATOLOGICALS

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sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	NC	DERMATOLOGICALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAZE GEL	-	NC	DERMATOLOGICALS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOLOSEC GRANULES PACKET	-	NC	AMEBICIDES
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SORIATANE CK KIT	KMSP	F	DERMATOLOGICALS
SORILUX FOAM	-	NC	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	F	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	F	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOVALDI TAB	-	NC	ANTIVIRALS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	F	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F	DIURETICS
SPORANOX SOLN	-	NC	ANTIFUNGALS
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	KMSP-PA-SF	F	ANTINEOPLASTICS
SSKI SOLN	-	F	MINERALS & ELECTROLYTES
STAMARIL INJ	-	NC	VACCINES
STARLIX TAB	-	NC	ANTIDIABETICS
stavudine cap (ZERIT equiv)	-	F	ANTIVIRALS
stavudine soln (ZERIT equiv)	-	F	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STAXYN ODT	-	NC	CARDIOVASCULAR AGENTS - MISC.
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ	-	NC	DERMATOLOGICALS
STENDRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
STIMATE NASAL SOLN	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	F	ANTIVIRALS
STRIVERDI RESPIMAT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	F	ANALGESICS - OPIOID
SUBOXONE SL TAB	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	NC	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate tab (CARAFATE equiv)	-	F	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	F	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	F	SULFONAMIDES
SULFAMYLON CREAM	-	F	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT	-	NC	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREMIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN TS SUSP	-	NC	DERMATOLOGICALS
SUPRAX CAP	-	NC	CEPHALOSPORINS
SUPRAX CHEW TAB	-	NC	CEPHALOSPORINS
SUPRAX SUSP	-	NC	CEPHALOSPORINS
SUPRAX TAB	-	NC	CEPHALOSPORINS
SUPREP SOLN	-	NC	LAXATIVES
SUSTIVA TAB	-	NC	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP	KMSP-PA-SF	F	ANTINEOPLASTICS
SUTTAR SF SYRUP	-	NC	COUGH/COLD/ALLERGY
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	NC	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB	-	NC	RESPIRATORY AGENTS - MISC.
SYMLINPEN INJ	-	NC	ANTIDIABETICS

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

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SYMPROIC TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
SYNAREL NASAL SOLN	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNJARDY TAB (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	F	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	F	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	F	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
TABLOID TAB	-	F	ANTINEOPLASTICS
TACLONEX OINT	-	NC	DERMATOLOGICALS
TACLONEX SCALP SUSP	-	NC	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	F	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	F	DERMATOLOGICALS
TAFINLAR CAP (QL= 4 caps/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALTZ INJ	-	NC	DERMATOLOGICALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	KMSP	F	DERMATOLOGICALS
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TASIGNA CAP	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	NC	ANTIPARKINSON AGENTS
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM	-	NC	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TECFIDERA CAP	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGRETOL XR TAB	-	NC	ANTICONVULSANTS
TEKAMLO TAB	-	NC	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	NC	ANTIHYPERTENSIVES
TEKTURNA TAB	-	NC	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	F	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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temazepam cap 22.5mg (RESTORIL equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TEMOVATE SOLN	-	NC	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab 300mg (VIREAD equiv)	-	F	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	F	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	F	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
TERCONAZOLE CREAM 8%	-	F	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
TESTIM GEL	-	NC	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv)	-	NC	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	NC	TETRACYCLINES
TEVETEN HCT TAB	-	NC	ANTIHYPERTENSIVES
THALOMID CAP	KMSP-PA	F	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	F	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	F	ANTICONVULSANTS
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	F	BETA BLOCKERS

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VAC	Vaccine Program				

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TIMOLOL OPHTH GEL SOLN	-	F	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
TINDAMAX TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
tinidazole tab (TINDAMAX equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT CAP	-	NC	THYROID AGENTS
TIVICAY TAB (QL= 2 tabs/day)	QL	F	ANTIVIRALS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	F	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	F	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	F	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	NC	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOFRANIL PM CAP	-	NC	ANTIDEPRESSANTS
tolazamide tab (TOLINASE equiv)	-	F	ANTIDIABETICS
TOLBUTAMIDE TAB	-	F	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	NC	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	F	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	F	URINARY ANTISPASMODICS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	F	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	F	ANTICONVULSANTS
torsemide tab (DEMADEX equiv)	-	F	DIURETICS
TOUJEO SOLOSTAR INJ	-	NC	ANTIDIABETICS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	-	NC	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	F	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	NC	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	F	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	NC	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	F	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	NC	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	F	ANTIDEPRESSANTS
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	F	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	F	ANTIDEPRESSANTS

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

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trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRELEGY ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ	-	NC	DERMATOLOGICALS
TRESIBA INJ	-	NC	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	KMSP	F	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
triamcinolone cream	-	F	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	F	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	F	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	F	HEMATOPOIETIC AGENTS
TRICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	F	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	F	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	F	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	F	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	F	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	NC	ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRINTELLIX TAB	-	NC	ANTIDEPRESSANTS
TRIUMEQ TAB (QL= 1 tab/day)	QL	F	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	F	OPHTHALMIC AGENTS
tropium tab (SANCTURA equiv)	-	NC	URINARY ANTISPASMODICS

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TRULANCE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ	-	NC	ANTIDIABETICS
TRUVADA TAB	PA	F	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
TUSSIONEX SUSP	-	NC	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB	KMSP-PA	F	ANTINEOPLASTICS
TYMLOS INJ	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	-	NC	ANTIVIRALS
UCERIS RECTAL FOAM	-	NC	ANORECTAL AGENTS
UCERIS TAB	-	NC	CORTICOSTEROIDS
U-CORT CREAM	-	F	DERMATOLOGICALS
ULESFIA LOTION	-	NC	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	F	GOUT AGENTS
ULTRACET TAB	-	NC	ANALGESICS - OPIOID
ULTRAM ER TAB	-	NC	ANALGESICS - OPIOID
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
ULTRESA CAP	-	NC	DIGESTIVE AIDS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
UREA EMULSION	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA LOTION	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UROQID #2 TAB	-	NC	URINARY ANTI-INFECTIVES
URSO FORTE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB	-	NC	VAGINAL PRODUCTS

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valacyclovir tab (VALTREX equiv)	-	F	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	F	DERMATOLOGICALS
VALCYTE SOLN	-	NC	ANTIVIRALS
valganciclovir soln (VALCYTE equiv)	-	F	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	F	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	F	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	F	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	F	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F	ANTIHYPERTENSIVES
VALTURNA TAB	-	NC	ANTIHYPERTENSIVES
vancomycin cap (VANOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	NC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VANTIN TAB	-	NC	CEPHALOSPORINS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
vasoex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXCHORA SUSP	-	NC	VACCINES
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0	VAGINAL PRODUCTS
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	KMSP-PA	F	ASSORTED CLASSES
VELTIN GEL	-	NC	DERMATOLOGICALS
VEMLIDY TAB	KMSP	F	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENELEX OINT	-	F	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	F	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	F	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil SR cap (VERELAN SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN PM equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	F	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN PM CAP	-	NC	CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
VERZENIO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE TAB	-	F	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	F	OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	F	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	NC	TETRACYCLINES
VICOPROFEN TAB	-	NC	ANALGESICS - OPIOID
VICTOZA INJ (QL= 9ml/30 days)	QL	F	ANTIDIABETICS
VICTRELIS CAP	-	NC	ANTIVIRALS
VIDEX EC CAP 125MG	-	F	ANTIVIRALS
VIDEX SOLN	-	F	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	F	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	F	ANTICONVULSANTS
VIRACEPT POWDER	-	F	ANTIVIRALS
VIRACEPT TAB	-	F	ANTIVIRALS
VIRAMUNE SUSP	-	F	ANTIVIRALS
VIREAD TAB 150MG, 200MG, 250MG	-	F	ANTIVIRALS
VISICOL TAB	-	NC	LAXATIVES
VISTOGARD PAK	-	NC	ANTIDOTES
vitamin D cap (RX strength only)	-	F	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	-	F	ANTIVIRALS
VIVACTIL TAB	-	NC	ANTIDEPRESSANTS
VIVITROL INJ	-	NC	ANTIDOTES
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F	VACCINES
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	F	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	KMSP-PA-QL	F	ANTIVIRALS
VOTRIENT TAB	KMSP-PA-SF	F	ANTINEOPLASTICS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VYTON CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB	-	NC	ANTHYPERLIPIDEMICS

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
VYVANSE CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
warfarin tab (COUMADIN equiv)	-	F	ANTICOAGULANTS
WELCHOL PAK	-	F	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	F	ANTIHYPERLIPIDEMICS
WESTCORT OINT	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
XADAGO TAB	-	NC	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX XR TAB	-	NC	ANTIAXIETY AGENTS
XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	F	ANTICOAGULANTS
XARELTO TAB	-	F	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELJANZ TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	-	NC	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	-	NC	ANTIDIABETICS
XIIDRA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
XIMINO CAP	-	NC	TETRACYCLINES
XOLEGEL	-	NC	DERMATOLOGICALS
XOPENEX NEB SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XTAMPZA ER CAP (QL= 120 caps/30 days)	PA-QL	F	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES
XULTOPHY INJ	-	NC	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

INF	NC =Not Covered Infertility	KMSP	generic =small letters Kroger Mandatory Specialty Pharmacy Program	LD	BRANDS =CAPITAL LETTERS Limited Distribution
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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to Two 15 Day Fills per Month for the First 3 N	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
YASMIN TAB	-	\$0	CONTRACEPTIVES
YAZ TAB	-	\$0	CONTRACEPTIVES
YODOXIN TAB	-	NC	AMEBICIDES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANAFLEX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZARXIO INJ	KMSP	F	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	F	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	F	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENPEP CAP	-	NC	DIGESTIVE AIDS
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZERIT SOLN	-	NC	ANTIVIRALS
ZETIA TAB	-	NC	ANTHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	F	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	F	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	F	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	F	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	F	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	NC	MACROLIDES
ZMAX SUSP	-	NC	MACROLIDES
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP	KMSP-PA-SF	F	ANTINEOPLASTICS
zolmitriptan ODT (ZOMIG equiv)	-	NC	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOMIG NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
ZOMIG TAB	-	NC	MIGRAINE PRODUCTS
ZOMIG ZMT	-	NC	MIGRAINE PRODUCTS
zonisamide cap (ZONEGRAN equiv)	-	F	ANTICONVULSANTS
ZONTIVITY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	NC	ANALGESICS - NONNARCOTIC
ZORTRESS TAB	KMSP-PA	F	ASSORTED CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZUBSOLV SL TAB	-	NC	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZUTRIPRO LIQUID	-	NC	COUGH/COLD/ALLERGY
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 5 caps/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F	OPHTHALMIC AGENTS
ZYMAXID OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZYTIGA TAB 250MG (QL= 4 tabs/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG (QL= 2 tabs/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
ADDERALL XR CAP	-	F
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F
dextroamphetamine tab (DEXEDRINE equiv)	-	F
VYVANSE CAP	-	F
VYVANSE CHEW TAB	-	F
ADZENYS XR TAB	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
dextroamphetamine soln (PROCENTRA equiv)	-	NC
DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
MYDAYIS CAP	-	NC
PROCENTRA SOLN	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
<b>ANALECTICS</b>		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	F
CAFCIT INJ	-	NC
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F
<b>ANTI-OBESITY AGENTS</b>		
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
guanfacine ER tab (INTUNIV equiv)	-	F
atomoxetine cap (STRATTERA equiv)	-	NC
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STRATTERA CAP	-	NC
<b>STIMULANTS - MISC.</b>		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	F
dexmethylphenidate tab (FOCALIN equiv)	-	F
methylphenidate CD cap (METADATE CD equiv)	-	F
methylphenidate ER cap (RITALIN LA equiv)	-	F
METHYLPHENIDATE ER TAB	-	F
methylphenidate ER tab (CONCERTA equiv)	-	F
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	F
methylphenidate soln (METHYLIN equiv)	-	F
methylphenidate tab (RITALIN equiv)	-	F
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	F
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	NC
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

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

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
FOCALIN XR CAP	-	NC
METHYLIN CHEW TAB	-	NC
METHYLPHENIDATE CHEW TAB	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
RITALIN LA CAP 10MG	-	NC
RITALIN LA CAP 60MG	-	NC
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
ODACTRA SL TAB	-	NC
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - R'S</b>		
RESERVAPAK SYRUP	-	NC
<b>AMEBICIDES</b>		
<b>AMEBICIDES</b>		
SOLOSEC GRANULES PACKET	-	NC
YODOXIN TAB	-	NC
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
neomycin tab	-	F
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
paromomycin cap (HUMATIN equiv)	-	NC
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
XELJANZ TAB	-	NC
XELJANZ XR TAB	-	NC
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RHEUMATREX TAB	-	NC
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HUMIRA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F
HUMIRA PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F
SIMPONI ARIA INJ	-	NC
SIMPONI SC INJ	-	NC
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP	-	F
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	F
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA SC INJ	-	NC
KEVZARA INJ	-	NC

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

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**L.A. Care PASC-SEIU Homecare Workers Formulary  
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DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	F
diclofenac potassium tab (CATAFLAM equiv)	-	F
diclofenac sodium EC tab (VOLTAREN equiv)	-	F
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F
etodolac cap (LODINE equiv)	-	F
etodolac tab	-	F
flurbiprofen tab (ANSAID equiv)	-	F
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	F
ibuprofen tab	-	F
ibuprofen tab (RX only)	-	F
INDOCIN SUPP	-	F
INDOCIN SUSP	-	F
indomethacin cap (INDOCIN equiv)	-	F
indomethacin CR cap (INDOCIN SR equiv)	-	F
KETOPROFEN CAP	-	F
ketoprofen cap (ORUDIS equiv)	-	F
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	F
MECLOFENAMATE CAP	-	F
meloxicam tab (MOBIC equiv)	-	F
nabumetone tab (RELAFEN equiv)	-	F
naproxen EC tab (NAPROSYN EC equiv)	-	F
naproxen sodium tab (ANAPROX equiv)	-	F
NAPROXEN SUSP	-	F
naproxen susp (NAPROSYN equiv)	-	F
naproxen tab (NAPROSYN equiv)	-	F
oxaprozin tab (DAYPRO equiv)	-	F
piroxicam cap (FELDENE equiv)	-	F
sulindac tab (CLINORIL equiv)	-	F
ARTHROTEC TAB	-	NC
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	NC
etodolac ER tab (LODINE XL equiv)	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP	-	NC
KETOPROFEN ER CAP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 375MG, 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
PONSTEL CAP	-	NC
SPRIX NASAL SPRAY	-	NC
TOLMETIN CAP	-	NC
tolmetin cap (TOLECTIN DS equiv)	-	NC

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VAC	Vaccine Program				

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
TOLMETIN TAB	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
ZORVOLEX CAP	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA STARTER PACK	-	NC
OTEZLA TAB	-	NC
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	-	F
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLICK INJ	-	NC
ORENCIA SC INJ 125MG/ML	-	NC
ORENCIA SC INJ 50MG/0.4ML	-	NC
ORENCIA SC INJ 87.5MG/0.7ML	-	NC
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	F
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	F
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	F
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	F
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
<b>SALICYLATES</b>		
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	F
choline magnesium trisalicylate tab (TRILISATE equiv)	-	F
diffunisal tab (DOLOBID equiv)	-	F
salsalate tab (DISALCID equiv)	-	F
ZORPRIN TAB	-	NC
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
codeine sulfate tab	-	F
fantanyl patch (DURAGESIC equiv)	-	F
HYDROMORPHONE SUPP	-	F
hydromorphone tab (DILAUDID equiv)	-	F
LEVORPHANOL TAB	-	F
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<b>INF</b> Infertility <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program <b>PA</b> Prior Authorization <b>SF</b> Limited to Two 15 Day Fills per Month for the First 3 M <b>VAC</b> Vaccine Program	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program <b>MSP</b> Mandatory Specialty Pharmacy Program <b>QL</b> Quantity Limit <b>SMKG</b> Smoking Cessation	<b>generic</b> =small letters <b>LD</b> Limited Distribution <b>OTC</b> Over-the-Counter <b>RS</b> Restricted to Specialist <b>ST</b> Step Therapy

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<b>ANALGESICS - OPIOID Cont.</b>		
meperidine tab (DEMEROL equiv)	-	F
methadone soln	-	F
methadone tab (DOLOPHINE equiv)	-	F
methadose tab	-	F
morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/ 30 days)	QL	F
morphine sulfate soln	-	F
morphine sulfate supp	-	F
morphine sulfate tab	-	F
oxycodone cap (OXYIR equiv)	-	F
oxycodone conc (ROXICODONE equiv)	-	F
oxycodone soln (ROXICODONE equiv)	-	F
oxycodone tab (ROXICODONE equiv)	-	F
tramadol tab (ULTRAM equiv)	-	F
XTAMPZA ER CAP (QL= 120 caps/30 days)	PA-QL	F
ABSTRAL SL TAB	-	NC
ACTIQ LOZENGE	-	NC
ARYMO ER TAB	-	NC
AVINZA CAP	-	NC
CODEINE SULFATE SOLN	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl citrate lollipop (ACTIQ equiv)	-	NC
FENTORA TAB	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
HYSINGLA ER TAB	-	NC
KADIAN CAP	-	NC
LAZANDA NASAL SPRAY	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
NUCYNTA ER TAB	-	NC
NUCYNTA TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
tramadol ER tab (ULTRAM ER equiv)	-	NC
ULTRAM ER TAB	-	NC
ZOHYDRO ER CAP	-	NC

**OPIOID COMBINATIONS**

acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	F
acetaminophen/codeine soln	-	F

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PA	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter	
SF	Prior Authorization	QL	Restricted to Specialist	
VAC	Limited to Two 15 Day Fills per Month for the First 3 M	SMKG	Step Therapy	
	Vaccine Program			

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<b>ANALGESICS - OPIOID Cont.</b>		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	F
aspirin/codeine tab	-	F
hydrocodone/acetaminophen cap (LORCET equiv)	-	F
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	F
hydrocodone/acetaminophen tab (LORTAB equiv)	-	F
oxycodone/acetaminophen cap (TYLOX equiv)	-	F
OXYCODONE/ACETAMINOPHEN SOLN	-	F
oxycodone/acetaminophen tab (PERCOCET equiv)	-	F
oxycodone/aspirin tab (PERCODAN equiv)	-	F
pentazocine/acetaminophen tab (TALACEN equiv)	-	F
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
CAPITAL/CODEINE SUSP	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	NC
LORTAB ELIXIR	-	NC
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	NC
tramadol/acetaminophen tab (ULTRACET equiv)	-	NC
ULTRACET TAB	-	NC
VICOPROFEN TAB	-	NC
XARTEMIS XR TAB	-	NC
<b>OPIOID PARTIAL AGONISTS</b>		
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	F
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	F
SUBOXONE SL FILM	-	F
BELBUCA FILM	-	NC
BUNAVAIL SL FILM	-	NC
BUPRENORPHINE PATCH, BUTRANS PATCH	-	NC
buprenorphine SL tab (SUBUTEX equiv)	-	NC
pentazocine/naloxone tab (TALWIN NX equiv)	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL TAB	-	NC
ZUBSOLV SL TAB	-	NC
<b>ANDROGENS-ANABOLIC</b>		
<b>ANABOLIC STEROIDS</b>		
oxandrolone tab (OXANDRIN equiv)	-	F
<b>ANDROGENS</b>		
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	F
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	F
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	F
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	F
ANDROXY TAB	-	F
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<b>BRANDS =CAPITAL LETTERS</b>		

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<b>ANDROGENS-ANABOLIC Cont.</b>		
danazol cap (DANOCRINE equiv)	-	F
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	F
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	F
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	F
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	F
ANDROID CAP, TESTRED CAP	-	NC
FORTESTA GEL	-	NC
FORTESTA GEL, TESTOSTERONE GEL	-	NC
METHITEST TAB	-	NC
methyltestosterone cap (ANDROID, TESTRED equiv)	-	NC
TESTIM GEL	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
testosterone soln (AXIRON equiv)	-	NC
VOGELXO PUMP	-	NC

**ANORECTAL AGENTS**

<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	F
CORTIFOAM	-	NC
UCERIS RECTAL FOAM	-	NC

<b>RECTAL COMBINATIONS</b>		
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F
PROCTOFOAM HC FOAM	-	F
ANALPRAM-E KIT	-	NC
hc pramoxine rectal cream 2.5-1% (ANALPRAM HC equiv)	-	NC
hc pramoxine rectal cream kit (ANALPRAM HC equiv)	-	NC

<b>RECTAL STEROIDS</b>		
proctosol HC cream (ANUSOL HC equiv)	-	F
hydrocortisone supp (ANUSOL HC equiv)	-	NC

**ANTHELMINTICS**

<b>ANTHELMINTICS</b>		
BILTRICIDE TAB	-	F
EMVERM TAB	PA	F
ivermectin tab (STROMEKTOL equiv)	-	F
ALBENZA TAB	-	NC
BENZNIDAZOLE TAB	-	NC

**ANTIANGINAL AGENTS**

<b>ANTIANGINALS-OTHER</b>		
RANEXA TAB	-	F
<b>NITRATES</b>		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F

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<b>ANTIANGINAL AGENTS Cont.</b>		
isosorbide dinitrate SL tab	-	F
isosorbide dinitrate tab (ISORDIL equiv)	-	F
isosorbide mononitrate ER tab (IMDUR equiv)	-	F
isosorbide mononitrate tab (MONOKET equiv)	-	F
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	F
nitroglycerin patch (NITRO-DUR equiv)	-	F
nitroglycerin SL tab (NITROSTAT equiv)	-	F
GONITRO POWDER	-	NC
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	NC
NITRO-BID OINT	-	NC
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	NC
nitroglycerin SR cap	-	NC
NITROLINGUAL PUMP SPRAY	-	NC
NITROSTAT SL TAB	-	NC

**ANTIANKXIETY AGENTS**

**ANTIANKXIETY AGENTS - MISC.**

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

**BENZODIAZEPINES**

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

**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS TYPE I-A**

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

**ANTIARRHYTHMICS TYPE I-B**

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

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

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

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

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<b>ANTICONVULSANTS Cont.</b>		
primidone tab (MYSOLINE equiv)	-	F
topiramate sprinkle cap (TOPAMAX equiv)	-	F
topiramate tab (TOPAMAX equiv)	-	F
VIMPAT SOLN	-	F
VIMPAT TAB (QL= 2 tabs/day)	QL	F
zonisamide cap (ZONEGRAN equiv)	-	F
APTIOM TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
KEPPRA XR TAB	-	NC
LAMICTAL ODT	-	NC
LAMICTAL ODT KIT	-	NC
LAMICTAL XR KIT	-	NC
LAMICTAL XR TAB	-	NC
lamotrigine ER tab (LAMICTAL XR equiv)	-	NC
lamotrigine ODT (LAMICTAL equiv)	-	NC
lamotrigine ODT kit	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TEGRETOL XR TAB	-	NC
TROKENDI XR CAP	-	NC
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	-	F
felbamate tab (FELBATOL equiv)	-	F
FELBATOL TAB	-	F
<b>GABA MODULATORS</b>		
GABITRIL TAB 12MG, 16MG	-	F
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	F
tiagabine tab (GABITRIL equiv)	-	F
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	F
<b>HYDANTOINS</b>		
DILANTIN CAP 30MG	-	F
PEGANONE TAB	-	F
phenytoin cap (DILANTIN equiv)	-	F
phenytoin chew tab (DILANTIN equiv)	-	F
phenytoin susp (DILANTIN equiv)	-	F
<b>SUCCINIMIDES</b>		
CELONTIN CAP	-	F
ethosuximide cap (ZARONTIN equiv)	-	F
ethosuximide soln (ZARONTIN equiv)	-	F
<b>VALPROIC ACID</b>		
divalproex ER tab (DEPAKOTE ER equiv)	-	F
divalproex sodium DR tab (DEPAKOTE equiv)	-	F
divalproex sprinkle cap (DEPAKOTE equiv)	-	F
valproic acid cap (DEPAKENE equiv)	-	F

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<b>ANTICONVULSANTS Cont.</b>		
valproic acid syrup (DEPAKENE equiv)	-	F
DEPACON INJ	-	NC
DEPAKENE SYRUP	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	F
mirtazapine tab (REMERON equiv)	-	F
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion ER tab (WELLBUTRIN equiv)	-	F
bupropion tab (WELLBUTRIN equiv)	-	F
bupropion XL tab (WELLBUTRIN XL equiv)	-	F
MAPROTILINE TAB	-	F
APLENZIN TAB	-	NC
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
MARPLAN TAB	-	F
NARDIL TAB	-	F
phenelzine tab (NARDIL equiv)	-	F
tranylcypromine tab (PARNATE equiv)	-	F
EMSAM PATCH	-	NC
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
citalopram soln (CELEXA equiv)	-	F
citalopram tab (CELEXA equiv)	-	F
escitalopram soln (LEXAPRO equiv)	-	F
escitalopram tab (LEXAPRO equiv)	-	F
fluoxetine cap (PROZAC equiv)	-	F
fluoxetine soln (PROZAC equiv)	-	F
fluoxetine tab (PROZAC equiv)	-	F
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	F
fluvoxamine or paroxetine		
fluvoxamine tab (LUVOX equiv)	-	F
paroxetine ER tab (PAXIL CR equiv)	-	F
paroxetine tab (PAXIL equiv)	-	F
sertraline conc (ZOLOFT equiv)	-	F
sertraline tab (ZOLOFT equiv)	-	F
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE TAB	-	F
nefazodone tab 50mg, 250mg	-	F
trazodone tab (DESYREL equiv)	-	F
OLEPTRO TAB	-	NC
trazodone tab 300mg (DESYREL equiv)	-	NC
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<b>ANTIDEPRESSANTS Cont.</b>		
TRINTELLIX TAB	-	NC
VIIBRYD STARTER KIT	-	NC
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
desvenlafaxine ER tab (PRISTIQ equiv)	-	F
duloxetine EC cap (CYMBALTA equiv)	-	F
venlafaxine ER cap (EFFEXOR XR equiv)	-	F
venlafaxine tab (EFFEXOR equiv)	-	F
DESVENLAFAXINE ER TAB	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
KHEDEZLA ER TAB	-	NC
VENLAFAXINE ER TAB	-	NC
<b>TRICYCLIC AGENTS</b>		
amitriptyline tab (ELAVIL equiv)	-	F
AMOXAPINE TAB	-	F
desipramine tab (NORPRAMIN equiv)	-	F
doxepin cap (SINEQUAN equiv)	-	F
doxepin conc (SINEQUAN equiv)	-	F
imipramine tab (TOFRANIL equiv)	-	F
nortriptyline cap (PAMELOR equiv)	-	F
NORTRIPTYLINE SOLN	-	F
ANAFRANIL CAP	-	NC
imipramine pamoate cap (TOFRANIL PM equiv)	-	NC
protriptyline tab (VIVACTIL equiv)	-	NC
TOFRANIL PM CAP	-	NC
trimipramine cap (SURMONTIL equiv)	-	NC
VIVACTIL TAB	-	NC
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	F
GLYSET TAB	-	NC
miglitol tab (GLYSET equiv)	-	NC
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	-	NC
<b>ANTIDIABETIC COMBINATIONS</b>		
ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day)	QL	F
ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day)	QL	F
AVANDAMET TAB	-	F
AVANDARYL TAB	-	F
glipizide/metformin tab (METAGLIP equiv)	-	F
glyburide/metformin tab (GLUCOVANCE equiv)	-	F
JANUMET TAB (QL= 2 tabs/day)	QL	F
JANUMET XR TAB (QL= 2 tabs/day)	QL	F
pioglitazone/glimepiride tab (DUETACT equiv)	-	F
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	F
SYNJARDY TAB (QL= 2 tabs/day)	QL	F
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<b>ANTIDIABETICS Cont.</b>		
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	F
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	F
ACTOPLUS MET XR TAB	-	NC
GLYXAMBI TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
JENTADUETO TAB	-	NC
JENTADUETO XR TAB	-	NC
KAZANO TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
OSENI TAB	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	-	NC
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	-	NC
XULTOPHY INJ	-	NC
<b>BIGUANIDES</b>		
metformin ER tab (GLUCOPHAGE XR equiv)	-	F
metformin tab (GLUCOPHAGE equiv)	-	F
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
RIOMET SOLN	-	NC
<b>DIABETIC OTHER</b>		
GLUCAGEN HYPOKIT INJ	-	F
GLUCAGON INJ KIT	-	F
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F
PROGLYCEM SUSP	-	NC
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
ALOGLIPTIN TAB (QL= 1 tab/day)	QL	F
JANUVIA TAB (QL= 1 tab/day)	QL	F
NESINA TAB	-	NC
ONGLYZA TAB	-	NC
TRADJENTA TAB	-	NC
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	NC
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	F
BYDUREON INJ (QL= 4 inj/28 days)	QL	F
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	F
VICTOZA INJ (QL= 9ml/30 days)	QL	F
ADLYXIN INJ	-	NC
BYETTA INJ	-	NC
OZEMPIC INJ	-	NC

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	Vaccine Program				

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<b>ANTIDIABETICS Cont.</b>		
TANZEUM INJ	-	NC
TRULICITY INJ	-	NC
<b>INSULIN</b>		
BASAGLAR INJ	-	F
HUMULIN R INJ U-500	-	F
HUMULIN R U-500 KWIKPEN INJ	-	F
NOVOLIN INJ	OTC	F
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	F
NOVOLOG INJ, FIASP INJ	-	F
NOVOLOG MIX FLEXPEN INJ	-	F
NOVOLOG MIX INJ	-	F
NOVOLOG PENFILL INJ	-	F
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
HUMALOG INJ, ADMELOG INJ	-	NC
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
LANTUS INJ	-	NC
LANTUS SOLOSTAR INJ	-	NC
LEVEMIR FLEXTOUCH INJ	-	NC
LEVEMIR INJ	-	NC
TOUJEO SOLOSTAR INJ	-	NC
TRESIBA INJ	-	NC
<b>INSULIN SENSITIZING AGENTS</b>		
AVANDIA TAB	-	F
pioglitazone tab (ACTOS TAB equiv)	-	F
<b>MEGLITINIDE ANALOGUES</b>		
repaglinide tab (PRANDIN equiv)	-	F
nateglinide tab (STARLIX equiv)	-	NC
STARLIX TAB	-	NC
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
JARDIANCE TAB (QL= 1 tab/day)	QL	F
FARXIGA TAB	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
<b>SULFONYLUREAS</b>		
chlorpropamide tab (DIABINESE equiv)	-	F
glimepiride tab (AMARYL equiv)	-	F
glipizide ER tab (GLUCOTROL XL equiv)	-	F
glipizide tab (GLUCOTROL equiv)	-	F
glyburide micronized tab (GLYNASE equiv)	-	F
glyburide tab (MICRONASE equiv)	-	F
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INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to Two 15 Day Fills per Month for the First 3 M VAC Vaccine Program	generic =small letters KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	BRANDS =CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy

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<b>ANTIDIABETICS Cont.</b>		
tolazamide tab (TOLINASE equiv)	-	F
TOLBUTAMIDE TAB	-	F
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB	-	NC
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F
loperamide cap (IMODIUM equiv)	-	NC
opium tincture	-	NC
PAREGORIC TINCTURE	-	NC
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
VISTOGARD PAK	-	NC
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	F
EXJADE TAB	MSP	F
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
JADENU TAB	KMSP	F
<b>OPIOID ANTAGONISTS</b>		
naloxone inj	-	F
NARCAN NASAL SPRAY	-	F
EVZIO INJ	-	NC
naltrexone tab (RE VIA equiv)	-	NC
RE VIA TAB	-	NC
VIVITROL INJ	-	NC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
JADENU SPRINKLE	KMSP	F
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
CETYLEV TAB	-	NC
<b>OPIOID ANTAGONISTS</b>		
NALOXONE PREFILLED INJ	-	F
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F
ondansetron ODT (ZOFTRAN equiv)	-	F
ondansetron soln (ZOFTRAN equiv)	-	F
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SF	Limited to Two 15 Day Fills per Month for the First 3 M	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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

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<b>ANTIHISTAMINES Cont.</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
chlorpheniramine ER cap	-	F
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	F
carbinoxamine soln (PALGIC equiv)	-	NC
carbinoxamine tab (PALGIC equiv)	-	NC
KARBINAL ER SUSP	-	NC
PALGIC SOLN	-	NC
PALGIC TAB	-	NC
<b>ANTIHISTAMINES - NON-SEDATING</b>		
cetirizine cap (ZYRTEC equiv)	OTC	F
cetirizine chew tab (ZYRTEC equiv)	OTC	F
cetirizine syrup (ZYRTEC equiv)	OTC	F
cetirizine tab (ZYRTEC equiv)	OTC	F
fexofenadine susp (ALLEGRA equiv)	OTC	F
fexofenadine tab (ALLEGRA equiv)	OTC	F
loratadine cap (CLARITIN equiv)	OTC	F
loratadine ODT (CLARITIN equiv)	OTC	F
loratadine syrup (CLARITIN equiv)	OTC	F
loratadine tab (CLARITIN equiv)	OTC	F
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARINEX TAB	-	NC
CLARITIN CAP	OTC	NC
DESLORATADINE ODT	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
promethazine supp (PHENERGAN equiv)	-	F
promethazine syrup	-	F
promethazine tab (PHENERGAN equiv)	-	F
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine syrup	-	F
cyproheptadine tab	-	F
<b>ANTIHYPERTENSIVES</b>		
<b>ANTIHYPERTENSIVES - COMBINATIONS</b>		
ezetimibe/simvastatin tab (VYTORIN equiv)	-	NC
LIPTRUZET TAB	-	NC
VYTORIN TAB	-	NC
<b>ANTIHYPERTENSIVES - MISC.</b>		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F
KYNAMRO INJ	-	NC

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<b>ANTIHYPERTENSIVES Cont.</b>		
VASCEPA CAP	-	NC
<b>BILE ACID SEQUESTRANTS</b>		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F
cholestyramine powder (QUESTRAN equiv)	-	F
cholestyramine powder pack (QUESTRAN equiv)	-	F
colestipol tab (COLESTID equiv)	-	F
WELCHOL PAK	-	F
WELCHOL TAB	-	F
COLESTID GRANULE	-	NC
COLESTID POWDER PACK	-	NC
colestipol granule (COLESTID equiv)	-	NC
colestipol powder packet (COLESTID equiv)	-	NC
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	F
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	F
gemfibrozil tab (LOPID equiv)	-	F
TRILIPIX CAP	-	F
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
fenofibric acid DR cap (TRILIPIX equiv)	-	NC
FENOFIBRIC TAB, FIBRICOR TAB	-	NC
LOFIBRA TAB, TRIGLIDE TAB	-	NC
TRICOR TAB	-	NC
TRIGLIDE TAB	-	NC
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	F
atorvastatin tab 80mg (LIPITOR equiv)	-	F
fluvastatin cap (LESCOL equiv)	-	F
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	F
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	F
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
CRESTOR TAB 20MG	-	NC
FLOLIPID SUSP	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC

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<b>ANTIHYPERTENSIVES Cont.</b>		
LESCOL XL TAB	-	NC
LIVALO TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv)	-	NC
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab (ZETIA equiv)	-	F
ZETIA TAB	-	NC
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP	-	NC
<b>NICOTINIC ACID DERIVATIVES</b>		
NIASPAN ER TAB	-	F
niacin ER tab (NIASPAN equiv)	-	NC
NIACOR TAB	-	NC
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT INJ (QL= 2 inj/28 days)	KMSP-PA-QL	F
REPATHA INJ (QL= 2 inj/28 days)	KMSP-PA-QL	F
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	KMSP-PA-QL	F
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
benazepril tab (LOTENSIN equiv)	-	F
captopril tab (CAPOTEN equiv)	-	F
enalapril tab (VASOTEC equiv)	-	F
fosinopril tab (MONOPRIL equiv)	-	F
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	F
moexipril tab (UNIVASC equiv)	-	F
perindopril tab (ACEON equiv)	-	F
quinapril tab (ACCUPRIL equiv)	-	F
ramipril cap (ALTACE equiv)	-	F
trandolapril tab (MAVIK equiv)	-	F
EPANED PREMIXED SOLN	-	NC
QBRELIS SOLN	-	NC
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
phenoxybenzamine cap (DIBENZYLININE equiv)	KMSP	F
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
irbesartan tab (AVAPRO equiv)	-	F
losartan tab (COZAAR equiv)	-	F
olmesartan tab (BENICAR equiv)	-	F
telmisartan tab (MICARDIS equiv)	-	F
valsartan tab (DIOVAN equiv)	-	F
ATACAND TAB	-	NC
BENICAR TAB	-	NC
candesartan tab (ATACAND equiv)	-	NC
EDARBI TAB	-	NC
EPROSARTAN TAB	-	NC
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		

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<b>ANTIHYPERTENSIVES Cont.</b>		
clonidine patch (CATAPRES-TTS equiv)	-	F
clonidine tab (CATAPRES equiv)	-	F
doxazosin tab (CARDURA equiv)	-	F
guanfacine IR tab (TENEX equiv)	-	F
methyldopa tab (ALDOMET equiv)	-	F
prazosin cap (MINIPRESS equiv)	-	F
terazosin cap (HYTRIN equiv)	-	F
GUANABENZ TAB	-	NC
NEXICLON XR SUSP	-	NC
NEXICLON XR TAB	-	NC
RESERPINE TAB	-	NC
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
amlodipine/benazepril cap (LOTREL equiv)	-	F
amlodipine/olmesartan tab (AZOR TAB equiv)	-	F
amlodipine/valsartan tab (EXFORGE equiv)	-	F
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	F
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	F
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	F
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	F
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	F
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	F
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F
AMTURNIDE TAB	-	NC
AZOR TAB	-	NC
BENICAR HCT TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
CORZIDE TAB	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
TEKAMLO TAB	-	NC
TEKURNA HCT TAB	-	NC

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telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TEVETEN HCT TAB	-	NC
trandolapril/verapamil ER tab (TARKA equiv)	-	NC
TRIBENZOR TAB	-	NC
TWYNSTA TAB	-	NC
VALTURNA TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA TAB	-	NC
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPRA equiv)	-	NC
INSPRA TAB	-	NC
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	-	F
minoxidil tab (LONITEN equiv)	-	F
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F
IMPAVIDO CAP	PA	F
metronidazole cap (FLAGYL equiv)	-	F
metronidazole tab (FLAGYL equiv)	-	F
NEBUPENT NEB SOLN	KMSP	F
trimethoprim tab (PROLOPRIM equiv)	-	F
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	F
VANCOMYCIN SOLN KIT	-	F
FIRST METRONIDAZOLE SUSP	-	NC
FLAGYL ER TAB	-	NC
PRIMSOL SOLN	-	NC
TINDAMAX TAB	-	NC
tinidazole tab (TINDAMAX equiv)	-	NC
XIFAXAN TAB	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	F
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	F
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	F
atovaquone susp (MEPRON equiv)	-	F
<b>KETOLIDES</b>		
KETEK TAB	-	NC
<b>LEPROSTATICS</b>		
dapsone tab	-	F
<b>LINCOSAMIDES</b>		
clindamycin cap (CLEOCIN equiv)	-	F

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<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
CLEOCIN SOLN	-	NC
clindamycin soln (CLEOCIN equiv)	-	NC
<b>OXAZOLIDINONES</b>		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	F
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	F
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	F
MALARONE TAB	-	F
FANSIDAR TAB	-	NC
<b>ANTIMALARIALS</b>		
chloroquine tab (ARALEN equiv)	-	F
DARAPRIM TAB	MSP-PA	F
hydroxychloroquine tab (PLAQUENIL equiv)	-	F
MEFLOQUINE TAB	-	F
mefloquine tab (LARIAM equiv)	-	F
PRIMAQUINE TAB	-	F
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
PROSTIGMIN TAB	-	F
pyridostigmine CR tab (MESTINON equiv)	-	F
pyridostigmine tab (MESTINON equiv)	-	F
MESTINON SYRUP	-	NC
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	F
<b>ANTIMYCOBACTERIAL AGENTS</b>		
ethambutol tab (MYAMBUTOL equiv)	-	F
ISONIAZID SYRUP	-	F
isoniazid tab	-	F
PRIFTIN TAB	-	F
pyrazinamide tab	-	F
rifabutin cap (MYCOBUTIN equiv)	-	F
rifampin cap (RIFADIN equiv)	-	F
CYCLOSERINE CAP	-	NC
SIRTURO TAB	-	NC
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
ALKERAN TAB	KMSP	F
cyclophosphamide tab (CYTOXAN equiv)	-	F
HEXALEN CAP	KMSP	F
LEUKERAN TAB	KMSP	F

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<b>ANTINEOPLASTICS Cont.</b>		
<b>ANTIMETABOLITES</b>		
mercaptapurine tab (PURINETHOL equiv)	-	F
methotrexate tab (TREXALL equiv)	-	F
TABLOID TAB	-	F
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	F
NEXAVAR TAB	MSP-PA-SF	F
SPRYCEL TAB	KMSP-PA-SF	F
SUTENT CAP	KMSP-PA-SF	F
TYKERB TAB	KMSP-PA	F
VOTRIENT TAB	KMSP-PA-SF	F
ZOLINZA CAP	KMSP-PA-SF	F
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	F
ALFERON-N INJ	KMSP	F
hydroxyurea cap (HYDREA equiv)	-	F
INTRON-A INJ	KMSP	F
MATULANE CAP	-	F
tretinoin cap (VESANOID equiv)	KMSP	F
PROLEUKIN INJ	-	NC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
leucovorin tab	-	F
MESNEX TAB	KMSP	F
<b>MITOTIC INHIBITORS</b>		
etoposide cap (VEPESID equiv)	KMSP	F
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP	KMSP-PA	F
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
AFINITOR TAB (QL= 1 tab/day)	KMSP-PA-QL-SF	F
CEENU CAP	-	F
CYCLOPHOSPHAMIDE CAP	-	F
GLEOSTINE/LOMUSTINE CAP	-	F
melphalan tab (ALKERAN equiv)	-	F
MYLERAN TAB	KMSP	F
temozolomide cap (TEMODAR equiv)	KMSP	F
<b>ANTIMETABOLITES</b>		
capecitabine tab (XELODA equiv)	KMSP	F
methotrexate inj	-	F
PURIXAN SUSP	-	NC
XATMEP SOLN	-	NC
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
GAZYVA INJ	-	NC
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		

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	Vaccine Program				

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

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

**ANTIPARKINSON AGENTS**

**ANTIPARKINSON ADJUVANTS**

carbidopa tab (LODOSYN equiv)	-	F
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**ANTIPARKINSON ANTICHOLINERGICS**

benztropine tab	-	F
trihexyphenidyl elixir (ARTANE equiv)	-	F
trihexyphenidyl tab (ARTANE equiv)	-	F

**ANTIPARKINSON COMT INHIBITORS**

entacapone tab (COMTAN equiv)	-	F
TASMAR TAB	-	NC
tolcapone tab (TASMAR equiv)	-	NC

**ANTIPARKINSON DOPAMINERGICS**

amantadine cap (SYMMETREL equiv)	-	F
amantadine syrup (SYMMETREL equiv)	-	F
amantadine tab	-	F
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	F
bromocriptine cap (PARLODEL equiv)	-	F
bromocriptine tab (PARLODEL equiv)	-	F

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<b>ANTIPARKINSON AGENTS Cont.</b>		
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F
carbidopa/levodopa ODT (PARCOPA equiv)	-	F
carbidopa/levodopa tab (SINEMET equiv)	-	F
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	F
pramipexole tab (MIRAPEX equiv)	-	F
ropinirole tab (REQUIP equiv)	-	F
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
MIRAPEX ER TAB	-	NC
pramipexole ER tab (MIRAPEX ER equiv)	-	NC
REQUIP XL TAB	-	NC
ropinirole ER tab (REQUIP XL equiv)	-	NC
RYTARY CAP	-	NC
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
rasagiline tab (AZILECT equiv)	-	F
selegiline cap (ELDEPRYL equiv)	-	F
selegiline tab (ELDEPRYL equiv)	-	F
AZILECT TAB	-	NC
XADAGO TAB	-	NC
ZELAPAR ODT	-	NC
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
lithium carbonate cap (ESKALITH ER equiv)	-	F
lithium carbonate ER tab (LITHOBID equiv)	-	F
lithium carbonate tab	-	F
lithium citrate soln	-	F
<b>ANTIPSYCHOTICS - MISC.</b>		
EQUETRO CAP	-	F
ziprasidone cap (GEODON equiv)	-	F
LATUDA TAB	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
<b>BENZISOXAZOLES</b>		
paliperidone ER tab (INVEGA equiv)	PA	F
RISPERIDONE ODT	-	F
risperidone ODT (RISPERDAL M equiv)	-	F
risperidone soln (RISPERDAL equiv)	-	F
risperidone tab (RISPERDAL equiv)	-	F
FANAPT TAB	-	NC
FANAPT TITRATION PACK	-	NC
INVEGA INJ	-	NC
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	F
haloperidol tab (HALDOL equiv)	-	F

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
<b>DIBENZAPINES</b>		
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	F
CLOZAPINE ODT, FAZACLO ODT	-	F
clozapine tab (CLOZARIL equiv)	-	F
loxapine cap (LOXITANE equiv)	-	F
olanzapine ODT (ZYPREXA equiv)	-	F
olanzapine tab (ZYPREXA equiv)	-	F
quetiapine tab (SEROQUEL equiv)	-	F
quetiapine XR tab (SEROQUEL XR equiv)	-	F
ADASUVE INHALER	-	NC
SAPHRIS SL TAB	-	NC
VERSACLOZ SUSP	-	NC
<b>PHENOTHIAZINES</b>		
chlorpromazine tab (THORAZINE equiv)	-	F
fluphenazine tab (PROLIXIN equiv)	-	F
perphenazine tab (TRILAFON equiv)	-	F
prochlorperazine supp (COMPAZINE equiv)	-	F
prochlorperazine tab (COMPAZINE equiv)	-	F
thioridazine tab (MELLARIL equiv)	-	F
trifluoperazine tab (STELAZINE equiv)	-	F
<b>QUINOLINONE DERIVATIVES</b>		
aripiprazole tab (ABILIFY equiv)	-	F
ABILIFY DISCMELT	-	NC
ABILIFY SOLN	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
aripiprazole soln (ABILIFY equiv)	-	NC
REXULTI TAB	-	NC
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	F
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>CHLORINE ANTISEPTICS</b>		
PHISOHEX LIQUID	-	NC
<b>IODINE ANTISEPTICS</b>		
IODOFLEX PAD	-	NC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
abacavir soln (ZIAGEN equiv)	-	F
abacavir tab (ZIAGEN equiv)	-	F
abacavir/lamivudine tab (EPZICOM equiv)	-	F
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	F
APTIVUS CAP	-	F
APTIVUS SOLN	-	F
atazanavir cap (REYATAZ equiv)	-	F
ATRIPLA TAB (QL= 1 tab/day)	QL	F
COMPLERA TAB (QL= 1 tab/day)	QL	F
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<b>ANTIVIRALS Cont.</b>		
CRIVAN CAP	MSP	F
DESCOVY TAB	PA	F
didanosine DR cap (VIDEX EC equiv)	-	F
EDURANT TAB	-	F
efavirenz cap (SUSTIVA equiv)	-	F
efavirenz tab (SUSTIVA equiv)	-	F
EMTRIVA CAP	-	F
EMTRIVA SOLN	-	F
EVOTAZ TAB	-	F
fosamprenavir tab (LEXIVA equiv)	-	F
FUZEON INJ	-	F
GENVOYA TAB (QL= 1 tab/day)	QL	F
INTELENCE TAB	-	F
INVIRASE CAP	-	F
INVIRASE TAB	-	F
ISENTRESS (HD) TAB	-	F
ISENTRESS CHEW TAB	-	F
ISENTRESS POWDER PACK	-	F
KALETRA TAB	-	F
lamivudine soln (EPIVIR equiv)	-	F
lamivudine tab (EPIVIR equiv)	-	F
lamivudine/zidovudine tab (COMBIVIR equiv)	-	F
LEXIVA SUSP	-	F
lopinavir/ritonavir soln (KALETRA equiv)	-	F
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	ST	F
NEVIRAPINE SUSP (VIRAMUNE equiv)	-	F
nevirapine tab (VIRAMUNE equiv)	-	F
NORVIR CAP	-	F
NORVIR SOLN	-	F
NORVIR TAB	-	F
ODEFSEY TAB (QL= 1 tab/day)	QL	F
PREZCOBIX TAB	-	F
PREZISTA SUSP	-	F
PREZISTA TAB	-	F
RESCRIPTOR TAB	-	F
REYATAZ POWDER PACK	-	F
SELZENTRY SOLN	-	F
SELZENTRY TAB	-	F
stavudine cap (ZERIT equiv)	-	F
stavudine soln (ZERIT equiv)	-	F
STRIBILD TAB (QL= 1 tab/day)	QL	F
tenofovir disoproxil fumarate tab 300mg (VIREAD equiv)	-	F
TIVICAY TAB (QL= 2 tabs/day)	QL	F
TRIUMEQ TAB (QL= 1 tab/day)	QL	F
TRUVADA TAB	PA	F
VIDEX EC CAP 125MG	-	F
VIDEX SOLN	-	F

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<b>ANTIVIRALS Cont.</b>		
VIRACEPT POWDER	-	F
VIRACEPT TAB	-	F
VIRAMUNE SUSP	-	F
VIREAD TAB 150MG, 200MG, 250MG	-	F
VITEKTA TAB	-	F
zidovudine cap (RETROVIR equiv)	-	F
zidovudine syrup (RETROVIR equiv)	-	F
zidovudine tab (RETROVIR equiv)	-	F
BIKTARVY TAB	-	NC
EPZICOM TAB	-	NC
JULUCA TAB	-	NC
KALETRA SOLN	-	NC
LEXIVA TAB	-	NC
SUSTIVA TAB	-	NC
TYBOST TAB	-	NC
ZERIT SOLN	-	NC
<b>CMV AGENTS</b>		
GANCICLOVIR CAP	-	F
valganciclovir soln (VALCYTE equiv)	-	F
valganciclovir tab (VALCYTE equiv)	-	F
PREVYMIS TAB	-	NC
VALCYTE SOLN	-	NC
<b>HEPATITIS AGENTS</b>		
adefovir dipivoxil tab (HEPSERA equiv)	KMSP	F
entecavir tab (BARACLUDGE equiv) (QL= 1 tab/day)	KMSP-QL	F
EPCLUSA TAB (QL= 1 tab/day)	KMSP-PA-QL	F
EPIVIR HBV SOLN	-	F
HARVONI TAB (QL= 1 tab/day)	KMSP-PA-QL	F
INFERGEN INJ	MSP	F
lamivudine tab 100mg (EPIVIR HBV equiv)	-	F
MAVYRET TAB (QL= 3 tabs/day)	KMSP-PA-QL	F
PEGASYS INJ	KMSP	F
PEGASYS INJ KIT	KMSP	F
PEG-INTRON INJ	KMSP	F
REBETOL SOLN	KMSP	F
RIBATAB	KMSP	F
ribavirin cap (REBETOL equiv)	KMSP	F
ribavirin tab (COPEGUS equiv)	KMSP	F
VEMLIDY TAB	KMSP	F
VOSEVI TAB (QL= 1 tab/day)	KMSP-PA-QL	F
DAKLINZA TAB	-	NC
INCIVEK TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC

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<b>ANTIVIRALS Cont.</b>		
TYZEKA TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
<b>HERPES AGENTS</b>		
acyclovir cap (ZOVIRAX equiv)	-	F
acyclovir susp (ZOVIRAX equiv)	-	F
acyclovir tab (ZOVIRAX equiv)	-	F
valacyclovir tab (VALTREX equiv)	-	F
famciclovir tab (FAMVIR equiv)	-	NC
FAMVIR TAB	-	NC
SITAVIG TAB	-	NC
<b>INFLUENZA AGENTS</b>		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	F
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	F
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	F
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	F
rimantadine tab (FLUMADINE equiv)	-	F
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
<b>ASSORTED CLASSES</b>		
<b>CHELATING AGENTS</b>		
DEPEN TITRATAB	-	F
CUPRIMINE CAP	-	NC
<b>IMMUNOMODULATORS</b>		
REVLIMID CAP (QL= 1 cap/day)	KMSP-PA-QL	F
THALOMID CAP	KMSP-PA	F
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine tab (IMURAN equiv)	-	F
cyclosporine cap (SANDIMMUNE equiv)	-	F
cyclosporine modified cap (NEORAL equiv)	-	F
cyclosporine modified soln (NEORAL equiv)	-	F
mycophenolate DR tab (MYFORTIC equiv)	-	F
mycophenolate mofetil cap (CELLCEPT equiv)	-	F
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	F
mycophenolate mofetil tab (CELLCEPT equiv)	-	F
RAPAMUNE SOLN	-	F
SANDIMMUNE SOLN 100MG/ML	-	F
sirolimus tab (RAPAMUNE equiv)	-	F
tacrolimus cap (PROGRAF equiv)	-	F
ZORTRESS TAB	KMSP-PA	F
AZASAN TAB	-	NC
ENVARUSUS XR TAB	-	NC
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene powder (KAYEXALATE equiv)	-	F

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

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**L.A. Care PASC-SEIU Homecare Workers Formulary  
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ASSORTED CLASSES Cont.</b>		
sodium polystyrene susp (SPS equiv)	-	F
VELTASSA POWDER	KMSP-PA	F
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol tab (COREG equiv)	-	F
labetalol tab (NORMODYNE equiv)	-	F
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
acebutolol cap (SECTRAL equiv)	-	F
atenolol tab (TENORMIN equiv)	-	F
betaxolol tab (KERLONE equiv)	-	F
bisoprolol tab (ZEBETA equiv)	-	F
BYSTOLIC TAB	-	F
metoprolol ER tab (TOPROL XL equiv)	-	F
metoprolol tab (LOPRESSOR equiv)	-	F
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
<b>BETA BLOCKERS NON-SELECTIVE</b>		
nadolol tab (CORGARD equiv)	-	F
pindolol tab (VISKEN equiv)	-	F
propranolol ER cap (INDERAL LA equiv)	-	F
PROPRANOLOL SOLN	-	F
propranolol tab (INDERAL equiv)	-	F
sotalol AF tab (BETAPACE AF equiv)	-	F
sotalol tab (BETAPACE equiv)	-	F
timolol maleate tab (BLOCADREN equiv)	-	F
HEMANGEOL SOLN	-	NC
INNOPRAN XL CAP	-	NC
LEVATOL TAB	-	NC
SOTYLIZE SOLN	-	NC
<b>BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine tab (NORVASC equiv)	-	F
diltiazem ER cap (CARDIZEM CD equiv)	-	F
diltiazem ER cap (CARDIZEM SR equiv)	-	F
diltiazem ER cap (DILACOR XR equiv)	-	F
diltiazem ER cap (TIAZAC equiv)	-	F
diltiazem ER tab (CARDIZEM LA equiv)	-	F
diltiazem tab (CARDIZEM equiv)	-	F
isradipine cap (DYNACIRC equiv)	-	F

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DrugName	Special Code	Tier
<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
nicardipine cap (CARDENE equiv)	-	F
nifedipine cap (PROCARDIA equiv)	-	F
nifedipine ER tab (ADALAT CC equiv)	-	F
nisoldipine ER tab (SULAR equiv)	-	F
verapamil SR cap (VERELAN SR equiv)	-	F
verapamil tab (CALAN equiv)	-	F
CARDENE SR CAP	-	NC
COVERA-HS TAB	-	NC
DYNACIRC CR TAB	-	NC
felodipine ER tab (PLENDIL equiv)	-	NC
nimodipine cap (NIMOTOP equiv)	-	NC
NIMOTOP CAP	-	NC
verapamil SR cap (VERELAN PM equiv)	-	NC
VERELAN PM CAP	-	NC

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

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

**CARDIOVASCULAR AGENTS - MISC.**

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

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

**IMPOTENCE AGENTS**

CIALIS TAB (QL= 6 tabs/30 days)	QL	F
sildenafil tab (VIAGRA equiv) (QL=6 tabs/30 days)	QL	F
CAVERJECT INJ	-	NC
EDEX INJ	-	NC
LEVITRA TAB	-	NC
MUSE SUPP	-	NC
PAPAVERINE/ALPROSTADIL INJ	-	NC
PAPAVERINE/PHENTOLAMINE INJ	-	NC
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	-	NC
PHENTOLAMINE/ALPROSTADIL INJ	-	NC
STAXYN ODT	-	NC
STENDRA TAB	-	NC
VIAGRA TAB	-	NC

**PERIPHERAL VASODILATORS**

isoxsuprine tab	-	NC
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**PROSTAGLANDIN VASODILATORS**

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

**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA TAB	LMSP-PA	F
sildenafil tab 20mg (REVATIO equiv)	PA	F
REVATIO SUSP	-	NC
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cefadroxil cap (DURICEF equiv)	-	F
cefadroxil susp (DURICEF equiv)	-	F
cefadroxil tab (DURICEF equiv)	-	F
cephalexin cap (KEFLEX equiv)	-	F
cephalexin susp (KEFLEX equiv)	-	F
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefprozil susp (CEFZIL equiv)	-	F
cefprozil tab (CEFZIL equiv)	-	F
cefuroxime susp (CEFTIN equiv)	-	F
cefuroxime tab (CEFTIN equiv)	-	F
cefaclor cap (CECLOR equiv)	-	NC
CEFACLOR ER TAB	-	NC
CEFACLOR SUSP	-	NC
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir cap (OMNICEF equiv)	-	F
cefdinir susp (OMNICEF equiv)	-	F
CEDAX CAP	-	NC
CEDAX SUSP	-	NC
CEFDITOREN TAB	-	NC
cefixime susp (SUPRAX equiv)	-	NC
cefpodoxime proxetil susp (VANTIN equiv)	-	NC
cefpodoxime proxetil tab (VANTIN equiv)	-	NC
SUPRAX CAP	-	NC
SUPRAX CHEW TAB	-	NC
SUPRAX SUSP	-	NC
SUPRAX TAB	-	NC
VANTIN TAB	-	NC

**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CONTRACEPTIVES Cont.</b>		
amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
BEYAZ TAB	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab (OGESTREL equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0
necon tab (ORTHO-NOVUM equiv)	-	\$0
necon tab 1-50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
YASMIN TAB	-	\$0
YAZ TAB	-	\$0
ESTROSTEP FE TAB	-	NC
FALESSA KIT	-	NC
FEMCON FE CHEW TAB	-	NC
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	NC
LO LOESTRIN TAB	-	NC
LO MINASTRIN 24 FE CHEW TAB	-	NC
LOESTRIN 24 FE TAB	-	NC
mibelas chew tab (MINASTRIN equiv)	-	NC
NATAZIA TAB	-	NC
rajani tab (BEYAZ equiv)	-	NC
SAFYRAL TAB	-	NC
SEASONIQUE TAB	-	NC
TAYTULLA CAP	-	NC
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
XULANE PATCH	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
NUVARING	-	\$0
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ	-	NC

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CONTRACEPTIVES Cont.</b>		
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	-	\$0
NOR-QD TAB	-	NC
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine)	ST	F
CORTEF TAB	-	F
CORTISONE ACETATE TAB	-	F
DEXAMETHASONE CONC	-	F
dexamethasone elixir	-	F
dexamethasone soln	-	F
dexamethasone tab (DECADRON equiv)	-	F
hydrocortisone tab (CORTEF equiv)	-	F
methylprednisolone dose pack (MEDROL equiv)	-	F
methylprednisolone tab (MEDROL equiv)	-	F
prednisolone ODT (ORAPRED equiv)	-	F
prednisolone soln (PEDIAPRED equiv)	-	F
prednisolone syrup (PRELONE equiv)	-	F
PREDNISON PAK	-	F
PREDNISON SOLN	-	F
PREDNISON TAB	-	F
prednisone tab (DELTASONE equiv)	-	F
DEXPAK TAB	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
ENTOCORT EC CAP	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
UCERIS TAB	-	NC
<b>MINERALOCORTICIDS</b>		
fludrocortisone tab (FLORINEF equiv)	-	F
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON equiv)	-	F
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	F
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	F
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	F
guaifenesin/codeine soln (BRONTEX equiv)	OTC	F
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	F
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
<b>INF</b> Infertility <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program <b>PA</b> Prior Authorization <b>SF</b> Limited to Two 15 Day Fills per Month for the First 3 M <b>VAC</b> Vaccine Program	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program <b>MSP</b> Mandatory Specialty Pharmacy Program <b>QL</b> Quantity Limit <b>SMKG</b> Smoking Cessation	<b>LD</b> Limited Distribution <b>OTC</b> Over-the-Counter <b>RS</b> Restricted to Specialist <b>ST</b> Step Therapy
<b>generic</b> =small letters <b>BRANDS</b> =CAPITAL LETTERS		

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<b>COUGH/COLD/ALLERGY Cont.</b>																																
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	F																														
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	F																														
NINJACOF-XG LIQUID	OTC	F																														
promethazine VC syrup (PHENERGAN VC equiv)	-	F																														
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	F																														
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	F																														
CLARINEX-D TAB	-	NC																														
DECON-A LIQUID	OTC	NC																														
DURAVENT PE TAB	-	NC																														
HDC DM SYRUP	-	NC																														
HYCOFENIX SOLN	-	NC																														
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	NC																														
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	NC																														
MUCINEX LIQUID	-	NC																														
POLY-TUSSIN DM SYRUP	-	NC																														
promethazine DM syrup	-	NC																														
SUTTAR SF SYRUP	-	NC																														
TUSSICAPS	-	NC																														
TUSSIONEX SUSP	-	NC																														
TUSSI-PRES LIQUID	-	NC																														
TUZISTRA XR SUSP	-	NC																														
ZUTRIPRO LIQUID	-	NC																														
<b>EXPECTORANTS</b>																																
GUAIFENESEN SYRUP	-	NC																														
guaifenesin tab (ALLFEN JR equiv)	-	NC																														
MUCINEX TAB	-	NC																														
<b>MISC. RESPIRATORY INHALANTS</b>																																
NEBUSAL NEB SOLN	-	F																														
sodium chloride neb soln (HYPER-SAL equiv)	-	F																														
<b>MUCOLYTICS</b>																																
acetylcysteine soln (MUCOMYST equiv)	-	F																														
<b>DERMATOLOGICALS</b>																																
<b>ACNE PRODUCTS</b>																																
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F																														
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F																														
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F																														
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F																														
AVAR GEL	-	F																														
clindamycin gel (CLEOCIN GEL equiv)	-	F																														
clindamycin lotion (CLEOCIN- T equiv)	-	F																														
clindamycin pad (CLEOCIN-T equiv)	-	F																														
clindamycin topical soln (CLEOCIN-T equiv)	-	F																														
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	F																														
EPIDUO GEL 0.1-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	F																														
erythromycin gel	-	F																														
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
erythromycin pad	-	F
erythromycin soln	-	F
isotretinoin cap (ACUTANE equiv)	-	F
PRASCION RA CREAM	-	F
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	F
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	F
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	F
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	F
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	F
SODIUM SULFACETAMIDE/SULFUR LOTION	-	F
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	F
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	F
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	F
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	F
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
ABSORICA CAP	-	NC
ACANYA GEL, ONEXTON GEL	-	NC
ACZONE GEL 7.5%	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZAFLIN GEL	-	NC
BENZAMYCIN GEL	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLARIFOAM EF FOAM	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin/benzoyl peroxide gel (BENZAFLIN equiv)	-	NC
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
DIFFERIN OTC GEL 0.1%	OTC	NC
DUAC CS KIT	-	NC
DUAC GEL	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
KLARON LOTION	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide lotion (KLARON equiv)	-	NC
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	NC
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
SUMADEN XLT KIT	-	NC
SUMAXIN TS SUSP	-	NC
TRETIN-X CREAM	-	NC
VELTIN GEL	-	NC
ZIANA GEL	-	NC
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	NC
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
<b>ANALGESICS - TOPICAL</b>		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		
gentamicin sulfate cream	-	F
gentamicin sulfate oint	-	F
mupirocin cream (BACTROBAN equiv)	-	F
mupirocin oint (BACTROBAN OINT equiv)	-	F
ALTABAX OINT	-	NC
CENTANY OINT	-	NC
CORTISPORIN CREAM	-	NC
CORTISPORIN OINT	-	NC
NEO-SYNALAR CREAM	-	NC
<b>ANTIFUNGALS - TOPICAL</b>		
ciclopirox cream (LOPROX CREAM equiv)	-	F
ciclopirox gel (LOPROX GEL equiv)	-	F
ciclopirox nail soln (PENLAC equiv)	-	F
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F
ciclopirox topical susp (LOPROX SUSP equiv)	-	F
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	F
ketoconazole cream (NIZORAL CREAM equiv)	-	F
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F
nystatin cream (MYCOSTATIN CREAM equiv)	-	F
nystatin oint	-	F
nystatin topical powder	-	F
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
econazole cream (SPECTAZOLE equiv)	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM	-	NC
EXELDERM SOLN	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC

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

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<b>DERMATOLOGICALS Cont.</b>																																						
<b>ANTIPSORIATICS</b>																																						
8-MOP CAP	KMSP	F																																				
acitretin cap (SORIATANE equiv)	KMSP	F																																				
calcipotriene cream (DOVONEX CREAM equiv)	-	F																																				
calcipotriene oint	-	F																																				
calcipotriene soln (DOVONEX SOLN equiv)	-	F																																				
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	LMSP-PA-QL	F																																				
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	LMSP-PA-QL	F																																				
methoxsalen cap (OXSORALEN ULTRA equiv)	KMSP	F																																				
SORIATANE CK KIT	KMSP	F																																				
SILIQ INJ	-	NC																																				
SORILUX FOAM	-	NC																																				
STELARA INJ	-	NC																																				
TALTZ INJ	-	NC																																				
tazarotene cream (TAZORAC equiv)	-	NC																																				
TAZORAC CREAM	-	NC																																				
TAZORAC GEL	-	NC																																				
TREMFYA INJ	-	NC																																				
VECTICAL OINT	-	NC																																				
<b>ANTISEBORRHEIC PRODUCTS</b>																																						
selenium sulfide lotion	-	F																																				
selenium sulfide shampoo (SELSEB equiv)	-	F																																				
sodium sulfacetamide wash (OVACE WASH equiv)	-	F																																				
OVACE PLUS CREAM	-	NC																																				
OVACE PLUS GEL	-	NC																																				
OVACE PLUS LOTION	-	NC																																				
OVACE PLUS SHAMPOO	-	NC																																				
OVACE PLUS FOAM	-	NC																																				
ROSULA PAD	-	NC																																				
seb-prev cream (OVACE CREAM equiv)	-	NC																																				
sodium sulfacetamide gel (OVACE PLUS equiv)	-	NC																																				
sodium sulfacetamide shampoo (OVACE equiv)	-	NC																																				
sodium sulfacetamide/urea pad (ROSULA equiv)	-	NC																																				
<b>ANTIVIRALS - TOPICAL</b>																																						
acyclovir oint (ZOVIRAX OINT equiv)	-	F																																				
DENAVIR CREAM	-	F																																				
XERESE CREAM	-	NC																																				
ZOVIRAX CREAM	-	NC																																				
ZOVIRAX OINT	-	NC																																				
<b>BURN PRODUCTS</b>																																						
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F																																				
SULFAMYLON CREAM	-	F																																				
<b>CORTICOSTEROIDS - TOPICAL</b>																																						
alclometasone cream (ACLOVATE equiv)	-	F																																				
alclometasone oint (ACLOVATE OINT equiv)	-	F																																				
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F																																				
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<table border="1"> <tr> <td>INF</td> <td>NC =Not Covered</td> <td>KMSP</td> <td>generic =small letters</td> <td>LD</td> <td>BRANDS =CAPITAL LETTERS</td> </tr> <tr> <td>LMSP</td> <td>Infertility</td> <td>MSP</td> <td>Kroger Mandatory Specialty Pharmacy Program</td> <td>OTC</td> <td>Limited Distribution</td> </tr> <tr> <td>PA</td> <td>Lumicera Mandatory Specialty Pharmacy Program</td> <td>QL</td> <td>Mandatory Specialty Pharmacy Program</td> <td>RS</td> <td>Over-the-Counter</td> </tr> <tr> <td>SF</td> <td>Prior Authorization</td> <td>SMKG</td> <td>Quantity Limit</td> <td>ST</td> <td>Restricted to Specialist</td> </tr> <tr> <td>VAC</td> <td>Limited to Two 15 Day Fills per Month for the First 3 M</td> <td></td> <td>Smoking Cessation</td> <td></td> <td>Step Therapy</td> </tr> <tr> <td></td> <td>Vaccine Program</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			INF	NC =Not Covered	KMSP	generic =small letters	LD	BRANDS =CAPITAL LETTERS	LMSP	Infertility	MSP	Kroger Mandatory Specialty Pharmacy Program	OTC	Limited Distribution	PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Mandatory Specialty Pharmacy Program	RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Specialist	VAC	Limited to Two 15 Day Fills per Month for the First 3 M		Smoking Cessation		Step Therapy		Vaccine Program				
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<b>DERMATOLOGICALS Cont.</b>		
betamethasone augmented gel	-	F
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	F
betamethasone augmented oint (DIPROLENE OINT equiv)	-	F
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	F
betamethasone dipropionate lotion	-	F
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	F
betamethasone valerate cream	-	F
betamethasone valerate lotion	-	F
betamethasone valerate oint	-	F
clobetasol propionate cream (TEMOVATE equiv)	PA	F
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	F
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	F
clobetasol propionate oint (TEMOVATE equiv)	PA	F
desoximetasone cream (TOPICORT CREAM equiv)	-	F
diflorasone oint	-	F
EPIFOAM AEROSOL	-	F
fluocinolone acetonide cream	-	F
fluocinolone acetonide oint	-	F
fluocinolone acetonide soln	-	F
fluocinonide cream 0.05% (LIDEX equiv)	-	F
fluocinonide emollient cream	-	F
fluocinonide gel	-	F
fluocinonide oint	-	F
fluocinonide soln	-	F
fluticasone propionate cream (CUTIVATE equiv)	-	F
fluticasone propionate oint (CUTIVATE equiv)	-	F
halobetasol propionate cream (ULTRAVATE equiv)	-	F
halobetasol propionate oint (ULTRAVATE equiv)	PA	F
hydrocortisone cream (PROCTOCORT equiv)	-	F
hydrocortisone lotion (HYTONE equiv)	-	F
hydrocortisone oint	-	F
mometasone cream (ELOCON equiv)	-	F
mometasone oint (ELOCON equiv)	-	F
mometasone soln (ELOCON equiv)	-	F
PRAMOSONE CREAM	-	F
PREDNICARBATE CREAM	-	F
prednicarbate cream (DERMATOP equiv)	-	F
PREDNICARBATE OIN	-	F
triamcinolone cream	-	F
triamcinolone lotion	-	F
triamcinolone oint	-	F
U-CORT CREAM	-	F
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC

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calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CAPEX SHAMPOO	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
clobetasol foam (OLUX equiv)	-	NC
clobetasol lotion (CLOBEX equiv)	-	NC
clobetasol propionate soln (TEMOVATE equiv)	-	NC
clobetasol spray (CLOBEX equiv)	-	NC
CLOBEX LOTION	-	NC
CLOBEX SHAMPOO	-	NC
CLOBEX SPRAY	-	NC
CLOCORTOLONE CREAM, CLODERM CREAM	-	NC
CORDRAN CREAM	-	NC
CORDRAN LOTION	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DERMA-SMOOTH/FS OIL	-	NC
DESONATE GEL	-	NC
desonide cream (DESOWEN equiv)	-	NC
desonide lotion (DESOWEN equiv)	-	NC
desonide oint (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
DIFLORASONE OINT (PSORCON equiv)	-	NC
ENSTILAR FOAM	-	NC
fluocinolone acetonide oil (DERMA-SMOOTH equiv)	-	NC
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
hc pramoxine cream 1-2.5% (PRAMOSONE 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 lotion (LOCOID equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC

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hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
OLUX E FOAM	-	NC
OLUX FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE E CREAM	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
SERNIVO SPRAY	-	NC
TACLONEX OINT	-	NC
TACLONEX SCALP SUSP	-	NC
TEMOVATE SOLN	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIANEX OINT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC

**ECZEMA AGENTS**

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

CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA LOTION	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC

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UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
<b>EMOLLIENTS</b>		
ammonium lactate cream (LAC-HYDRIN equiv)	-	F
ammonium lactate lotion (LAC-HYDRIN equiv)	-	F
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT (QL= 90gm/30 days)	QL	F
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
<b>HAIR GROWTH AGENTS</b>		
finasteride tab (PROPECIA equiv)	-	NC
<b>HAIR REDUCTION AGENTS</b>		
VANIQA CREAM	-	NC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	F
ZYCLARA CREAM	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
tacrolimus oint (PROTOPIC OINT equiv)	-	F
ELIDEL CREAM	-	NC
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOCON SOLN	-	F
podofilox soln (CONDYLOX equiv)	-	F
salicylic acid shampoo (SALEX equiv)	-	F
CONDYLOX GEL	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
lidocaine cream 3% (LIDAMANTLE equiv)	-	F
lidocaine gel (XYLOCAINE equiv)	-	F
lidocaine oint (QL= 107gm/30 days)	QL	F
lidocaine soln (XYLOCAINE equiv)	-	F
lidocaine/prilocaine cream (EMLA equiv)	-	F
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
lidocaine patch (LIDODERM equiv)	-	NC
LIDOCIN GEL	-	NC
LIDODERM PATCH	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
PROZENA PAD	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		
NEOSALUS FOAM	-	NC
<b>MISC. TOPICAL</b>		
aluminum chloride soln (DRYSOL equiv)	-	F
DRYSOL SOLN	-	F
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT	-	NC
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC
<b>ROSACEA AGENTS</b>		
FINACEA FOAM	-	F
FINACEA GEL	-	F
FINACEA PLUS KIT	-	F
metronidazole cream (METROCREAM equiv)	-	F
metronidazole gel (METROGEL equiv)	-	F
metronidazole lotion (METROLOTION equiv)	-	F
DOXYCYCLINE CAP, ORACEA CAP	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSADAN KIT	-	NC
<b>SCABICIDES &amp; PEDICULICIDES</b>		
EURAX CREAM	-	F
malathion lotion (OVIDE equiv)	QL	F
permethrin cream (ELIMITE CREAM equiv)	-	F
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F
EURAX LOTION	-	NC
lindane lotion	-	NC
lindane shampoo	-	NC
NATROBA SUSP	-	NC
SKLICE LOTION	-	NC
ULESFIA LOTION	-	NC
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL (QL= 30gm/fill)	QL	F
VENELEX OINT	-	F
BIAFINE EMULSION	-	NC
REXASIL KIT	-	NC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN INJ	-	F
GLUCAGON DIAGNOSTIC INJ	-	NC

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**DIAGNOSTIC PRODUCTS Cont.**

**DIAGNOSTIC PRODUCTS, MISC.**

FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
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**DIAGNOSTIC TESTS**

CLINISTIX TEST STRIP	OTC	F
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
FREESTYLE PRECISION NEO TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
KETO-DIASTIX TEST STRIP	OTC	F
KETOSTIX	OTC	F
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	NC
ACCU-CHEK GUIDE TEST STRIP	OTC	NC
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	NC
ACCU-CHEK TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC

**DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

**DIETARY MANAGEMENT PRODUCTS**

ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC

**INFANT FOODS**

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

**NUTRITIONAL SUPPLEMENTS**

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

**DIGESTIVE AIDS**

**DIGESTIVE ENZYMES**

CREON CAP	-	F
PANCREAZE CAP	-	NC
PANCRELIPASE CAP	-	NC
PERTZYE CAP	-	NC
SUCRAID SOLN	-	NC
ULTRESA CAP	-	NC
ZENPEP CAP	-	NC

**DIURETICS**

**CARBONIC ANHYDRASE INHIBITORS**

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

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
SKELID TAB	-	NC
<b>CALCIUM REGULATORS - MISC.</b>		
FORTEO INJ	KMSP	F
MIACALCIN INJ	KMSP	F
ALENDRONATE SOLN	-	NC
etidronate disodium tab 200mg (DIDRONEL equiv)	-	NC
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	NC
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ	KMSP-PA	F
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ	MSP	F
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL NASAL SOLN	KMSP	F
<b>METABOLIC MODIFIERS</b>		
calcitriol cap (ROCALTROL equiv)	-	F
CALCITRIOL INJ	LMSP	F
calcitriol inj (CALCIJEX equiv)	LMSP	F
calcitriol soln (ROCALTROL equiv)	-	F
doxercalciferol cap (HECTOROL equiv)	MSP	F
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	F
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	F
levocarnitine soln (CARNITOR equiv)	-	F
levocarnitine tab (CARNITOR equiv)	-	F
paricalcitol cap (ZEMPLAR equiv)	MSP	F
SENSIPAR TAB	LMSP	F
sodium phenylbutyrate powder (BUPHENYL equiv)	KMSP	F
sodium phenylbutyrate tab (BUPHENYL equiv)	KMSP	F
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	F
BUPHENYL TAB	-	NC
CARBAGLU TAB	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
XURIDEN POWDER	-	NC
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate inj (DDAVP equiv)	-	F
desmopressin acetate tab (DDAVP equiv)	-	F
desmopressin nasal soln (DDAVP equiv)	-	F
STIMATE NASAL SOLN	KMSP	F
NOCTIVA EMULSION SPRAY	-	NC
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	-	F
<b>SOMATOSTATIC AGENTS</b>		
octreotide inj (SANDOSTATIN equiv)	KMSP	F
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
jinteli tab (FEMHRT equiv)	-	F
PREMPHASE TAB, PREMPRO TAB	-	F
ACTIVEVELLA TAB	-	NC
ANGELIQ TAB	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	NC
PREFEST TAB	-	NC
<b>ESTROGENS</b>		
estradiol patch (CLIMARA equiv)	-	F
estradiol patch (VIVELLE-DOT equiv)	-	F
estradiol tab (ESTRACE equiv)	-	F
ESTROPIPATE TAB	-	F
estropipate tab (OGEN equiv)	-	F
PREMARIN TAB	-	F
ALORA PATCH	-	NC
CENESTIN TAB	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
ENJUVA TAB	-	NC
ESTRASORB EMULSION	-	NC
EVAMIST SPRAY	-	NC
MENEST TAB	-	NC
MENOSTAR PATCH	-	NC
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
ciprofloxacin susp (CIPRO equiv)	-	F
ciprofloxacin tab (CIPRO equiv)	-	F

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<b>FLUOROQUINOLONES Cont.</b>		
levofloxacin soln (LEVAQUIN equiv)	-	F
levofloxacin tab (LEVAQUIN equiv)	-	F
moxifloxacin tab (AVELOX equiv)	-	F
ofloxacin tab (FLOXIN equiv)	-	F
BAXDELA TAB	-	NC
CIPRO SUSP 5%	-	NC
CIPRO XR TAB	-	NC
CIPROFLOXACIN 100MG TAB	-	NC
ciprofloxacin ER tab (CIPRO XR equiv)	-	NC
FACTIVE TAB	-	NC
NOROXIN TAB	-	NC
PROQUIN XR TAB	-	NC
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB	-	NC
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	F
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	F
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	F
ursodiol tab (URSO (FORTE) equiv)	-	F
URSO FORTE TAB	-	NC
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	F
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP	-	NC
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide soln (REGLAN equiv)	-	F
metoclopramide tab (REGLAN equiv)	-	F
METZOLV ODT	-	NC
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CAP	-	F
balsalazide cap (COLAZAL equiv)	-	F
CANASA SUPP	-	F
mesalamine enema (ROWASA equiv)	-	F
sulfasalazine EC tab (AZULFIDINE equiv)	-	F
sulfasalazine tab (AZULFIDINE equiv)	-	F
ASACOL HD TAB, MESALAMINE TAB	-	NC
CIMZIA INJ	-	NC
DELZICOL CAP	-	NC
DIPENTUM CAP	-	NC
LIALDA TAB	-	NC
mesalamine DR tab (LIALDA equiv)	-	NC
PENTASA CAP	-	NC

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
ROWASA KIT	-	NC
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	F
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
alosetron tab (LOTROXON equiv)	-	NC
LINZESS CAP	-	NC
LOTROXON TAB	-	NC
VIBERZI TAB	-	NC
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
SYMPROIC TAB	-	NC
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate cap (PHOSLO equiv)	-	F
FOSRENOL POWDER PACK	-	F
lanthanum carbonate chew tab (FOSRENOL equiv)	-	F
PHOSLYRA SOLN	-	F
SEVELAMER CARBONATE TAB	-	F
sevelamer powder pak (REVELA equiv)	-	F
sevelamer tab (REVELA TAB equiv)	-	F
AURYXIA TAB	-	NC
FOSRENOL CHEW TAB	-	NC
RENAGEL TAB	-	NC
REVELA PAK	-	NC
REVELA TAB	-	NC
VELPHORO CHEW TAB	-	NC
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT	-	NC
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB	-	NC
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
CYTRA-3 SYRUP	-	F
K/NA CITRATE SOLN CITRIC ACID	-	F
ORACIT SOLN	-	F
potassium citrate CR tab (UROKIT-K TAB equiv)	-	F
potassium citrate/citric acid powder pack (POLYKITRA equiv)	-	F
potassium citrate/citric acid soln (POLYKITRA-K equiv)	-	F
sodium citrate/citric acid soln (BICITRA equiv)	-	F
tricitrates soln (POLYKITRA-LC equiv)	-	F
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	F
PROCYSBI CAP	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP	-	F
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin SR tab (UROXATRAL equiv)	-	F
dutasteride cap (AVODART equiv)	-	F
dutasteride/tamsulosin cap (JALYN equiv)	-	F
finasteride tab (PROSCAR equiv)	-	F
tamsulosin cap (FLOMAX equiv)	-	F
CARDURA XL TAB	-	NC
RAPAFLO CAP	-	NC
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIUM equiv)	-	F
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TAB	-	NC
THIOLA TAB	-	NC
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	F
DUZALLO TAB	-	NC
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	-	F
COLCHICINE TAB	PA	F
MITIGARE CAP	-	F
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST	F
COLCHICINE CAP	-	NC
ZURAMPIC TAB	-	NC
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
AFSTYLA KIT	-	NC
HEMLIBRA INJ	-	NC
<b>COMPLEMENT INHIBITORS</b>		
HAEGARDA INJ	-	NC
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	-	F
<b>PLATELET AGGREGATION INHIBITORS</b>		
anagrelide cap (AGRYLIN equiv)	-	F
aspirin/dipyridamole cap (AGGRENOX equiv)	-	F
cilostazol tab (PLETAL equiv)	-	F
clopidogrel tab 75mg (PLAVIX equiv)	-	F
dipyridamole tab (PERSANTINE equiv)	-	F
prasugrel tab (EFFIENT equiv)	-	F
ticlopidine tab (TICLID equiv)	-	F

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
AGGRENOX CAP	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
EFFIENT TAB	-	NC
YOSPRALA TAB	-	NC
ZONTIVITY TAB	-	NC
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP	MSP-PA	F
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	F
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	-	F
ENDARI POWDER PACK	-	NC
<b>COBALAMINS</b>		
cyanocobalamin inj	-	F
CALOMIST NASAL SPRAY	-	NC
NASCOBAL NASAL SPRAY	-	NC
<b>FOLIC ACID/FOLATES</b>		
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
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
EPOGEN INJ	KMSP	F
GRANIX INJ	KMSP	F
LEUKINE INJ	KMSP-PA	F
NEULASTA INJ	KMSP	F
NEUMEGA INJ	KMSP	F
PROCRIT INJ	KMSP	F
PROMACTA TAB	KMSP-PA	F
ZARXIO INJ	KMSP	F
ARANESP INJ	-	NC
MIRCERA INJ	-	NC
NEUPOGEN INJ	-	NC
<b>HEMATOPOIETIC MIXTURES</b>		
ferrex 150 forte cap	-	F
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F
folbee tab	-	F
multigen folic tab (CHROMAGEN FA equiv)	-	F
multigen plus tab (CHROMAGEN FORTE equiv)	-	F
multigen tab (CHROMAGEN equiv)	-	F
NEPHRON FA TAB	-	F
tricon cap (TRINSICON equiv)	-	F
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
MULTIVITAMIN TAB	-	NC

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	Vaccine Program				

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<b>HEMATOPOIETIC AGENTS Cont.</b>		
PUREFOLIX TAB	-	NC
<b>IRON</b>		
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**

<b>HEMOSTATICS - SYSTEMIC</b>		
AMICAR SOLN	-	F
AMICAR TAB	-	F
aminocaproic acid syrup (AMICAR equiv)	-	F
aminocaproic acid tab (AMICAR equiv)	-	F
tranexamic acid tab (LYSTEDA equiv)	-	F
AMICAR SYRUP	-	NC
AMINOCAPROIC ACID TAB	-	NC

**HYPNOTICS**

<b>NON-BARBITURATE HYPNOTICS</b>		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	F
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB	-	NC

**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

<b>BARBITURATE HYPNOTICS</b>		
phenobarbital elixir	-	F
phenobarbital tab	-	F
SECONAL CAP	-	F
BUTISOL ELIXIR	-	NC
BUTISOL TAB	-	NC

<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
SILENOR TAB	-	NC

<b>NON-BARBITURATE HYPNOTICS</b>		
estazolam tab (PROSOM equiv)	-	F
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F
FLURAZEPAM CAP	-	F
temazepam cap 15mg (RESTORIL equiv)	-	F
temazepam cap 30mg (RESTORIL equiv)	-	F
triazolam tab (HALCION equiv)	-	F
zaleplon cap (SONATA equiv)	-	F
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
RESTORIL CAP 22.5MG	-	NC
RESTORIL CAP 7.5MG	-	NC
SOMNOTE CAP	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
temazepam cap 22.5mg (RESTORIL equiv)	-	NC
temazepam cap 7.5mg (RESTORIL equiv)	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ CAP	-	NC
ROZEREM TAB	-	NC
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	F
CLENPIQ SOLN	-	NC
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
NULYTELY SOLN	-	NC
SUCLEAR KIT	-	NC
SUPREP SOLN	-	NC
<b>LAXATIVES - MISCELLANEOUS</b>		
lactulose soln	-	F
GIALAX KIT	-	NC
KRISTALOSE PACKET	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
<b>SALINE LAXATIVES</b>		
OSMOPREP TAB	-	NC
VISICOL TAB	-	NC
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin susp (ZITHROMAX equiv)	-	F
azithromycin tab (ZITHROMAX equiv)	-	F
ZITHROMAX POWDER PACK	-	NC
ZMAX SUSP	-	NC
<b>CLARITHROMYCIN</b>		
CLARITHROMYC SUSP	-	F
clarithromycin susp (BIAXIN equiv)	-	F
clarithromycin tab (BIAXIN equiv)	-	F
BIAXIN XL TAB	-	NC
clarithromycin ER tab (BIAXIN XL equiv)	-	NC
<b>ERYTHROMYCINS</b>		

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<b>MACROLIDES Cont.</b>		
ERYPED SUSP	-	F
ERY-TAB	-	F
erythromycin DR cap (ERYC equiv)	-	F
erythromycin ethylsuccinate susp (ERYPED equiv)	-	F
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	F
erythromycin stearate tab	-	F
ERYPED SUSP 200MG/5ML	-	NC
ERYTHROMYCIN TAB	-	NC
PCE TAB	-	NC

**FIDAXOMICIN**

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

**CONTRACEPTIVES**

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

**DIABETIC SUPPLIES**

FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	F
LANCET KIT	OTC	F
LANCETS	OTC	F
V-GO INJ KIT (QL= 1 kit/day)	QL	F
ACCU-CHECK GUIDE CARE METER	OTC	NC
ACCU-CHEK AVIVA PLUS METER	OTC	NC
ACCU-CHEK NANO METER	OTC	NC
DIABETIC METER	OTC	NC

**MISC. DEVICES**

ALCOHOL SWABS	OTC	F
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**PARENTERAL THERAPY SUPPLIES**

B-D INSULIN SYRINGE	--OTC	F
B-D PEN NEEDLE	OTC	F
FREESTYLE INSULIN SYRINGE	OTC	F
NOVOFINE PEN NEEDLE	OTC	F
NOVOTWIST PEN NEEDLE	OTC	F
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	F
PRECISION INSULIN SYRINGE	OTC	F

**RESPIRATORY THERAPY SUPPLIES**

AEROCHAMBER	OTC	F
PEAK FLOW METER	OTC	F

**MIGRAINE PRODUCTS**

**MIGRAINE COMBINATIONS**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MIGRAINE PRODUCTS Cont.</b>		
MIGERGOT SUPP	-	F
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
CAFERGOT TAB	-	NC
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
<b>MIGRAINE PRODUCTS</b>		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	NC
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POWDER PACKET	-	NC
<b>SEROTONIN AGONISTS</b>		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	F
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	F
almotriptan tab (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
eletriptan tab (RELPAK equiv)	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC
ONZETRA XSAIL	-	NC
RELPAK TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
ZECUITY PAD	-	NC
zolmitriptan ODT (ZOMIG equiv)	-	NC
ZOMIG NASAL SPRAY	-	NC
ZOMIG TAB	-	NC
ZOMIG ZMT	-	NC

**MINERALS & ELECTROLYTES**

<b>FLUORIDE</b>		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0

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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	-	F
<b>IODINE PRODUCTS</b>		
SSKI SOLN	-	F
<b>PHOSPHATE</b>		
K-PHOS TAB	-	F
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F
<b>POTASSIUM</b>		
KLOR-CON M15 TAB	-	F
potassium bicarbonate effer tab (K-LYTE equiv)	-	F
potassium chloride effer tab (K-LYTE/CL equiv)	-	F
potassium chloride ER cap (MICRO-K equiv)	-	F
POTASSIUM CHLORIDE ER TAB	-	F
potassium chloride ER tab (KLOR-CON equiv)	-	F
potassium chloride micro tab (K-DUR equiv)	-	F
potassium chloride powder packet (KLOR-CON equiv)	-	F
potassium chloride soln	-	F
<b>ZINC</b>		
GALZIN CAP	-	F
zinc sulfate cap	-	F
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
trientine cap (SYPRINE equiv)	-	NC
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA AUTO-INJECTOR	-	NC
BENLYSTA INJ	-	NC
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
LIDOCAINE ORAL SOLN 4%	-	F
lidocaine viscous soln	-	F
FIRST MOUTHWASH BLM	-	NC
<b>ANTIALLERGY AGENTS - MOUTH/THROAT</b>		
APHTHASOL PASTE	-	F
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troches (MYCELEX TROCHES equiv)	-	F
nystatin susp	-	F
ORAVIG TAB	-	NC
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate soln (PERIDEX equiv)	-	F
<b>DENTAL PRODUCTS</b>		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0

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<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
PREVIDENT PASTE	-	F
PREVIDENT RINSE	-	F
sodium fluoride gel (PREVIDENT equiv)	-	F
sodium fluoride paste (PREVIDENT equiv)	-	F
sodium fluoride rinse (PREVIDENT equiv)	-	F
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F
<b>STEROIDS - MOUTH/THROAT</b>		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	F
<b>THROAT PRODUCTS - MISC.</b>		
cevimeline cap (EVOXAC equiv)	-	F
pilocarpine tab (SALAGEN equiv)	-	F
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
DIALYVITE TAB	-	F
dialyvite tab (NEPHRO-VITE equiv)	-	F
DIALYVITE/ZINC TAB	-	F
FOLBEE PLUS CZ TAB	-	F
renaphro cap (NEPHROCAP equiv)	-	F
FIBRIK CAP	-	NC
<b>MULTIPLE VITAMINS &amp; FLUORIDE-FOLIC ACID</b>		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin/minerals tab (STROVITE equiv)	-	F
<b>MULTIVITAMINS</b>		
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	F
<b>PED MV W/ FLUORIDE</b>		
FLORIVA PLUS DROPS	-	F
pediatric multiple vitamins/fluoride soln	-	F
pediatric multiple vitamins/fluoride chew tab	-	NC
QUFLORA PEDIATRIC CHEW TAB	-	NC
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	F
PRENATAL VITAMINS (NON-PREFERRED)	-	NC
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
baclofen tab	-	F

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

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**L.A. Care PASC-SEIU Homecare Workers Formulary  
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
carisoprodol tab (SOMA equiv) (QL=120 tabs/30 days)	QL	F
CHLORZOXAZONE TAB	-	F
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F
methocarbamol tab (ROBAXIN equiv)	-	F
orphenadrine citrate ER tab (NORFLEX equiv)	-	F
tizanidine tab (ZANAFLEX equiv)	-	F
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	NC
FEXMID TAB	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
LORZONE TAB	-	NC
metaxalone tab (SKELAXIN equiv)	-	NC
METAXALONE TAB 400MG	-	NC
SKELAXIN TAB	-	NC
ZANAFLEX CAP	-	NC
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	F
<b>MUSCLE RELAXANT COMBINATIONS</b>		
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	NC
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC
TIZANIDINE COMFORT KIT	-	NC
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray (ASTELIN, ASTEPRO equiv)	-	F
olopatadine nasal spray (PATANASE equiv)	-	F
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	-	F
<b>NASAL ANTI-INFECTIVES</b>		
BACTROBAN NASAL OINT	-	NC
<b>NASAL STEROIDS</b>		
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	F
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	F
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	F
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	F
BECONASE AQ NASAL SPRAY	-	NC

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	Vaccine Program		

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<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC
FLUNISOLIDE NASAL SPRAY	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
NASACORT AQ NASAL SPRAY	-	NC
OMNARIS NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC

**NEUROMUSCULAR AGENTS**

**ALS AGENTS**

riluzole tab (RILUTEK equiv)	-	F
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**OPHTHALMIC AGENTS**

**ARTIFICIAL TEARS AND LUBRICANTS**

LACRISERT OPHTH INSERT	-	F
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**BETA-BLOCKERS - OPHTHALMIC**

betaxolol ophth soln (BETOPTIC-S equiv)	-	F
BETIMOL OPHTH SOLN	-	F
BETOPTIC-S OPHTH SOLN	-	F
carteolol ophth soln (OCUPRESS equiv)	-	F
COMBIGAN OPHTH SOLN	-	F
COSOPT PF OPHTH SOLN	-	F
dorzolamide/timolol ophth soln (COSOPT equiv)	-	F
levobunolol ophth soln (BETAGAN equiv)	-	F
METIPRANOLOL OPHTH SOLN	-	F
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F
timolol maleate ophth soln (TIMOPTIC equiv)	-	F
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	F
TIMOLOL OPHTH GEL SOLN	-	F
ISTALOL OPHTH SOLN 0.5%	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN	-	NC

**CYCLOPLEGIC MYDRIATICS**

atropine ophth oint	-	F
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F
CYCLOMYDRIL OPHTH SOLN	-	F
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	F
ISOPTO HYOSCINE OPHTH SOLN	-	F
tropicamide ophth soln (MYDRIACYL equiv)	-	F

**MIOTICS**

ISOPTO CARBACHOL OPHTH SOLN	-	F
PHOSPHOLINE OPHTH SOLN	-	F
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F

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	Vaccine Program				

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<b>OPHTHALMIC AGENTS Cont.</b>		
PILOPINE HS OPHTH GEL	-	NC
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P OPHTH SOLN 0.1%	-	F
apraclonidine ophth soln (IOPIDINE equiv)	-	F
brimonidine ophth soln (ALPHAGAN P equiv)	-	F
IOPIDINE OPHTH SOLN 1%	-	F
SIMBRINZA OPHTH SUSP	-	F
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOLN	-	F
BACITRACIN OPHTH OINT	-	F
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	F
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	F
ciprofloxacin ophth soln (CILOXAN equiv)	-	F
erythromycin ophth oint	-	F
GENTAK OPHTH OINT	-	F
gentamicin ophth oint (GARAMYCIN equiv)	-	F
gentamicin ophth soln (GARAMYCIN equiv)	-	F
levofloxacin ophth soln (QUIXIN equiv)	-	F
MOXEZA OPHTH SOLN	-	F
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	F
neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv)	-	F
ofloxacin ophth soln (OCUFLOX equiv)	-	F
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	F
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F
tobramycin ophth soln (TOBREX equiv)	-	F
trifluridine ophth soln (VIROPTIC equiv)	-	F
ZIRGAN OPHTH GEL	-	F
BESIVANCE OPHTH SUSP	-	NC
CILOXAN OPHTH OINT	-	NC
gatifloxacin ophth soln (ZYMAXID equiv)	-	NC
TOBREX OPHTH OINT	-	NC
VIGAMOX OPHTH SOLN	-	NC
ZYMAXID OPHTH SOLN	-	NC
<b>OPHTHALMIC DECONGESTANTS</b>		
phenylephrine ophth soln (MYDFRIN equiv)	-	F
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN	-	NC
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	F
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
<b>OPHTHALMIC STEROIDS</b>		

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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	F
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	F
BLEPHAMIDE OPHTH SOLN	-	F
dexamethasone ophth soln	-	F
DUREZOL OPHTH EMULSION	-	F
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F
LOTEMAX OPHTH GEL	-	F
LOTEMAX OPHTH OINT	-	F
MAXIDEX OPHTH SOLN	-	F
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	F
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	F
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	F
PRED MILD OPHTH SOLN	-	F
PRED-G OPHTH SOLN	-	F
prednisolone ophth soln (PRED FORTE equiv)	-	F
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	F
TOBRADEX OPHTH OINT	-	F
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	F
VEXOL OPHTH SUSP	-	F
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F
BLEPHAMIDE S.O.P. OPHTH OINT	-	NC
FLAREX OPHTH SUSP	-	NC
FML FORTE OPHTH SUSP	-	NC
FML S.O.P. OPHTH OINT	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
TOBRADEX ST OPHTH SUSP	-	NC
<b>OPHTHALMICS - MISC.</b>		
ALAMAST OPHTH SOLN	-	F
ALOCRIAL OPHTH SOLN	-	F
ALOMIDE OPHTH SOLN	-	F
azelastine ophth soln (OPTIVAR equiv)	-	F
AZOPT OPHTH SUSP	-	F
bromfenac ophth soln (BROMDAY equiv)	-	F
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	F
cromolyn ophth soln (CROLOM equiv)	-	F
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
diclofenac sodium ophth soln (VOLTAREN equiv)	-	F
dorzolamide ophth soln (TRUSOPT equiv)	-	F
FLURBIPROFEN OPHTH SOLN	-	F
flurbiprofen ophth soln (OCUFEN equiv)	-	F
ILEVRO OPHTH SUSP	-	F
ketorolac ophth soln (ACULAR (LS) equiv)	-	F
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	F
NEVANAC OPHTH SUSP	-	F
olopatadine ophth soln (PATANOL equiv)	-	F
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
<b>INF</b> Infertility <b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program <b>PA</b> Prior Authorization <b>SF</b> Limited to Two 15 Day Fills per Month for the First 3 M <b>VAC</b> Vaccine Program	<b>KMSP</b> Kroger Mandatory Specialty Pharmacy Program <b>MSP</b> Mandatory Specialty Pharmacy Program <b>QL</b> Quantity Limit <b>SMKG</b> Smoking Cessation	<b>LD</b> Limited Distribution <b>OTC</b> Over-the-Counter <b>RS</b> Restricted to Specialist <b>ST</b> Step Therapy

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DrugName	Special Code	Tier
<b>OPHTHALMIC AGENTS Cont.</b>		
PATADAY OPHTH SOLN (QL= 2.5ml/30 days)	QL	F
PROLENSA OPHTH SOLN	-	F
ACUVAIL OPHTH SOLN	-	NC
BEPREVE OPHTH SOLN	-	NC
BROMSITE OPHTH SOLN	-	NC
ELESTAT OPHTH SOLN	-	NC
EMADINE OPHTH SOLN	-	NC
epinastine ophth soln (ELESTAT equiv)	-	NC
LASTACFT OPHTH SOLN	-	NC
olopatadine ophth soln 0.2% (PATADAY equiv)	-	NC
OPTIVAR OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	F
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	F
VYZULTA SOLN	-	NC
ZIOPTAN OPHTH SOLN	-	NC
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
acetic acid otic soln (VOSOL equiv)	-	F
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN OTIC SOLN	-	F
ofloxacin otic soln (FLOXIN equiv)	-	NC
<b>OTIC COMBINATIONS</b>		
CIPRODEX OTIC SUSP	-	F
COLY-MYCIN S OTIC SUSP	-	F
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CIPRO HC OTIC SUSP	-	NC
CORTANE-B AQUEOUS OTIC SOLN	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN	-	NC
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC
<b>OTIC STEROIDS</b>		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F
fluocinolone otic oil (DERMOTIC equiv)	-	F
ACETASOL HC OTIC SOLN	-	NC

**OXYTOCICS**

METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	F
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OXYTOCICS Cont.</b>		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	KMSP	F
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
amoxicillin cap (TRIMOX equiv)	-	F
amoxicillin chew tab (AMOXIL equiv)	-	F
AMOXICILLIN CHEW TAB 250MG	-	F
amoxicillin susp (TRIMOX equiv)	-	F
amoxicillin tab (AMOXIL equiv)	-	F
ampicillin cap (PRINCIPEN equiv)	-	F
ampicillin susp (PRINCIPEN equiv)	-	F
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
<b>NATURAL PENICILLINS</b>		
penicillin vk soln (VEETIDS equiv)	-	F
penicillin vk tab (VEETIDS equiv)	-	F
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	NC
AUGMENTIN XR TAB	-	NC
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	F
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	F
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
medroxyprogesterone tab (PROVERA equiv)	-	F
norethindrone tab (AYGESTIN equiv)	-	F
progesterone cap (PROMETRIUM equiv)	-	F
MEGACE ES SUSP	-	NC
megestrol ES susp (MEGACE ES equiv)	-	NC
progesterone oil inj	-	NC
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
acamprosate calcium DR tab (CAMPRAL equiv)	-	F
disulfiram tab (ANTABUSE equiv)	-	F
<b>ANTI-CATALECTIC AGENTS</b>		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F
<b>ANTIDEMENTIA AGENTS</b>		

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F
EXELON SOLN	-	F
galantamine ER cap (RAZADYNE ER equiv)	-	F
GALANTAMINE SOLN	-	F
galantamine tab (RAZADYNE equiv)	-	F
memantine ER cap (NAMENDA XR equiv)	-	F
memantine soln (NAMENDA equiv)	-	F
memantine tab (NAMENDA equiv)	-	F
NAMENDA XR TITRATION PACK	-	F
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	F
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	F
rivastigmine cap (EXELON equiv)	-	F
rivastigmine patch (EXELON equiv)	-	F
NAMENDA XR CAP	-	NC
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	F
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA PAK	-	F
SAVELLA TAB (QL= 2 tabs/day)	QL	F
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI TAB	-	NC
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	F
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
XENAZINE TAB	-	NC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	F
AUBAGIO TAB	LMSP	F
AVONEX INJ	LMSP	F
EXTAVIA INJ	LMSP	F
GILENYA CAP (QL= 1 cap/day)	LMSP-QL	F
glatiramer inj (COPAXONE equiv)	LMSP	F
PLEGRIDY INJ	LMSP	F
PLEGRIDY PEN INJ	LMSP	F
TECFIDERA CAP	LMSP	F
TECFIDERA STARTER PACK	LMSP	F
REBIF INJ	-	NC
ZINBRYTA INJ	-	NC
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC

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

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DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP (QL= 2 caps/day)	QL	F
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
pimozide tab (ORAP equiv)	-	F
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB	-	NC
<b>SMOKING DETERRENTS</b>		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 168 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 168 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 182 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PAK (QL= 2 packets/day)	KMSP-PA-QL-SF	F
KALYDECO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SF	F
ORKAMBI TAB (QL= 4 tabs/day)	KMSP-PA-QL-SF	F
PULMOZYME INH SOLN	KMSP	F
SYMDEKO TAB	-	NC
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP (QL= 9 caps/day)	MSP-PA-QL-SF	F
ESBRIET TAB 267MG (QL= 9 tabs/day)	MSP-PA-QL-SF	F
ESBRIET TAB 801MG (QL= 3 tabs/day)	MSP-PA-QL-SF	F
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	F
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE TAB	-	F
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F
doxycycline hyclate tab (VIBRATAB equiv)	-	F

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INF	NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
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VAC	Limited to Two 15 Day Fills per Month for the First 3 M	SMKG	Smoking Cessation
	Vaccine Program		Step Therapy

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>TETRACYCLINES Cont.</b>		
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	F
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	F
doxycycline monohydrate tab (ADOXA equiv)	-	F
doxycycline susp (VIBRAMYCIN equiv)	-	F
minocycline cap (MINOCIN equiv)	-	F
minocycline tab (DYNACIN equiv)	-	F
ACTICLATE TAB 75MG, 150MG	-	NC
demeclocycline tab (DECLOMYCIN equiv)	-	NC
DORYX MPC TAB	-	NC
DORYX TAB	-	NC
DORYX TAB 200MG	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
MONODOX CAP	-	NC
ORAXYL CAP	-	NC
tetracycline cap	-	NC
VIBRAMYCIN SYRUP	-	NC
XIMINO CAP	-	NC

**THYROID AGENTS**

**ANTITHYROID AGENTS**

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

**THYROID HORMONES**

ARMOUR THYROID TAB, NATURE THROID TAB	-	F
liothyronine tab (CYTOMEL equiv)	-	F
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F
SYNTHROID TAB	-	F
THYROLAR TAB	-	F
levothyroxine tab (SYNTHROID equiv)	-	NC
TIROSINT CAP	-	NC

**ULCER DRUGS**

**ANTISPASMODICS**

BELLADONNA ALKALOID/OPIUM SUPP	-	F
dicyclomine cap (BENTYL equiv)	-	F
dicyclomine soln (BENTYL equiv)	-	F
dicyclomine tab (BENTYL equiv)	-	F
glycopyrrolate tab (ROBINUL equiv)	-	F
hyoscyamine sulfate CR tab (LEVBIID equiv)	-	F
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F

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	Vaccine Program				

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F
hyoscyamine sulfate soln (LEVSIN equiv)	-	F
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F
hyoscyamine tab (LEVSIN equiv)	-	F
PROPANTHELINE TAB	-	F
b-donna tab (DONNATAL equiv)	-	NC
CANTIL TAB	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
CUVPOSA SOLN	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB 1.5MG	-	NC
methscopolamine tab (PAMINE equiv)	-	NC
PAMINE TAB	-	NC
SYMAX DUOTAB	-	NC
<b>H-2 ANTAGONISTS</b>		
CIMETIDINE SOLN	-	F
cimetidine tab (TAGAMET equiv)	-	F
famotidine susp (PEPCID equiv)	-	F
famotidine tab (PEPCID equiv)	-	F
nizatidine cap (AXID equiv)	-	F
ranitidine cap (ZANTAC equiv)	-	F
ranitidine syrup (ZANTAC equiv)	-	F
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F
AXID SOLN	-	NC
nizatidine soln (AXID equiv)	-	NC
ZANTAC EFFER TAB	-	NC
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUSP	-	F
sucralfate tab (CARAFATE equiv)	-	F
<b>PROTON PUMP INHIBITORS</b>		
lansoprazole cap (PREVACID equiv)	OTC	F
omeprazole DR cap (PRILOSEC equiv)	-	F
pantoprazole EC tab (PROTONIX equiv)	-	F
PREVACID OTC CAP (Step Therapy requires trial of lansoprazole or pantoprazole)	OTC-ST	F
ACIPHEX SPRINKLE CAP	-	NC
DEXILANT CAP	-	NC
esomeprazole cap (NEXIUM equiv)	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
FIRST OMEPRAZOLE SUSP	-	NC
LANSOPRAZOLE SUSP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PREVACID CAP	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
PREVACID SOLUTAB	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX PAK	-	NC
rabeprazole EC tab (ACIPHEX equiv)	-	NC
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
misoprostol tab (CYTOTEC equiv)	-	F
<b>ULCER THERAPY COMBINATIONS</b>		
ZEGERID CAP OTC	OTC	F
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) (Covered at Tier 2 if less than 12 years old)	-	NC
PREVPAC KIT	-	NC
PYLERA CAP	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVE COMBINATIONS</b>		
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UROQID #2 TAB	-	NC
UTA cap	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
methenamine hippurate tab (HIPREX equiv)	-	F
methenamine mandelate tab	-	F
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F
nitrofurantoin susp (FURADANTIN equiv)	-	F
MONUROL GRANULE PACK	-	NC
<b>URINARY ANTISPASMODICS</b>		
<b>BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB	-	F
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)</b>		
oxybutynin ER tab (DITROPAN XL equiv)	-	F
oxybutynin syrup	-	F
oxybutynin tab (DITROPAN equiv)	-	F
tolterodine tab (DETROL equiv)	-	F
VESICARE TAB	-	F
GELNIQUE	-	NC
OXYTROL PATCH	-	NC
SANCTURA TAB	-	NC
SANCTURA XR CAP	-	NC
TOVIAZ TAB	-	NC
tropium tab (SANCTURA equiv)	-	NC
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		

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VAC	Vaccine Program				

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>URINARY ANTISPASMODICS Cont.</b>		
tolterodine SR cap (DETROL LA equiv)	-	F
darifenacin SR tab (ENABLEX equiv)	-	NC
ENABLEX TAB	-	NC
<b>URINARY ANTISPASMODICS</b>		
hyoscyamine tab (LEVSIN equiv)	-	F
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol tab (URECHOLINE equiv)	-	F
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b>		
flavoxate tab (URISPAS equiv)	-	NC
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F
VAXCHORA SUSP	-	NC
<b>VIRAL VACCINES</b>		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
FLUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUAD INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0
HEPLISAV-B INJ	-	NC
STAMARIL INJ	-	NC
<b>VAGINAL PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
ACIDIC VAGINAL JELLY	-	F
FEM PH GEL	-	NC
INTRAROSA SUPP	-	NC
<b>SPERMICIDES</b>		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0
<b>VAGINAL ANTI-INFECTIVES</b>		
AVC VAGINAL CREAM	-	F
clindamycin vaginal cream (CLEOCIN equiv)	-	F
metronidazole vaginal gel (METROGEL equiv)	-	F
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INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to Two 15 Day Fills per Month for the First 3 M VAC Vaccine Program	KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMK Smoking Cessation	LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
NYSTATIN VAGINAL TAB	-	F
terconazole cream (TERAZOL equiv)	-	F
TERCONAZOLE CREAM 8%	-	F
terconazole supp (TERAZOL equiv)	-	F
CLEOCIN VAGINAL SUPP	-	NC
CLINDESSE VAGINAL CREAM	-	NC
<b>VAGINAL ESTROGENS</b>		
ESTRING	-	F
PREMARIN VAGINAL CREAM	-	F
ESTRACE VAGINAL CREAM	-	NC
estradiol cream (ESTRACE equiv)	-	NC
estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv)	-	NC
FEMRING	-	NC
VAGIFEM TAB	-	NC
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL	PA	F
ENDOMETRIN INSERT	PA	F
PROGESTERONE SUPP	-	NC
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	F
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	F
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ, EPIPEN (JR) INJ	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		
midodrine tab (PROAMATINE equiv)	-	F
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
MEPHYTON TAB	-	F
vitamin D cap (RX strength only)	-	F
ERGOCAL CAP	-	NC
<b>WATER SOLUBLE VITAMINS</b>		
niacin cap	OTC	F
niacin CR tab (SLO-NIACIN equiv)	OTC	F
niacin tab	OTC	F
NIACIN TR TAB	OTC	F
niacinamide tab	OTC	F
POTABA POWDER PACKET	-	NC
POTABA TAB	-	NC

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**L.A. Care PASC-SEIU Homecare Workers Formulary**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2018**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
adapalene cream	F
adapalene gel	F
ADAPALENE LOTION	F
adapalene/benzoyl peroxide gel 0.1-2.5%	F
ADCIRCA TAB	F
ADEMPAS TAB	F
AFINITOR DISPERZ	F
AFINITOR TAB	F
ALECENSA CAP	F
ALINIA SUSP	F
ALINIA TAB	F
ALUNBRIG TAB 30MG	F
ALUNBRIG TAB 90MG, 180MG	F
AMPYRA TAB	F
ANDRODERM PATCH	F
ANDROGEL 1.62% 1.25GM	F
ANDROGEL 1.62% 2.5GM	F
ANDROGEL PUMP 1.62%	F
armodafinil tab	F
BELVIQ TAB	F
BELVIQ XR TAB	F
bexarotene cap	F
BOSULIF TAB	F
CABOMETYX TAB	F
CAPRELSA TAB	F
CERDELGA CAP	F
CHOLBAM CAP	F
clobetasol propionate cream	F
clobetasol propionate gel	F
clobetasol propionate oint	F
COLCHICINE TAB	F
COMETRIQ KIT	F
CONTRACE TAB	F
COSENTYX INJ (1-PACK)	F
COSENTYX INJ (2-PACK)	F
COTELLIC TAB	F
CRINONE GEL	F
CYSTAGON CAP	F
CYSTARAN OPHTH SOLN	F
DARAPRIM TAB	F
DESCOVY TAB	F
dronabinol cap	F

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**Prior Authorization Drug List**  
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DUPIXENT INJ	F
EMVERM TAB	F
ENBREL INJ 25MG	F
ENBREL INJ 50MG	F
ENBREL MINI INJ	F
ENBREL SURECLICK INJ 50MG	F
ENDOMETRIN INSERT	F
ENTRESTO TAB	F
EPCLUSA TAB	F
EPIDUO FORTE GEL	F
EPIDUO GEL 0.1-2.5%	F
ERIVEDGE CAP	F
ESBRIET CAP	F
ESBRIET TAB 267MG	F
ESBRIET TAB 801MG	F
FARYDAK CAP	F
FERRIPROX SOLN	F
FERRIPROX TAB	F
fondaparinux inj	F
GENOTROPIN INJ	F
GILOTRIF TAB	F
halobetasol propionate oint	F
HARVONI TAB	F
HUMIRA INJ	F
HUMIRA PEN INJ	F
HYCAMTIN CAP	F
IBRANCE CAP	F
ICLUSIG TAB	F
imatinib tab	F
IMBRUVICA CAP	F
IMPAVIDO CAP	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
INLYTA TAB	F
IRESSA TAB	F
itraconazole cap	F
JAKAFI TAB	F
KALYDECO PAK	F
KALYDECO TAB	F
KINERET INJ	F
KISQALI PAK	F
KISQALI TAB	F

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**Prior Authorization Drug List**  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
KORLYM TAB	F
KUVAN POWDER PACK	F
KUVAN TAB	F
LENVIMA CAP	F
LETAIRIS TAB	F
LEUKINE INJ	F
LONSURF TAB	F
LYNPARZA CAP	F
LYNPARZA TAB	F
MAVYRET TAB	F
MEKINIST TAB	F
modafinil tab	F
NATPARA INJ	F
NEXAVAR TAB	F
NINLARO CAP	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
OCALIVA TAB	F
ODOMZO CAP	F
OFEV CAP	F
ONFI TAB	F
OPSUMIT TAB	F
ORKAMBI TAB	F
paliperidone ER tab	F
phentermine cap	F
phentermine tab	F
PRALUENT INJ	F
PROMACTA TAB	F
REPATHA INJ	F
REPATHA PUSHTRONEX INJ	F
RETIN-A MICRO GEL 0.04%, 0.1%	F
REVLIMID CAP	F
RUBRACA TAB	F
RYDAPT CAP	F
SABRIL TAB	F
SIGNIFOR INJ	F
sildenafil tab 20mg	F
SOMAVERT INJ	F
SPRYCEL TAB	F
STIVARGA TAB	F
STRENSIQ INJ	F
SUTENT CAP	F

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**L.A. Care PASC-SEIU Homecare Workers Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2018**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
TAFINLAR CAP	F
TAGRISO TAB	F
TARCEVA TAB	F
TASIGNA CAP	F
TESTOSTERONE GEL 1% 25MG	F
testosterone gel 1% 50mg	F
testosterone gel 1% pump	F
TESTOSTERONE GEL PUMP	F
tetrabenazine tab	F
THALOMID CAP	F
TRACLEER TAB 32MG	F
TRACLEER TAB 62.5MG, 125MG	F
tretinoin cream	F
tretinoin gel	F
TRUVADA TAB	F
TYKERB TAB	F
TYVASO INH SOLN	F
UPTRAVI TAB	F
VALCHLOR GEL	F
VELTASSA POWDER	F
VENCLEXTA STARTER PACK	F
VENCLEXTA TAB	F
VENTAVIS INH SOLN	F
vigabatrin powder pack	F
VOSEVI TAB	F
VOTRIENT TAB	F
XALKORI CAP	F
XTAMPZA ER CAP	F
XTANDI CAP	F
XYREM SOLN	F
ZAVESCA CAP	F
ZEJULA CAP	F
ZELBORAF TAB	F
ZOLINZA CAP	F
ZORTRESS TAB	F
ZYDELIG TAB	F
ZYKADIA CAP	F
ZYTIGA TAB 250MG	F
ZYTIGA TAB 500MG	F

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**L.A. Care PASC-SEIU Homecare Workers Formulary**  
**Last Updated\* 3/1/2018**  
**Over-the-Counter (OTC)**

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

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

AEROCHAMBER aspirin ec tab 325mg B-D INSULIN SYRINGE cetirizine chew tab	ALCOHOL SWABS aspirin ec tab 81mg B-D PEN NEEDLE cetirizine syrup	ASPIRIN CHEW TAB 75MG aspirin tab 325mg CALIBRATION LIQUID cetirizine tab	aspirin chew tab 81mg aspirin tab 81mg cetirizine cap cetirizine/pseudoephedrine 12-hour tab
CLINISTIX TEST STRIP FEMALE CONDOMS FERROUS SULFATE SYRUP fexofenadine/pseudoephedrine 24-hour tab FREESTYLE INSULIN SYRINGE FREESTYLE LITE TEST STRIP guaifenesin/codeine soln	CONTRACEPTIVE FILM ferrous sulfate elixir fexofenadine susp  folic acid tab 400mcg	CONTRACEPTIVE FOAM FERROUS SULFATE LIQUID fexofenadine tab  folic acid tab 800mcg	CONTRACEPTIVE GEL ferrous sulfate soln fexofenadine/pseudoephedrine 12-hour tab FREESTYLE FREEDOM LITE METER FREESTYLE LITE METER
IRON SUSP LANCET KIT loratadine cap loratadine/pseudoephedrine 12-hour tab NASACORT OTC NASAL SPRAY NIACIN TR TAB nicotine lozenge NOVOLIN INJ	KETO-DIASTIX TEST STRIP LANCETS loratadine ODT loratadine/pseudoephedrine 24-hour tab niacin cap  niacinamide tab nicotine patch NOVOTWIST PEN NEEDLE	KETOSTIX lansoprazole cap loratadine syrup meclizine chew tab  niacin CR tab  nicotine gum NINJACOF-XG LIQUID NOVOTWIST/NOVOFINE PEN NEEDLE PLAN B TAB	INFANT FORMULA POWDER ketotifen ophth soln levonorgestrel tab loratadine tab meclizine tab  niacin tab
NUTRITIONAL SUPPLEMENT POWDER PRECISION XTRA METER  triamcinolone OTC nasal spray VITAMIN D TAB 400UNIT	PEAK FLOW METER  PRECISION XTRA TEST STRIP vcf vaginal gel  ZEGERID CAP OTC	PREVACID OTC CAP  vitamin D cap 1000unit	NICOTINE KIT NOVOFINE PEN NEEDLE NUTRITIONAL SUPPLEMENT LIQUID PRECISION INSULIN SYRINGE TODAY SPONGE  vitamin D cap 400unit

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**L.A. Care PASC-SEIU Homecare Workers Formulary**  
**Last Updated\* 3/1/2018**  
**Mandatory Specialty Pharmacy (MSP)**

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

**Mandatory Specialty Pharmacy (MSP) Medications**

ACTIMMUNE INJ	ADCIRCA TAB	ADEMPAS TAB	ALECENSA CAP
AMPYRA TAB	APOKYN INJ	AUBAGIO TAB	AVONEX INJ
CABOMETYX TAB	CALCITRIOL INJ	CAPRELSA TAB	CERDELGA CAP
CHOLBAM CAP	COMETRIQ KIT	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
COTELLIC TAB	CRIXIVAN CAP	CYSTAGON CAP	CYSTARAN OPHTH SOLN
DARAPRIM TAB	doxercalciferol cap	DUPIXENT INJ	ENBREL INJ 25MG
ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ESBRIET CAP
ESBRIET TAB 267MG	ESBRIET TAB 801MG	EXJADE TAB	EXTAVIA INJ
FARYDAK CAP	FERRIPROX SOLN	FERRIPROX TAB	GILENYA CAP
GILOTRIF TAB	glatiramer inj	HUMIRA INJ	HUMIRA PEN INJ
ICLUSIG TAB	IMBRUVICA CAP	INCRELEX INJ	INFERGEN INJ
IRESSA TAB	JAKAFI TAB	KINERET INJ	KORLYM TAB
KUVAN POWDER PACK	KUVAN TAB	LENVIMA CAP	LETAIRIS TAB
LONSURF TAB	LYNPARZA CAP	LYNPARZA TAB	NATPARA INJ
NEXAVAR TAB	OCALIVA TAB	OFEV CAP	OPSUMIT TAB
paricalcitol cap	PLEGRIDY INJ	PLEGRIDY PEN INJ	RUBRACA TAB
SABRIL TAB	SENSIPAR TAB	SIGNIFOR INJ	SOMAVERT INJ
STIVARGA TAB	STRENSIQ INJ	TAGRISSO TAB	TECFIDERA CAP
TECFIDERA STARTER PACK	tetrabenazine tab	TRACLEER TAB 32MG	TRACLEER TAB 62.5MG, 125MG
TYVASO INH SOLN	UPTRAVI TAB	VALCHLOR GEL	VENCLEXTA STARTER PACK
VENCLEXTA TAB	VENTAVIS INH SOLN	vigabatrin powder pack	XYREM SOLN
ZAVESCA CAP	ZEJULA CAP	ZELBORAF TAB	ZYDELIG TAB

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**L.A. Care PASC-SEIU Homecare Workers Formulary**  
**Last Updated\* 3/1/2018**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
budesonide SR cap	Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
ibandronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
NAMZARIC CAP	Step Therapy requires trial of donepezil and memantine
NAMZARIC STARTER PACK	Step Therapy requires trial of donepezil and memantine
nevirapine ER tab	Step Therapy requires trial of nevirapine
PREVACID OTC CAP	Step Therapy requires trial of lansoprazole or pantoprazole
risedronate tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
ULORIC TAB	Step Therapy requires trial of allopurinol
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln

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**L.A. Care PASC-SEIU Homecare Workers Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 3/1/2018**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
bupropion SR tab( Limited to 180 days/plan year)	\$0
CHANTIX PAK( Limited to 168 days/plan year)	\$0
CHANTIX TAB( Limited to 168 days/plan year)	\$0
nicotine gum( Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$0
nicotine lozenge( Limited to 180 days/plan year)	\$0
nicotine patch( Limited to 182 days/plan year)	\$0
NICOTROL INHALER( Limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY( Limited to 180 days/plan year)	\$0

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**L.A. Care PASC-SEIU Homecare Workers Formulary**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
ALOGLIPTIN TAB	QL= 1 tab/day
ALOGLIPTIN-METFORMIN TAB	QL= 2 tabs/day
ALOGLIPTIN-PIOGLITAZONE TAB	QL= 1 tab/day
ALUNBRIG TAB 30MG	QL= 4 tabs/day
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day
AMPYRA TAB	QL= 2 tabs/day
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
aprepitant cap	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
armodafinil tab	QL= 1 tab/day
ATRIPLA TAB	QL= 1 tab/day
BELVIQ TAB	QL= 2 tabs/day
BELVIQ XR TAB	QL= 1 tab/day
BIMATOPROST OPTH SOLN, LUMIGAN OPTH SOLN	QL= 2.5ml/30 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
CABOMETYX TAB	QL= 1 tab/day
carisoprodol tab	QL=120 tabs/30 days
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 168 days/plan year
CHANTIX TAB	Limited to 168 days/plan year
CIALIS TAB	QL= 6 tabs/30 days
COMPLERA TAB	QL= 1 tab/day
CONTRAVE TAB	QL= 4 tabs/day
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
CYSTARAN OPTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
diclofenac gel 1%	QL= 5 tubes/fill

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**L.A. Care PASC-SEIU Homecare Workers Formulary Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
DUPIXENT INJ	QL= 2 inj/ 28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB	QL= 1 tab/day
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 2 inj/fill
EPINEPHRINE PEN INJ 0.3MG (MYLAN)	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
eszopiclone tab	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
fluticasone nasal spray	QL= 2 bottles/fill
GENVOYA TAB	QL= 1 tab/day
GILENYA CAP	QL= 1 cap/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
granisetron tab	QL= 9 tabs/fill
guaifenesin/codeine syrup	QL= 240ml/fill
HARVONI TAB	QL= 1 tab/day
HUMIRA INJ	QL= 2 inj/28 days
HUMIRA PEN INJ	QL= 2 inj/28 days
ibandronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
IBRANCE CAP	QL= 21 caps/28 days
IMBRUVICA CAP	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644
KISQALI PAK	QL= 91 tabs/28 days

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**L.A. Care PASC-SEIU Homecare Workers Formulary Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
KISQALI TAB	QL= 63 tabs/28 days
latanoprost ophth soln	QL= 2.5ml/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LETAIRIS TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
lidocaine oint	QL= 107gm/30 days
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	
MAVYRET TAB	QL= 3 tabs/day
METHERGINE TAB	QL= 28 tabs/fill, 1 fill/365 days
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
morphine sulfate ER tab	QL= 90 tabs/ 30 days
MOVIPREP SOLN	QL= 1 bottle/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 182 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NUDEXTA CAP	QL= 2 caps/day
OCALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
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
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
REVLIMID CAP	QL= 1 cap/day

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**L.A. Care PASC-SEIU Homecare Workers Formulary Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
sildenafil tab	QL=6 tabs/30 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
STIVARGA TAB	QL= 4 tabs/day
STRIBILD TAB	QL= 1 tab/day
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
testosterone gel 1% 25mg	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRACLEER TAB 62.5MG, 125MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRAVATAN Z OPHTH SOLN	QL= 5ml/30 days
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone OTC nasal spray	QL= 2 bottles/fill
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
TRIUMEQ TAB	QL= 1 tab/day
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376

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**L.A. Care PASC-SEIU Homecare Workers Formulary Cont.**  
**Last Updated\* 3/1/2018**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill
VOSEVI TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
XTAMPZA ER CAP	QL= 120 caps/30 days
XTANDI CAP	QL= 4 caps/day
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
zolpidem tab	QL= 1 tab/day
ZYKADIA CAP	QL= 5 caps/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYTIGA TAB 250MG	QL= 4 tabs/day
ZYTIGA TAB 500MG	QL= 2 tabs/day

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