



L.A. Care
HEALTH PLAN®

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



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.

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.

L.A. Care PASC-SEIU Homecare Workers Formulary
Alphabetical Index
Last Updated 12/1/2018

Drug Name	Special Code	Tier	Category
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/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTI PSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	-	NC	ANTI PSYCHOTICS/ANTIMANIC AGENTS
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	KMSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB	-	NC	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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	-	NC	ANALGESICS - OPIOID
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln (QL=240ml/30 days)	QL	F	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL=180 tabs/30 days)	QL	F	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
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 (QL= 2 inj/28 days)	LMSP-PA-QL	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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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

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Drug Name	Special Code	Tier	Category
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	F	ANTINEOPLASTICS
ACTIQ LOZENGE	-	NC	ANALGESICS - OPIOID
ACTIVEVELLA TAB	-	NC	ESTROGENS
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
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
ADDERALL XR CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A 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	ANTHYPERLIPIDEMICS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A 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.
AIMOVIG INJ	-	NC	MIGRAINE PRODUCTS

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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ	-	NC	MIGRAINE PRODUCTS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
ALA SCALP LOTION	-	NC	DERMATOLOGICALS
ALAMAST OPHTH SOLN	-	F	OPHTHALMIC AGENTS
albendazole tab (ALBENZA equiv)	-	NC	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
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)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL 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

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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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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
ALPHAGAN P OPHTH SOLN 0.15%	-	NC	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	NC	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	NC	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	F	ANTIANKXIETY AGENTS
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	F	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	F	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-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 DISORDER 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

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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
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 tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	F	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	F	PENICILLINS
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
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

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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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APRISO CAP	-	F	GASTROINTESTINAL AGENTS - MISC.
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	F	ANTIVIRALS
APTIVUS SOLN	-	F	ANTIVIRALS
ARAKODA TAB	-	NC	ANTIMALARIALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARIKAYCE SUSP	-	NC	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A 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	-	NC	GASTROINTESTINAL AGENTS - MISC.
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	-	NC	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX 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//A NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	F	ANTIHYPERLIPIDEMICS

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VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation		Step Therapy
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atorvastatin tab 80mg (LIPITOR equiv)	-	F	ANTIHYPERTENSIVES
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	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	LMSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN XR TAB	-	NC	PENICILLINS
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	-	NC	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
azelaic acid gel (FINACEA equiv)	-	F	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (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	ANTI-HYPERTENSIVES
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	-	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 10mg, 20mg	-	F	MUSCULOSKELETAL THERAPY AGENTS

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BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BALCOLTRA TAB	-	NC	CONTRACEPTIVES
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
BELVIQ TAB (QL= 2 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
benazepril tab (LOTENSIN equiv)	-	F	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	F	MISCELLANEOUS THERAPEUTIC CLASSES
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZACLIN GEL	-	NC	DERMATOLOGICALS
BENZAMYCIN GEL	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	F	ANTHELMINTICS
benzonatate cap 100mg, 200mg (TESSALON equiv)	-	F	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benztropine tab	-	F	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BERINERT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
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)	-	NC	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	F	BETA BLOCKERS

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bethanechol tab (URECHOLINE equiv)	-	F	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	NC	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	-	NC	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 (QL= 1 tab/ day)	QL	F	ANTIVIRALS
BILTRICIDE TAB	-	NC	ANTHELMINTICS
bimatoprost 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
BRAFTOVI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	F	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	F	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	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
BRYHALI LOTION	-	NC	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv)	-	NC	CORTICOSTEROIDS
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

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BUNAVAIL 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 film (SUBOXONE 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	ANTIANKXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC	ANTIANKXIETY AGENTS
BUTAL/APAP CAP	-	NC	ANALGESICS - NONNARCOTIC
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
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/A 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/A 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.

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CALIBRATION LIQUID	OTC	F	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	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
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	-	NC	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	NC	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	F	BETA BLOCKERS
CATAPRES-TTS PATCH	-	NC	ANTIHYPERTENSIVES
CAVERJECT INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F	ANTI-INFECTIVE 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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
CEDAX CAP	-	NC	CEPHALOSPORINS
CEDAX SUSP	-	NC	CEPHALOSPORINS
CEENU CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	NC	CEPHALOSPORINS
CEFACTOR ER TAB	-	NC	CEPHALOSPORINS
CEFACTOR 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
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 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

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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chlorpheniramine ER cap	-	F	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	F	ANTIIDIABETICS
CHLORTHALIDONE TAB	-	F	DIURETICS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 500MG	-	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	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	F	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	F	ANALGESICS - NONNARCOTIC
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
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 OPTH OINT	-	NC	OPHTHALMIC AGENTS
CIMDUO TAB (QL= 1 tab/day)	QL	F	ANTIVIRALS
CIMETIDINE SOLN	-	NC	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	NC	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	F	GASTROINTESTINAL AGENTS - MISC.
CINRYZE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
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	-	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
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CLARIFOAM EF FOAM	-	NC	DERMATOLOGICALS
CLARINEX REDITAB	-	NC	ANTIHISTAMINES
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX TAB	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	F	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	NC	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	F	MACROLIDES

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	Vaccine Program				

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Drug Name	Special Code	Tier	Category
clarithromycin tab (BIAXIN equiv)	-	F	MACROLIDES
CLARITIN CAP	OTC	NC	ANTIHISTAMINES
CLENPIQ SOLN	-	F	LAXATIVES
CLEOCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL SUPP	-	NC	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
CLINDAGEL	-	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/BENZOYL PEROXIDE GEL, ACANYA GEL	-	NC	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv)	-	NC	ANTICONSULSANTS
clobazam tab (ONFI equiv)	PA	F	ANTICONSULSANTS
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)	-	F	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	F	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	F	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	F	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	NC	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	NC	DERMATOLOGICALS
CLOBEX SHAMPOO	-	NC	DERMATOLOGICALS
CLOBEX SPRAY	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM, CLODERM CREAM	-	NC	DERMATOLOGICALS
clonazepam ODT (KLONOPIN equiv)	-	NC	ANTICONSULSANTS
clonazepam tab (KLONOPIN equiv)	-	F	ANTICONSULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 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

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
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Drug Name	Special Code	Tier	Category
clozapine ODT 12.5mg, 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 15mg, 30mg (QL=240 tabs/30 days)	QL	F	ANALGESICS - OPIOID
codeine sulfate tab 60mg (QL=180 tabs/30 days)	QL	F	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
COLCHICINE TAB	PA	F	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	F	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	F	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	F	ANTIHYPERLIPIDEMICS
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
colistimethate sodium inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLY-MYCIN S OTIC SUSP	-	F	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	F	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	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 TAB (QL= 4 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COPIKTRA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	NC	CORTICOSTEROIDS
CORTIFOAM	-	NC	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	F	CORTICOSTEROIDS
CORTISPORIN CREAM	-	NC	DERMATOLOGICALS
CORTISPORIN OINT	-	NC	DERMATOLOGICALS
CORZIDE TAB	-	NC	ANTI-HYPERTENSIVES
CORZIDE TAB 80-5MG	-	NC	ANTI-HYPERTENSIVES
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

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COSOPT PF OPHTH SOLN	-	NC	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/A 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
crotoniton lotion (EURAX equiv)	-	NC	DERMATOLOGICALS
cryselle tab	-	\$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 CAP	-	NC	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	-	F	MISCELLANEOUS THERAPEUTIC CLASSES
cyclosporine modified cap (NEORAL equiv)	-	F	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	F	ASSORTED CLASSES
CYCLOSPORINE OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
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
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

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dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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 (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	NC	URINARY ANTISPASMODICS
DAXBIA CAP	-	NC	CEPHALOSPORINS
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DDAVP NASAL SOLN	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECON-A LIQUID	OTC	NC	COUGH/COLD/ALLERGY
DELSTRIGO TAB	-	NC	ANTIVIRALS
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
DESLORATADINE 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

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desoximetasone gel (TOPICORT equiv)	-	F	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	F	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 pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone soln	-	F	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	F	CORTICOSTEROIDS
DEXCOM G6 RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER	-	NC	MEDICAL DEVICES AND SUPPLIES
DEXILANT CAP	-	NC	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A 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

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DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	F	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	F	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	F	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	F	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	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	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	F	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	F	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	F	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	F	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
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
DOPTelet TAB	-	NC	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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	-	F	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	F	OPHTHALMIC AGENTS

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dorzolamide/timolol pf ophth soln	-	NC	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
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
DUETACT TAB	-	NC	ANTIIDIABETICS
DULERA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
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
DUPIXENT SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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/A NOREXIANTS
DYMISTA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIRC CR TAB	-	NC	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	F	DIURETICS
econazole cream (SPECTAZOLE equiv)	-	NC	DERMATOLOGICALS

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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.
EGRIFTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELESTAT OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
eletriptan tab (RELPAK 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
EMGALITY INJ	-	NC	MIGRAINE PRODUCTS
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

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ENTOCORT EC CAP	-	NC	CORTICOSTEROIDS
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	F	CARDIOVASCULAR AGENTS - MISC.
ENVARBUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	-	NC	ANTIHYPERTENSIVES
EPCLUSA TAB (QL= 1 tab/day)	KMSP-PA-QL	F	ANTIVIRALS
EPIDIOLEX SOLN	-	NC	ANTICONVULSANTS
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	F	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	NC	OPHTHALMIC AGENTS
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
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/cafeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERYPED SUSP	-	NC	MACROLIDES
ERYPED SUSP 200MG/5ML	-	NC	MACROLIDES
ERY-TAB	-	NC	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	F	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	F	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	NC	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 (ERYTHROMYCIN equiv)	-	NC	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
esomeprazole cap (NEXIUM equiv)	-	NC	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	F	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
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 DISORDER AGENTS
ethacrynic tab (EDECRIN 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
EVAMIST SPRAY	-	NC	ESTROGENS
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN 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

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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
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
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	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	F	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	F	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	F	ANTIHYPERTENSIVES
FENOFIBRIC TAB, FIBRICOR TAB	-	NC	ANTIHYPERTENSIVES
fenopropfen calcium tab	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fentanyl citrate lollipop (ACTIQ equiv)	-	NC	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv) (QL=10 patches/30 days)	QL	F	ANALGESICS - OPIOID
fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL equiv)	-	NC	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

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

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Drug Name	Special Code	Tier	Category
feoxetine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	F	COUGH/COLD/ALLERGY
feoxetine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	F	COUGH/COLD/ALLERGY
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	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
FIRAZZR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FIRST METRONIDAZOLE SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	NC	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	NC	ULCER DRUGS
FIRVANQ SOLN	-	F	ANTI-INFECTIVE AGENTS - MISC.
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	ASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	F	ASTHMATIC 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
FLUMIST QUADRIVALENT NASAL SUSP	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

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LMSP	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program	OTC	Limited Distribution
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SF	Prior Authorization	QL	Quantity Limit	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation		Step Therapy
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
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
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 DISORDER 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

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
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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
FOCALIN XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 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-T TAB	-	NC	MULTIVITAMINS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
fondaparinux inj (ARIXTRA equiv)	PA	F	ANTICOAGULANTS
FORADIL AEROLIZER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
FORTEO INJ	KMSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA 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 LIBRE RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY)	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY)	-	NC	MEDICAL DEVICES AND SUPPLIES
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
FULPHILA INJ	KMSP	F	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	F	DIURETICS
furosemide soln (LASIX equiv)	-	F	DIURETICS
furosemide tab (LASIX equiv)	-	F	DIURETICS
FUZEON INJ	-	F	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS

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FYCOMPA SUSP	-	NC	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	F	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	F	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	F	ANTICONVULSANTS
GALAFOLD CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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 (ZYMAXID 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
gemfibrozil tab (LOPID equiv)	-	F	ANTIHYPERTENSIVES
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)	-	\$0	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

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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 first 3 months	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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Drug Name	Special Code	Tier	Category
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC CS
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
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
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
guaifenesin/codeine soln (BRONTEX equiv)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	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/A 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
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HDC DM SYRUP	-	NC	COUGH/COLD/ALLERGY
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	MSP-PA	F	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	NC	VACCINES

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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VAC	Vaccine Program				

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HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/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
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCANTIN CAP	KMSP-PA	F	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
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)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL=1800ml/30 days)	QL	F	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv) (QL=120 tabs/30 days)	QL	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	-	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 1% in abso ointment	-	NC	DERMATOLOGICALS
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
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	-	NC	ANALGESICS - OPIOID
hydromorphone tab 2mg (DILAUDID equiv) (QL=240 tabs/30 days)	QL	F	ANALGESICS - OPIOID
hydromorphone tab 4mg (DILAUDID equiv) (QL=180 tabs/30 days)	QL	F	ANALGESICS - OPIOID
hydromorphone tab 8mg (DILAUDID equiv) (QL=120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	F	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone inj (MAKENA equiv)	LMSP-PA	F	PROGESTINS
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
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
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
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	F	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	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
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
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
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	F	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	KMSP	F	ANTINEOPLASTICS
INVEGA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPTH SUSP	-	NC	OPHTHALMIC 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% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS

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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
itraconazole soln (SPORANOX equiv)	-	NC	ANTIFUNGALS
ivermectin tab (STROMECTOL 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 (QL= 1 tab/ day)	QL	F	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS

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JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
K/NA CITRATE SOLN CITRIC ACID	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
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.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 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.
ketokonazole cream (NIZORAL CREAM equiv)	-	F	DERMATOLOGICALS
ketokonazole shampoo (NIZORAL SHAMPOO equiv)	-	F	DERMATOLOGICALS
ketokonazole 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 (QL= 2 inj/28 days)	LMSP-PA-QL	F	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

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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.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
labetalol tab (NORMODYNE equiv)	-	F	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
lactulose pack (KRISTALOSE equiv)	-	NC	LAXATIVES
lactulose soln	-	F	LAXATIVES
LAMICTAL CHEW TAB 2MG	-	F	ANTICONVULSANTS
LAMICTAL ODT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	NC	ANTICONVULSANTS
LAMICTAL STARTER 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 odt (PREVACID SOLUTAB equiv)	-	NC	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	ANTIHYPERLIPIDEMICS
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

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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
LEVATOL TAB	-	NC	BETA BLOCKERS
LEVEMIR FLEXTOUCH INJ	-	NC	ANTIDIABETICS
LEVEMIR INJ	-	NC	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	F	ANTICONSULSANTS
levetiracetam soln (KEPPRA equiv)	-	F	ANTICONSULSANTS
levetiracetam tab (KEPPRA equiv)	-	F	ANTICONSULSANTS
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	-	NC	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEXETTE AER	-	NC	DERMATOLOGICALS
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/hydrocortisone cream	-	NC	DERMATOLOGICALS
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

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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
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
LOKELMA PAK	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-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 chew tab (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
LORBRENA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORTAB ELIXIR	-	NC	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	F	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	F	OPHTHALMIC AGENTS

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LOTEMAX OPHTH OINT	-	F	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRONEX TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERTENSIVES
loxapine cap (LOXITANE equiv)	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUCEMYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUFYLLIN TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMIFY OPHTH SOLN 0.25%	-	NC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
LUXIQ FOAM	-	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
LYRICA CAP	-	F	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	F	ANTICONVULSANTS
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
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	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
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
MEKTOVI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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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) (Step Therapy requires trial of memantine tab)	ST	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) (QL=120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
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.
mesalamine tab (ASACOL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	KMSP	F	ANTINEOPLASTICS
MESTINON SYRUP	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	F	ASTHMA AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	NC	ASTHMA 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 conc (QL=600ml/30 days)	QL	F	ANALGESICS - OPIOID
methadone soln 10mg/5ml (QL=600ml/30 days)	QL	F	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL = 1200ml/30 days)	QL	F	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (QL=120/30 days)	QL	F	ANALGESICS - OPIOID
methadone tablet 10mg (DOLOPHINE equiv) (QL=240/30 days)	QL	F	ANALGESICS - OPIOID
methadose tab	-	NC	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	F	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	F	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	F	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	F	THYROID AGENTS
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

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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/A NOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 72mg	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	F	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	F	CORTICOSTEROIDS
METHYLTESTOSTERONE CAP	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	NC	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

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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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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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
miglustat cap (ZAVESCA equiv) (Only available through Accredited 888-773-7376)	LD-PA	F	HEMATOPOIETIC AGENTS
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
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MODERIBA DOSE PACK	KMSP	F	ANTIVIRALS
MODERIBA PAK	KMSP	F	ANTIVIRALS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	F	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	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 (QL=120ml/30 days)	QL	F	ANALGESICS - OPIOID
morphine sulfate supp	-	NC	ANALGESICS - OPIOID
morphine sulfate tab (QL=180 tabs/30 days)	QL	F	ANALGESICS - OPIOID

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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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MOVANTI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN	-	NC	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
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
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)	-	NC	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
MYDAYIS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYLERAN TAB	KMSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	F	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	F	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	NC	ANTIHYPERTENSIVES
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 (REVIEWIA equiv)	-	F	ANTIDOTES
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	NC	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.

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Drug Name	Special Code	Tier	Category
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)	-	NC	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
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 (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NESINA TAB	-	NC	ANTI-DIABETICS
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	ANTI-HYPERTENSIVES
NEXICLON XR TAB	-	NC	ANTI-HYPERTENSIVES

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	Vaccine Program				

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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)	-	F	ANTIHYPERLIPIDEMICS
niacin tab	OTC	F	VITAMINS
NIACIN TR TAB	OTC	F	VITAMINS
niacinamide tab	OTC	F	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	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
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
NITROMIST SPRAY	-	NC	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	NC	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	-	NC	HEMATOPOIETIC AGENTS

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nizatidine cap (AXID equiv)	-	F	ULCER DRUGS
nizatidine soln (AXID equiv)	-	NC	ULCER DRUGS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NON-PREFERRED CGM RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
NON-PREFERRED CGM SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
NON-PREFERRED CGM TRANSMITTER	-	NC	MEDICAL DEVICES AND SUPPLIES
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 oral soln (NORTRIPTYLINE equiv)	-	F	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	F	ANTIDEPRESSANTS
NORVIR CAP	-	F	ANTIVIRALS
NORVIR POWDER PACK	-	F	ANTIVIRALS
NORVIR SOLN	-	F	ANTIVIRALS
NORVIR TAB	-	NC	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
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
NOXAFIL SUSP	-	F	ANTIFUNGALS
NOXAFIL TAB	-	F	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)	PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	NC	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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

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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	ANTI PSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	F	ANTI PSYCHOTICS/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 0.1% (PATANOL equiv)	-	F	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
OLUMIANT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
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)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
ondansetron ODT (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	F	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	F	ANTIEMETICS
ONEXTON GEL	-	NC	DERMATOLOGICALS

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ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	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.
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 (QL= 4 inj/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	F	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.
ORLISSA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	KMSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	KMSP-PA-QL-SF	F	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	NC	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
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN	-	NC	OTIC AGENTS
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

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OXAZEPAM CAP	-	F	ANTIANKXIETY AGENTS
oxazepam cap (SERAX equiv)	-	F	ANTIANKXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
OXERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
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) (QL=120 caps/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	NC	ANALGESICS - OPIOID
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL=240ml/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv) (QL= 120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	NC	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv) (QL=120 tabs/30 days)	QL	F	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv) (QL=120 tabs/30 days)	QL	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 (QL= 1 pack/28 days)	QL	F	ANTI-DIABETICS
Pacerone 200mg	-	NC	ANTIARRHYTHMICS
PALGIC SOLN	-	NC	ANTIHISTAMINES
PALGIC TAB	-	NC	ANTIHISTAMINES
paliperidone ER tab (INVEGA equiv)	PA	F	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
PALYNZIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMINE TAB	-	NC	ULCER DRUGS
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	F	ULCER DRUGS
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTI-DIARRHEALS
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	ANTI-DEPRESSANTS
paroxetine tab (PAXIL equiv)	-	F	ANTI-DEPRESSANTS
PATADAY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	NC	MACROLIDES

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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)	-	NC	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.
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	F	ANTIDEPRESSANTS
phenobarbital elixir	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	KMSP	F	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
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
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

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phytonadione tab (MEPHYTON equiv)	-	F	VITAMINS
PICATO GEL	-	NC	DERMATOLOGICALS
PIFELTRO TAB	-	NC	ANTIVIRALS
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)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	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.
PLENVU SOLN	-	NC	LAXATIVES
PNEUMOVAX INJ	VAC	\$0	VACCINES
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 (UROCIT-K TAB equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	F	ANTICONSULSANTS
PRADAXA CAP	-	F	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	KMSP-PA-QL	F	ANTHYPERLIPIDEMICS

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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	-	NC	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	F	ANTHELMINTICS
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 not 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)	-	NC	DERMATOLOGICALS
PREDNICARBATE OIN	-	F	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	F	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	F	CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	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
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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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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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PREVIDENT RINSE	-	F	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ (QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.)	PA-QL-VAC	\$0	VACCINES
PREVPAC KIT	-	NC	ULCER DRUGS
PREVYMIS 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/A NOREXIANTS
prochlorperazine supp (COMPAZINE equiv)	-	F	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	F	ANTI-PSYCHOTICS/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	ANTI-DIABETICS
PROLENSA OPHTH SOLN	-	F	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTI-NEOPLASTICS
PROMACTA TAB	KMSP-PA	F	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	NC	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	F	ANTI-HISTAMINES
promethazine syrup	-	F	ANTI-HISTAMINES
promethazine tab (PHENERGAN equiv)	-	F	ANTI-HISTAMINES
PROMETHAZINE VC SYRUP	-	F	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	F	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	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	ANTI-HYPERTENSIVES

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

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propylthiouracil tab	-	F	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSTIGMIN TAB	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
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
QBREXZA PAD	-	NC	DERMATOLOGICALS
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/A NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 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 REDIHALER	-	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

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ranitidine cap (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F	ULCER DRUGS
RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
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
RENVELA PAK	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENVELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	F	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	KMSP-PA-QL	F	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	KMSP-PA-QL	F	ANTIHYPERLIPIDEMICS
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 DISORDER AGENTS
RESTORIL CAP 7.5MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RETACRIT INJ	KMSP	F	HEMATOPOIETIC 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
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK	-	F	ANTIVIRALS

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REZYST CHEW TAB	-	NC	ANTIIDIARRHEALS
RHEUMATREX TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC	DERMATOLOGICALS
RHOGAM PLUS INJ	KMSP-PA	F	PASSIVE IMMUNIZING AGENTS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
RIBAPAK TAB	-	NC	ANTIVIRALS
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, METFORMIN SOLN	-	NC	ANTIIDIABETICS
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 60MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ritonavir tab (NORVIR equiv)	-	F	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (Step Therapy requires trial of rivastigmine cap)	ST	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
ROSDAN KIT	-	NC	DERMATOLOGICALS
ROSULA PAD	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	F	ANTIHYPERLIPIDEMICS
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	F	ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS
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
RUCONEST INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
RYBIX ODT	-	NC	ANALGESICS - OPIOID

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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
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
salicylic acid shampoo (SALEX equiv)	-	F	DERMATOLOGICALS
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.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv)	-	NC	ANTIEMETICS
SEASONIQUE TAB	-	NC	CONTRACEPTIVES
seb-prev cream (OVACE CREAM equiv)	-	NC	DERMATOLOGICALS
SECONAL CAP	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	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 (REVELA equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.

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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.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
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 DISORDER AGENTS
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
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.

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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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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)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-5%	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	NC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash 9-4.5%	-	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 DISORDER 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

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SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	KMSP-PA-SF	F	ANTINEOPLASTICS
SSKI SOLN	-	F	COUGH/COLD/ALLERGY
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 (QL= 1 tab/day)	QL	F	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	ASTHMA AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 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	ASTHMA 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 (TREMEXIMET equiv)	-	NC	MIGRAINE PRODUCTS

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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.
SYMFI (LO) TAB (QL= 1 tab/day)	QL	F	ANTIVIRALS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	PA	F	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	F	ANTIVIRALS
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
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	QL	F	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	F	CARDIOVASCULAR AGENTS - MISC.
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
TAKHZYRO INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TALTZ INJ	-	NC	DERMATOLOGICALS
TALZENNA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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tamsulosin cap (FLOMAX equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGADOX TAB	-	NC	TETRACYCLINES
TARGRETIN GEL	KMSP	F	DERMATOLOGICALS
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TASIGNA CAP	KMSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	NC	ANTIPARKINSON AGENTS
TAVALISSE TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
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	ANTICONSULTANTS
TEGSEDI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	NC	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	NC	ANTIHYPERTENSIVES
TEKTURNA TAB	-	NC	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	F	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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

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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 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 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
TIBSOVO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
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
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

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tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	F	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	F	OPHTHALMIC AGENTS
TOBREX 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
torseamide tab (DEMADEX equiv)	-	F	DIURETICS
TOUJEO MAX SOLOSTAR INJ	-	NC	ANTIDIABETICS
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) (QL=240 tabs/30 days)	QL	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= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	F	ANTIDEPRESSANTS
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

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

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Drug Name	Special Code	Tier	Category
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 DISORDER 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
triderm cream	-	NC	DERMATOLOGICALS
trientine cap (SYPRINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
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	-	NC	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
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

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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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBOST TAB	-	NC	ANTIVIRALS
tydemy tab (SAFYRAL equiv)	-	NC	CONTRACEPTIVES
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
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
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
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 (DEPAKON equiv)	-	NC	ANTICONSULSANTS
valproic acid cap (DEPAKENE equiv)	-	F	ANTICONSULSANTS
valproic acid syrup (DEPAKENE equiv)	-	F	ANTICONSULSANTS
valsartan tab (DIOVAN equiv)	-	F	ANTIHYPERTENSIVES

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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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Drug Name	Special Code	Tier	Category
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	F	ANTIHYPERTENSIVES
VALTURNA TAB	-	NC	ANTIHYPERTENSIVES
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	F	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	NC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VANTIN TAB	-	NC	CEPHALOSPORINS
varденаfil ODT (STAXYN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
varденаfil tab (LEVITRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	F	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
vasolex 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 SR CAP 360mg	-	F	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	F	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN PM CAP	-	NC	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	NC	CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	F	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

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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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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
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
VIZIMPRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
VYTORIN CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB	-	NC	ANTIHYPERTENSIVES
VYVANSE CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVANSE CHEW TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS

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warfarin tab (COUMADIN equiv)	-	F	ANTICOAGULANTS
WELCHOL PACK	-	NC	ANTIHYPERTENSIVES
WELCHOL TAB	-	NC	ANTIHYPERTENSIVES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WINRHO SDF INJ	KMSP-PA	F	PASSIVE IMMUNIZING AND TREATMENT AGENTS
WPR PLUS	-	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	ANTIANKXIETY AGENTS
XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	F	ANTICOAGULANTS
XARELTO TAB	-	F	ANTICOAGULANTS
XARELTO TAB 2.5MG	-	NC	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
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XEPI CREAM	-	NC	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB	-	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 OPTH SOLN	-	NC	OPHTHALMIC AGENTS
XIMINO CAP	-	NC	TETRACYCLINES
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB	-	NC	ANTIVIRALS
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.

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XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
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
YASMIN TAB	-	NC	CONTRACEPTIVES
YAZ TAB	-	NC	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YODOXIN TAB	-	NC	AMEBICIDES
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	NC	ANTIASTHMATIC 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
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
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//A NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZERIT SOLN	-	NC	ANTIVIRALS
ZETIA TAB	-	NC	ANTIHYPERTENSIVES
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	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	F	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC 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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Alphabetical Index
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Drug Name	Special Code	Tier	Category
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
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	F	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMIG NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
ZOMIG TAB	-	NC	MIGRAINE PRODUCTS
ZOMIG ZMT	-	NC	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
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= 3 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
ZYPITAMAG TAB	-	NC	ANTHYPERLIPIDEMICS
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
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VAC	Vaccine Program				

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**L.A. Care PASC-SEIU Homecare Workers Formulary
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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR CAP	-	F
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F
dextroamphetamine tab (DEXEDRINE equiv)	-	F
VYVANSE CAP	-	F
VYVANSE CHEW TAB	-	F
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	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
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	F
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	F
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	F
LOMAIRA TAB	-	NC
ANTI-OBESITY AGENTS		
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
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	F
atomoxetine cap (STRATTERA equiv)	-	NC
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STRATTERA CAP	-	NC
STIMULANTS - MISC.		
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
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy

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**L.A. Care PASC-SEIU Homecare Workers Formulary
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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
DAYTRANA PATCH	-	NC
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	NC
FOCALIN XR CAP	-	NC
METHYLIN CHEW TAB	-	NC
methylphenidate chew tab (METHYLIN equiv)	-	NC
methylphenidate ER tab 72mg	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
RITALIN LA CAP 60MG	-	NC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS		
ODACTRA SL TAB	-	NC

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC

AMEBICIDES

AMEBICIDES		
SOLOSEC GRANULES PACKET	-	NC
YODOXIN TAB	-	NC

AMINOGLYCOSIDES

AMINOGLYCOSIDES		
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
ARIKAYCE SUSP	-	NC
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
paromomycin cap (HUMATIN equiv)	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB	-	NC
XELJANZ TAB	-	NC
XELJANZ XR TAB	-	NC

ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	F
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	F
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	F
SIMPONI ARIA INJ	-	NC

Note: 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 first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
SIMPONI SC INJ	-	NC
GOLD COMPOUNDS		
RIDAURA CAP	-	F
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	F
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
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
meloxicam tab (MOBIC equiv)	-	F
nabumetone tab (RELAFEN equiv)	-	F
naproxen EC tab (NAPROSYN EC 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
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC

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LMSP	Infertility	KMSP	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	MSP	Over-the-Counter
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VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Step Therapy
	Vaccine Program		

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**L.A. Care PASC-SEIU Homecare Workers Formulary
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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
MELOXICAM SUSP	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 375MG, 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
naproxen sodium tab (ANAPROX equiv)	-	NC
PONSTEL CAP	-	NC
SPRIX NASAL SPRAY	-	NC
TOLMETIN CAP	-	NC
tolmetin cap (TOLECTIN DS equiv)	-	NC
TOLMETIN TAB	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZORVOLEX CAP	-	NC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	F
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	F

PYRIMIDINE SYNTHESIS INHIBITORS

leflunomide tab (ARAVA equiv)	-	F
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SELECTIVE COSTIMULATION MODULATORS

ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	F
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	F
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	F
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	F

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

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

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

BUTAL/APAP CAP	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC

SALICYLATES

ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	F

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DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
choline magnesium trisalicylate tab (TRILISATE equiv)	-	F
diflunisal tab (DOLOBID equiv)	-	F
salsalate tab (DISALCID equiv)	-	F
ZORPRIN TAB	-	NC

ANALGESICS - OPIOID

OPIOID AGONISTS

codeine sulfate tab 15mg, 30mg (QL=240 tabs/30 days)	QL	F
codeine sulfate tab 60mg (QL=180 tabs/30 days)	QL	F
fentanyl patch (DURAGESIC equiv) (QL=10 patches/30 days)	QL	F
hydromorphone tab 2mg (DILAUDID equiv) (QL=240 tabs/30 days)	QL	F
hydromorphone tab 4mg (DILAUDID equiv) (QL=180 tabs/30 days)	QL	F
hydromorphone tab 8mg (DILAUDID equiv) (QL=120 tabs/30 days)	QL	F
meperidine tab (DEMEROL equiv) (QL=120 tabs/30 days)	QL	F
methadone conc (QL=600ml/30 days)	QL	F
METHADONE SOLN 10MG/5ML (QL=600ml/30 days)	QL	F
METHADONE SOLN 5MG/5ML (QL = 1200ml/30 days)	QL	F
methadone tab (DOLOPHINE equiv) (QL=120/30 days)	QL	F
methadone tablet 10mg (DOLOPHINE equiv) (QL=240/30 days)	QL	F
morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/ 30 days)	QL	F
morphine sulfate soln (QL=120ml/30 days)	QL	F
morphine sulfate tab (QL=180 tabs/30 days)	QL	F
oxycodone cap (OXYIR equiv) (QL=120 caps/30 days)	QL	F
oxycodone soln (ROXICODONE equiv) (QL=240ml/30 days)	QL	F
oxycodone tab (ROXICODONE equiv) (QL= 120 tabs/30 days)	QL	F
tramadol tab (ULTRAM equiv) (QL=240 tabs/30 days)	QL	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
fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL equiv)	-	NC
FENTORA TAB	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
HYSINGLA ER TAB	-	NC
KADIAN CAP	-	NC
LAZANDA NASAL SPRAY	-	NC
LEVORPHANOL TAB	-	NC
methadose tab	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
morphine sulfate supp	-	NC
NUCYNTA ER TAB	-	NC
NUCYNTA TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
oxycodone conc (ROXICODONE equiv)	-	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/codeine soln (QL=240ml/30 days)	QL	F
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL=180 tabs/30 days)	QL	F
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL=1800ml/30 days)	QL	F
hydrocodone/acetaminophen tab (LORTAB equiv) (QL=120 tabs/30 days)	QL	F
oxycodone/acetaminophen tab (PERCOCET equiv) (QL=120 tabs/30 days)	QL	F
oxycodone/aspirin tab (PERCODAN equiv) (QL=120 tabs/30 days)	QL	F
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	NC
aspirin/codeine tab	-	NC
CAPITAL/CODEINE SUSP	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen cap (LORCET equiv)	-	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/acetaminophen cap (TYLOX equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN	-	NC
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	NC
pentazocine/acetaminophen tab (TALACEN equiv)	-	NC
tramadol/acetaminophen tab (ULTRACET equiv)	-	NC
ULTRACET TAB	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
VICOPROFEN TAB	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months 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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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		
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 FILM	-	NC
BUPRENORPHINE PATCH, BUTRANS PATCH	-	NC
buprenorphine SL tab (SUBUTEX equiv)	-	NC
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	NC
pentazocine/naloxone tab (TALWIN NX equiv)	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL TAB	-	NC
ZUBSOLV SL TAB	-	NC

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	F
ANDROGENS		
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	F
ANDROXY TAB	-	F
danazol cap (DANOCRINE equiv)	-	F
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	F
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	F
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F
TESTOSTERONE GEL 1% 50MG (QL= 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 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	F
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	F
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	F
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	F
ANDROID CAP, TESTRED CAP	-	NC
FORTESTA GEL	-	NC
METHITEST TAB	-	NC
METHYLTESTOSTERONE CAP	-	NC
TESTIM GEL	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
testosterone soln (AXIRON equiv)	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	F
CORTIFOAM	-	NC

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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 first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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ANORECTAL AGENTS Cont.		
UCERIS RECTAL FOAM	-	NC
RECTAL COMBINATIONS		
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F
PROCTOFOAM HC FOAM	-	F
ANALPRAM-E KIT	-	NC
hc pramoxine rectal cream 2.5-1% (ANALPRAM HC equiv)	-	NC
hc pramoxine rectal cream kit (ANALPRAM HC equiv)	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	F
hydrocortisone supp (ANUSOL HC equiv)	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB	PA	F
EMVERM TAB	PA	F
ivermectin tab (STROMECTOL equiv)	-	F
praziquantel tab (BILTRICIDE equiv)	-	F
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC
BILTRICIDE TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	F
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	F
isosorbide dinitrate SL tab	-	F
isosorbide dinitrate tab (ISORDIL equiv)	-	F
isosorbide mononitrate ER tab (IMDUR equiv)	-	F
isosorbide mononitrate tab (MONOKET equiv)	-	F
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	F
nitroglycerin patch (NITRO-DUR equiv)	-	F
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
NITROMIST SPRAY	-	NC
NITROSTAT SL TAB	-	NC
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	F
hydroxyzine pamoate cap (VISTARIL equiv)	-	F

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VAC	Vaccine Program				

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ANTIANXIETY AGENTS Cont.		
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	-	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
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	F
propafenone ER cap (RYTHMOL SR equiv)	-	F
propafenone tab (RYTHMOL equiv)	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	F
dofetilide cap (TIKOSYN equiv)	-	F
MULTAQ TAB	-	F
Pacerone 200mg	-	NC
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT SOLN	-	NC
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	F
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA INHALER	-	F

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
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
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
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
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STEROID INHALANTS		
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
SYMPATHOMIMETICS		
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 neb soln 0.63mg (ACCUNEB equiv)	-	F
albuterol neb soln 1.25mg (ACCUNEB 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

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
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
ACCUNEb NEB SOLN	-	NC
AIRDUO RESPICLICK	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BROVANA NEB SOLN	-	NC
FORADIL AEROLIZER	-	NC
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	-	NC
levabuterol 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
XANTHINES		
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

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

warfarin tab (COUMADIN equiv)	-	F
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DIRECT FACTOR XA INHIBITORS

ELIQUIS TAB	-	F
XARELTO STARTER PACK	-	F
XARELTO TAB	-	F
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
XARELTO TAB 2.5MG	-	NC

HEPARINS AND HEPARINOID-LIKE AGENTS

enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	F
fondaparinux inj (ARIXTRA equiv)	PA	F

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
FRAGMIN INJ	-	NC
THROMBIN INHIBITORS		
PRADAXA CAP	-	F
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	PA	F
clonazepam tab (KLONOPIN equiv)	-	F
clobazam susp (ONFI equiv)	-	NC
clonazepam ODT (KLONOPIN equiv)	-	NC
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
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
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

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	Vaccine Program				

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ANTICONVULSANTS Cont.		
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
EPIDIOLEX SOLN	-	NC
KEPPRA XR TAB	-	NC
LAMICTAL ODT	-	NC
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	NC
LAMICTAL STARTER 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
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	F
felbamate tab (FELBATOL equiv)	-	F
FELBATOL TAB	-	F
GABA MODULATORS		
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
HYDANTOINS		
DILANTIN CAP 30MG	-	F
PEGANONE TAB	-	F
phenytoin cap (DILANTIN equiv)	-	F
phenytoin chew tab (DILANTIN equiv)	-	F
phenytoin susp (DILANTIN equiv)	-	F
SUCCINIMIDES		
CELONTIN CAP	-	F
ethosuximide cap (ZARONTIN equiv)	-	F
ethosuximide soln (ZARONTIN equiv)	-	F
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	F
divalproex sodium DR tab (DEPAKOTE equiv)	-	F
divalproex sprinkle cap (DEPAKOTE equiv)	-	F
valproic acid cap (DEPAKENE equiv)	-	F
valproic acid syrup (DEPAKENE equiv)	-	F
DEPACON INJ	-	NC
DEPAKENE SYRUP	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
mirtazapine ODT (REMERON equiv)	-	F
mirtazapine tab (REMERON equiv)	-	F
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	F
bupropion tab (WELLBUTRIN equiv)	-	F
bupropion XL tab (WELLBUTRIN XL equiv)	-	F
MAPROTILINE TAB	-	F
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
MARPLAN TAB	-	F
NARDIL TAB	-	F
phenelzine tab (NARDIL equiv)	-	F
tranylcypromine tab (PARNATE equiv)	-	F
EMSAM PATCH	-	NC
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	F
citalopram tab (CELEXA equiv)	-	F
escitalopram soln (LEXAPRO equiv)	-	F
escitalopram tab (LEXAPRO equiv)	-	F
fluoxetine cap (PROZAC equiv)	-	F
fluoxetine soln (PROZAC equiv)	-	F
fluoxetine tab (PROZAC equiv)	-	F
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	F
fluvoxamine tab (LUVOX equiv)	-	F
paroxetine ER tab (PAXIL CR equiv)	-	F
paroxetine tab (PAXIL equiv)	-	F
sertraline conc (ZOLOFT equiv)	-	F
sertraline tab (ZOLOFT equiv)	-	F
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	F
nefazodone tab 50mg, 250mg	-	F
trazodone tab (DESYREL equiv)	-	F
OLEPTRO TAB	-	NC
trazodone tab 300mg (DESYREL equiv)	-	NC
TRINTELLIX TAB	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	F
duloxetine EC cap (CYMBALTA equiv)	-	F
venlafaxine ER cap (EFFEXOR XR equiv)	-	F

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INF	NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS
LMSP	Infertility	KMSP	Kroger Mandatory Specialty Pharmacy Program	LD	Limited Distribution
PA	LMSP 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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
venlafaxine tab (EFFEXOR equiv)	-	F
DESVENLAFAXINE ER TAB	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
KHEDEZLA ER TAB	-	NC
VENLAFAXINE ER TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	F
AMOXAPINE TAB	-	F
desipramine tab (NORPRAMIN equiv)	-	F
doxepin cap (SINEQUAN equiv)	-	F
doxepin conc (SINEQUAN equiv)	-	F
imipramine tab (TOFRANIL equiv)	-	F
nortriptyline cap (PAMELOR equiv)	-	F
nortriptyline oral soln (NORTRIPTYLINE 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
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	F
GLYSET TAB	-	NC
miglitol tab (GLYSET equiv)	-	NC
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
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
SYNJARDY TAB (QL= 2 tabs/day)	QL	F
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 TAB	-	NC
ACTOPLUS MET XR TAB	-	NC
DUETACT TAB	-	NC
GLYXAMBI TAB	-	NC

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SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
JENTADUETO TAB	-	NC
JENTADUETO XR TAB	-	NC
KAZANO TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
OSENI TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
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
BIGUANIDES		
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, METFORMIN SOLN	-	NC
DIABETIC OTHER		
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
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
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
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	NC
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
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
OZEMPIC INJ (QL= 1 pack/28 days)	QL	F
VICTOZA INJ (QL= 9ml/30 days)	QL	F
ADLYXIN INJ	-	NC
BYETTA INJ	-	NC
TANZEUM INJ	-	NC

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
TRULICITY INJ	-	NC
INSULIN		
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 MAX SOLOSTAR INJ	-	NC
TOUJEO SOLOSTAR INJ	-	NC
TRESIBA INJ	-	NC
INSULIN SENSITIZING AGENTS		
AVANDIA TAB	-	F
pioglitazone tab (ACTOS TAB equiv)	-	F
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	F
nateglinide tab (STARLIX equiv)	-	NC
STARLIX TAB	-	NC
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
JARDIANCE TAB (QL= 1 tab/day)	QL	F
STEGLATRO TAB (QL= 1 tab/day)	QL	F
FARXIGA TAB	-	NC
INVOKANA TAB	-	NC
SULFONYLUREAS		
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
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
tolazamide tab (TOLINASE equiv)	-	F
TOLBUTAMIDE TAB	-	F

ANTIDIARRHEALS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

MYTESI TAB	-	NC
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ANTIDIARRHEAL AGENTS - MISC.

REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC

ANTIDIARRHEAL COMBINATIONS

EVIVO LIQUID	-	NC
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ANTIPERISTALTIC AGENTS

diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F
loperamide cap (IMODIUM equiv)	-	NC
opium tincture	-	NC
PAREGORIC TINCTURE	-	NC

ANTIDOTES

ANTIDOTES

VISTOGARD PAK	-	NC
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ANTIDOTES - CHELATING AGENTS

CHEMET CAP	-	F
EXJADE TAB	MSP	F
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
JADENU TAB	KMSP	F

OPIOID ANTAGONISTS

naloxone inj	-	F
naltrexone tab (RE VIA equiv)	-	F
NARCAN NASAL SPRAY	-	F
EVZIO INJ	-	NC
RE VIA TAB	-	NC
VIVITROL INJ	-	NC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

JADENU SPRINKLE	KMSP	F
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ANTIDOTES AND SPECIFIC ANTAGONISTS

CETYLEV TAB	-	NC
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OPIOID ANTAGONISTS

NALOXONE PREFILLED INJ	-	F
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ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	F
ondansetron ODT (ZOFTRAN equiv)	-	F
ondansetron soln (ZOFTRAN equiv)	-	F

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	Vaccine Program				

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ANTIEMETICS Cont.		
ondansetron tab (ZOFRAN equiv)	-	F
ANZEMET TAB	-	NC
GRANISOL SOLN	-	NC
SANCUSO PATCH	-	NC
SUSTOL INJ	-	NC
ZUPLLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
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
ANTIEMETICS - MISCELLANEOUS		
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
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
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
ANTIFUNGALS		
ANTIFUNGALS		
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
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	F
fluconazole tab (DIFLUCAN equiv)	-	F
itraconazole cap (SPORANOX equiv)	PA	F
ketoconazole tab (NIZORAL equiv)	-	F
NOXAFIL SUSP	-	F
NOXAFIL TAB	-	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
itraconazole soln (SPORANOX equiv)	-	NC
SPORANOX SOLN	-	NC

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	Vaccine Program			

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DrugName	Special Code	Tier
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	F
ANTIHISTAMINES - ETHANOLAMINES		
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
ANTIHISTAMINES - NON-SEDATING		
cetirizine cap (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 chew tab (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
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	F
promethazine syrup	-	F
promethazine tab (PHENERGAN equiv)	-	F
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	F
cyproheptadine tab	-	F
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv)	-	NC
LIPTRUZET TAB	-	NC
VYTORIN TAB	-	NC
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F
KYNAMRO INJ	-	NC

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F
cholestyramine powder (QUESTRAN equiv)	-	F
cholestyramine powder pack (QUESTRAN equiv)	-	F
colesevelam pack (WELCHOL equiv)	-	F
colesevelam tab (WELCHOL equiv)	-	F
colestipol tab (COLESTID equiv)	-	F
COLESTID GRANULE	-	NC
COLESTID POWDER PACK	-	NC
colestipol granule (COLESTID equiv)	-	NC
colestipol powder packet (COLESTID equiv)	-	NC
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	F
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	F
fenofibric acid DR cap (TRILIPIX equiv)	-	F
gemfibrozil tab (LOPID equiv)	-	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 TAB, FIBRICOR TAB	-	NC
LOFIBRA TAB, TRIGLIDE TAB	-	NC
TRICOR TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	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

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ANTIHYPERTENSIVES Cont.		
FLOLIPID SUSP	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC
LESCOL XL TAB	-	NC
LIVALO TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv)	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	F
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	F
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
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
ANTIHYPERTENSIVES		
ACE INHIBITORS		
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
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLIN equiv)	KMSP	F
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
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
candesartan tab (ATACAND equiv)	-	NC
EDARBI TAB	-	NC

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

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**L.A. Care PASC-SEIU Homecare Workers Formulary
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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
EPROSARTAN TAB	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	F
clonidine tab (CATAPRES equiv)	-	F
doxazosin tab (CARDURA equiv)	-	F
guanfacine IR tab (TENEX equiv)	-	F
methyldopa tab (ALDOMET equiv)	-	F
prazosin cap (MINIPRESS equiv)	-	F
terazosin cap (HYTRIN equiv)	-	F
CATAPRES-TTS PATCH	-	NC
GUANABENZ TAB	-	NC
NEXICLON XR SUSP	-	NC
NEXICLON XR TAB	-	NC
RESERPINE TAB	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
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	-	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
CORZIDE TAB 80-5MG	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC

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	Vaccine Program				

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ANTIHYPERTENSIVES Cont.		
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
TEKAMLO TAB	-	NC
TEKTURNA HCT TAB	-	NC
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
DIRECT RENIN INHIBITORS		
TEKTURNA TAB	-	NC
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	NC
INSPRA TAB	-	NC
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	F
minoxidil tab (LONITEN equiv)	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
IMPAVIDO CAP	PA	F
metronidazole cap (FLAGYL equiv)	-	F
metronidazole tab (FLAGYL equiv)	-	F
NEBUPENT NEB SOLN	KMSP	F
trimethoprim tab (PROLOPRIM equiv)	-	F
colistimethate sodium inj (COLY-MYCIN M equiv)	-	NC
FIRST METRONIDAZOLE SUSP	-	NC
FLAGYL ER TAB	-	NC
PRIMSOL SOLN	-	NC
TINDAMAX TAB	-	NC
tinidazole tab (TINDAMAX equiv)	-	NC
XIFAXAN TAB	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	F
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	F
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	F
atovaquone susp (MEPRON equiv)	-	F
GLYCOPEPTIDES		
FIRVANQ SOLN	-	F

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ANTI-INFECTIVE AGENTS - MISC. Cont.		
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	F
VANCOMYCIN SOLN KIT	-	F
VANCOMYCIN INJ	-	NC
KETOLIDES		
KETEK TAB	-	NC
LEPROSTATICS		
dapsone tab	-	F
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	F
CLEOCIN SOLN	-	NC
clindamycin soln (CLEOCIN equiv)	-	NC
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	KMSP-RS	F
OXAZOLIDINONES		
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
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	F
MALARONE TAB	-	F
FANSIDAR TAB	-	NC
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	F
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
hydroxychloroquine tab (PLAQUENIL equiv)	-	F
MEFLOQUINE TAB	-	F
mefloquine tab (LARIAM equiv)	-	F
PRIMAQUINE TAB	-	F
ARAKODA TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
PROSTIGMIN TAB	-	F
pyridostigmine CR tab (MESTINON equiv)	-	F
pyridostigmine tab (MESTINON equiv)	-	F
MESTINON SYRUP	-	NC
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	F
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	F
ISONIAZID SYRUP	-	F

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DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
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

ANTINEOPLASTICS

ALKYLATING AGENTS

ALKERAN TAB	KMSP	F
cyclophosphamide tab (CYTOXAN equiv)	-	F
HEXALEN CAP	KMSP	F
LEUKERAN TAB	KMSP	F

ANTIMETABOLITES

mercaptapurine tab (PURINETHOL equiv)	-	F
methotrexate tab (TREXALL equiv)	-	F
TABLOID TAB	-	F

ANTINEOPLASTIC ENZYME INHIBITORS

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

ANTINEOPLASTICS MISC.

ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	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

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

leucovorin tab	-	F
MESNEX TAB	KMSP	F

MITOTIC INHIBITORS

etoposide cap (VEPESID equiv)	KMSP	F
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TOPOISOMERASE I INHIBITORS

HYCAMTIN CAP	KMSP-PA	F
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

AFINITOR TAB (QL= 1 tab/day)	KMSP-PA-QL-SF	F
CEENU CAP	-	F
cyclophosphamide cap	-	F

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	Vaccine Program				

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
GLEOSTINE/LOMUSTINE CAP	-	F
melphalan tab (ALKERAN equiv)	-	F
MYLERAN TAB	KMSP	F
temozolomide cap (TEMODAR equiv)	KMSP	F
CYCLOPHOSPHAMIDE CAP	-	NC
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	KMSP	F
METHOTREXATE INJ	-	F
PURIXAN SUSP	-	NC
XATMEP SOLN	-	NC
ANTINEOPLASTIC - ANTIBODIES		
GAZYVA INJ	-	NC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
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
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	KMSP-PA-SF	F
ODOMZO CAP	KMSP-PA-SF	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	KMSP-PA-QL-SF	F
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 (Only available through Direct Success 732-919-1234)	LD	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 500MG (QL= 2 tabs/day)	KMSP-PA-QL-SF	F
ERLEADA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
YONSA TAB	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	NC
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days)	KMSP-PA-QL	F
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	F
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day)	KMSP-PA-QL-SF	F

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ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	F
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F
BOSULIF TAB	KMSP-PA-SF	F
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	F
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-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	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
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	F
imatinib tab (GLEEVEC equiv)	KMSP-PA-SF	F
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	F
INLYTA TAB (QL= 8 tabs/day)	KMSP-PA-QL-SF	F
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
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	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
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-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= 3 caps/day)	KMSP-PA-QL-SF	F
ALUNBRIG PAK	-	NC
BRAFTOVI CAP	-	NC
COPIKTRA CAP	-	NC
LORBRENA TAB	-	NC
MEKTOVI TAB	-	NC
TALZENNA CAP	-	NC
TIBSOVO TAB	-	NC

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
VIZIMPRO TAB	-	NC
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	KMSP-PA-SF	F
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	F
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
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
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv)	-	F
selegiline cap (ELDEPRYL equiv)	-	F
selegiline tab (ELDEPRYL equiv)	-	F
AZILECT TAB	-	NC
XADAGO TAB	-	NC
ZELAPAR ODT	-	NC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON DOPAMINERGICS		

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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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
OSMOLEX ER TAB	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	F
lithium carbonate ER tab (LITHOBID equiv)	-	F
lithium carbonate tab	-	F
lithium citrate soln	-	F
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP	-	F
ziprasidone cap (GEODON equiv)	-	F
LATUDA TAB	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
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
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	F
haloperidol tab (HALDOL equiv)	-	F
DIBENZAPINES		
clozapine ODT 12.5mg, 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
PHENOTHIAZINES		
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

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	Vaccine Program				

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
thioridazine tab (MELLARIL equiv)	-	F
trifluoperazine tab (STELAZINE equiv)	-	F
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	F
ABILIFY DISCMELT	-	NC
ABILIFY MYCITE TAB	-	NC
ABILIFY SOLN	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
aripiprazole soln (ABILIFY equiv)	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	F
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
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
BIKTARVY TAB (QL= 1 tab/ day)	QL	F
CIMDUO TAB (QL= 1 tab/day)	QL	F
COMPLERA TAB (QL= 1 tab/day)	QL	F
CRIXIVAN 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

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ANTIVIRALS Cont.		
INVIRASE CAP	-	F
INVIRASE TAB	-	F
ISENTRESS (HD) TAB	-	F
ISENTRESS CHEW TAB	-	F
ISENTRESS POWDER PACK	-	F
JULUCA TAB (QL= 1 tab/ day)	QL	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 POWDER PACK	-	F
NORVIR SOLN	-	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
ritonavir tab (NORVIR equiv)	-	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
SYMFI (LO) TAB (QL= 1 tab/day)	QL	F
SYMTUZA TAB	-	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
VIRACEPT POWDER	-	F
VIRACEPT TAB	-	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
DELSTRIGO TAB	-	NC
EPZICOM TAB	-	NC

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ANTIVIRALS Cont.		
KALETRA SOLN	-	NC
LEXIVA TAB	-	NC
NORVIR TAB	-	NC
PIFELTRO TAB	-	NC
SUSTIVA TAB	-	NC
TYBOST TAB	-	NC
ZERIT SOLN	-	NC
CMV AGENTS		
GANCICLOVIR CAP	-	F
valganciclovir soln (VALCYTE equiv)	-	F
valganciclovir tab (VALCYTE equiv)	-	F
PREVYMIS TAB	-	NC
VALCYTE SOLN	-	NC
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv)	KMSP	F
entecavir tab (BARACLUDE 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
MODERIBA DOSE PACK	KMSP	F
MODERIBA PAK	KMSP	F
PEGASYS INJ	KMSP	F
PEGASYS INJ KIT	KMSP	F
PEG-INTRON INJ	KMSP	F
REBETOL SOLN	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
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
TYZEKA TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	F
acyclovir susp (ZOVIRAX equiv)	-	F

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ANTIVIRALS Cont.		
acyclovir tab (ZOVIRAX equiv)	-	F
valacyclovir tab (VALTREX equiv)	-	F
famciclovir tab (FAMVIR equiv)	-	NC
FAMVIR TAB	-	NC
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
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
XOFLUZA TAB	-	NC
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN TITRATAB	-	F
CUPRIMINE CAP	-	NC
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day)	KMSP-PA-QL	F
THALOMID CAP	KMSP-PA	F
IMMUNOSUPPRESSIVE AGENTS		
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
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	F
sodium polystyrene susp (SPS equiv)	-	F
VELTASSA POWDER	KMSP-PA	F
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	F
labetalol tab (NORMODYNE equiv)	-	F

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DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	F
atenolol tab (TENORMIN equiv)	-	F
betaxolol tab (KERLONE equiv)	-	F
bisoprolol tab (ZEBETA equiv)	-	F
BYSTOLIC TAB	-	F
metoprolol ER tab (TOPROL XL equiv)	-	F
metoprolol tab (LOPRESSOR equiv)	-	F
KAPSPARGO CAP	-	NC
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
BETA BLOCKERS NON-SELECTIVE		
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
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	F
diltiazem ER cap (CARDIZEM CD equiv)	-	F
diltiazem ER cap (CARDIZEM SR equiv)	-	F
diltiazem ER cap (DILACOR XR equiv)	-	F
diltiazem ER cap (TIAZAC equiv)	-	F
diltiazem ER tab (CARDIZEM LA equiv)	-	F
diltiazem tab (CARDIZEM equiv)	-	F
isradipine cap (DYNACIRC equiv)	-	F
nicardipine cap (CARDENE equiv)	-	F
nifedipine cap (PROCARDIA equiv)	-	F
nifedipine ER tab (ADALAT CC equiv)	-	F
nisoldipine ER tab (SULAR equiv)	-	F
verapamil SR cap (VERELAN SR equiv)	-	F
VERAPAMIL SR CAP 360mg	-	F
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CALCIUM CHANNEL BLOCKERS Cont.		
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
VERELAN SR CAP 360mg	-	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

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

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

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

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CARDIOVASCULAR AGENTS - MISC. Cont.		
sildenafil tab 20mg (REVATIO equiv)	PA	F
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	F
REVATIO SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	F
cefadroxil susp (DURICEF equiv)	-	F
cefadroxil tab (DURICEF equiv)	-	F
cephalexin cap (KEFLEX equiv)	-	F
cephalexin susp (KEFLEX equiv)	-	F
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
CEPHALOSPORINS - 2ND GENERATION		
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
CEPHALOSPORINS - 3RD GENERATION		
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		
amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ 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
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
ESTROSTEP FE TAB	-	NC
FALESSA KIT	-	NC
FEMCON FE CHEW TAB	-	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
SEASONIQUE TAB	-	NC
TAYTULLA CAP	-	NC
tydemy tab (SAFYRAL equiv)	-	NC
YASMIN TAB	-	NC
YAZ TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
NOR-QD TAB	-	NC

CORTICOSTEROIDS

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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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
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CORTICOSTEROIDS Cont.

GLUCOCORTICOSTEROIDS

budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine)	ST	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	-	F
prednisolone syrup (PRELONE equiv)	-	F
PREDNISON PAK	-	F
PREDNISON SOLN	-	F
PREDNISON TAB	-	F
prednison tab (DELTASONE equiv)	-	F
budesonide ER tab (UCERIS equiv)	-	NC
CORTEF TAB	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
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

MINERALOCORTICIDS

fludrocortisone tab (FLORINEF equiv)	-	F
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COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap 100mg, 200mg (TESSALON equiv)	-	F
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

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 (QL= 240ml/fill)	OTC-QL	F
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	F

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SF	Prior Authorization	QL	Restricted to Specialist
VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Step Therapy
	Vaccine Program		

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COUGH/COLD/ALLERGY Cont.		
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	-	F
promethazine VC syrup (PHENERGAN VC equiv)	-	F
PROMETHAZINE VC/CODEINE SYRUP	-	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	-	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
EXPECTORANTS		
SSKI SOLN	-	F
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEB SOLN	-	F
sodium chloride neb soln (HYPER-SAL equiv)	-	F
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	F

DERMATOLOGICALS

ACNE PRODUCTS

adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
adapalene gel (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
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

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	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	F
erythromycin gel	-	F
erythromycin pad	-	F
erythromycin soln	-	F
isotretinoin cap (ACUTANE equiv)	-	F
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	F
sodium sulfacetamide/sulfur emulsion 10-5%	-	F
sodium sulfacetamide/sulfur wash 9-4.5%	-	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
ACZONE GEL 7.5%	-	NC
ALTRENO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR GEL	-	NC
AVAR PAD	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZACLIN 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
CLINDAGEL	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	NC
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	NC
CLINDAMYCIN/BENZOYL PEROXIDE GEL, ACANYA GEL	-	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
EPIDUO GEL 0.1-2.5%	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
KLARON LOTION	-	NC
ONEXTON GEL	-	NC
PRASCION RA CREAM	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide lotion (KLARON equiv)	-	NC
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	NC
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	NC
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	NC
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN TS SUSP	-	NC
TRETIN-X CREAM	-	NC
VELTIN GEL	-	NC
ZIANA GEL	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	F
gentamicin sulfate oint	-	F
mupirocin oint (BACTROBAN OINT equiv)	-	F
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
CENTANY OINT	-	NC
CORTISPORIN CREAM	-	NC
CORTISPORIN OINT	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	F
ciclopirox gel (LOPROX GEL equiv)	-	F
ciclopirox nail soln (PENLAC equiv)	-	F
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F
ciclopirox topical susp (LOPROX SUSP equiv)	-	F
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F
clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)	-	F
ketoconazole cream (NIZORAL CREAM equiv)	-	F
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F
nystatin cream (MYCOSTATIN CREAM equiv)	-	F
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, 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
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
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
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
FLUOROPLEX CREAM	-	F

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DERMATOLOGICALS Cont.		
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
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	-	NC
ANTIPSORIATICS		
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
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	F
selenium sulfide shampoo (SELSEB equiv)	-	F
sodium sulfacetamide wash (OVACE WASH equiv)	-	F
ESKATA SOLN	-	NC
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
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
sodium sulfacetamide gel (OVACE PLUS equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC

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DERMATOLOGICALS Cont.		
sodium sulfacetamide/urea pad (ROSULA equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	F
DENAVIR CREAM	-	F
XERESE CREAM	-	NC
ZOVIRAX CREAM	-	NC
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F
SULFAMYLLON CREAM	-	F
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	F
alclometasone oint (ACLOVATE OINT equiv)	-	F
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F
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)	-	F
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	F
clobetasol propionate gel (TEMOVATE GEL equiv)	-	F
clobetasol propionate oint (TEMOVATE equiv)	-	F
desoximetasone cream (TOPICORT CREAM equiv)	-	F
desoximetasone gel (TOPICORT equiv)	-	F
desoximetasone oint (TOPICORT equiv)	-	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

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
mometasone cream (ELOCON equiv)	-	F
mometasone oint (ELOCON equiv)	-	F
mometasone soln (ELOCON equiv)	-	F
PRAMOSONE CREAM	-	F
PREDNICARBATE CREAM	-	F
PREDNICARBATE OIN	-	F
triamcinolone cream	-	F
triamcinolone lotion	-	F
triamcinolone oint	-	F
U-CORT CREAM	-	F
ALA SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
BRYHALI LOTION	-	NC
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
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
ENSTILAR FOAM	-	NC

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DERMATOLOGICALS Cont.		
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
HC-LIDOCAINE CREAM	-	NC
hydrocortisone 1% in abso ointment	-	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
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LEXETTE AER	-	NC
lidocaine/hydrocortisone cream	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	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
prednicarbate cream (DERMATOP equiv)	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	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

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DERMATOLOGICALS Cont.		
triderm cream	-	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
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
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	F
ammonium lactate lotion (LAC-HYDRIN equiv)	-	F
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	F
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	NC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	F
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	F
ELIDEL CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	F
podofilox soln (CONDYLOX equiv)	-	F

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DERMATOLOGICALS Cont.		
salicylic acid shampoo (SALEX equiv)	-	F
CONDYLOX GEL	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
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
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	F
DRYSOL SOLN	-	F
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	F
FINACEA FOAM	-	F
FINACEA PLUS KIT	-	F
metronidazole cream (METROCREAM equiv)	-	F
metronidazole gel (METROGEL equiv)	-	F
metronidazole lotion (METROLOTION 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 first 3 months VAC Vaccine Program	KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy

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DERMATOLOGICALS Cont.		
DOXYCYCLINE CAP, ORACEA CAP	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSDAN KIT	-	NC
SCABICIDES & PEDICULICIDES		
EURAX CREAM	-	F
malathion lotion (OVIDE equiv)	QL	F
permethrin cream (ELIMITE CREAM equiv)	-	F
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	F
crotamiton lotion (EURAX equiv)	-	NC
lindane lotion	-	NC
lindane shampoo	-	NC
NATROBA SUSP	-	NC
SKLICE LOTION	-	NC
ULESFIA LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	F
VENELEX OINT	-	F
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	F
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
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

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	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, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
PANCRELIPASE CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F
acetazolamide tab	-	F
methazolamide tab (NEPTAZANE equiv)	-	F
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	F
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	F
ethacrynic tab (EDECIN equiv)	-	F
FUROSEMIDE SOLN	-	F
furosemide soln (LASIX equiv)	-	F
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DIURETICS Cont.		
furosemide tab (LASIX equiv)	-	F
torsemide tab (DEMADEX equiv)	-	F
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	F
DYRENIUM CAP	-	F
spironolactone tab (ALDACTONE equiv)	-	F
CAROSPIR SUSP	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	F
CHLOROTHIAZIDE TAB 250MG	-	F
CHLORTHALIDONE TAB	-	F
DIURIL SUSP	-	F
hydrochlorothiazide cap (MICROZIDE equiv)	-	F
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	F
indapamide tab (LOZOL equiv)	-	F
METHYCLOTHIAZIDE TAB	-	F
metolazone tab (ZAROXOLYN equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	F
ALENDRONATE TAB 40MG	-	F
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
AELVIA TAB	-	NC
FORTICAL NASAL SPRAY	-	NC
FOSAMAX+D TAB	-	NC
MIACALCIN NASAL SPRAY	-	NC
risedronate DR tab (ATELVIA equiv)	-	NC
SKELID TAB	-	NC
CALCIUM REGULATORS - MISC.		
FORTEO INJ	KMSP	F
MIACALCIN INJ	KMSP	F
ALENDRONATE SOLN	-	NC
etidronate disodium tab 200mg (DIDRONEL equiv)	-	NC
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB	-	NC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	F
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	NC
GROWTH HORMONES		
GENOTROPIN INJ	KMSP-PA	F

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HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	KMSP	F
METABOLIC MODIFIERS		
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
GALAFOLD CAP	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
PALYNZIQ INJ	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
XURIDEN POWDER	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	F
desmopressin acetate tab (DDAVP equiv)	-	F
desmopressin nasal soln (DDAVP equiv)	-	F
STIMATE NASAL SOLN	KMSP	F
DDAVP NASAL SOLN	-	NC
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	F

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DrugName	Special Code	Tier
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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.

SOMATOSTATIC AGENTS

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

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	F
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ESTROGENS

ESTROGEN COMBINATIONS

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

ESTROGENS

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

FLUOROQUINOLONES

FLUOROQUINOLONES

ciprofloxacin susp (CIPRO equiv)	-	F
ciprofloxacin tab (CIPRO equiv)	-	F
levofloxacin soln (LEVAQUIN equiv)	-	F
levofloxacin tab (LEVAQUIN equiv)	-	F
moxifloxacin tab (AVELOX equiv)	-	F
ofloxacin tab (FLOXIN equiv)	-	F
BAXDELA TAB	-	NC
CIPRO SUSP 5%	-	NC
CIPRO XR TAB	-	NC

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

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**L.A. Care PASC-SEIU Homecare Workers Formulary
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DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
CIPROFLOXACIN 100MG TAB	-	NC
CIPROFLOXACIN ER TAB	-	NC
FACTIVE TAB	-	NC
NOROXIN TAB	-	NC
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	-	NC
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	F
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	F
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	F
ursodiol tab (URSO (FORTE) equiv)	-	F
URSO FORTE TAB	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	F
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP	-	NC
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	F
metoclopramide tab (REGLAN equiv)	-	F
METOZOLV ODT	-	NC
INFLAMMATORY BOWEL AGENTS		
APRISO CAP	-	F
balsalazide cap (COLAZAL equiv)	-	F
CANASA SUPP	-	F
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	F
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	F
mesalamine enema (ROWASA equiv)	-	F
sulfasalazine EC tab (AZULFIDINE equiv)	-	F
sulfasalazine tab (AZULFIDINE equiv)	-	F
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
DIPENTUM CAP	-	NC
LIALDA TAB	-	NC
mesalamine DR tab (LIALDA equiv)	-	NC
mesalamine tab (ASACOL equiv)	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	F

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GASTROINTESTINAL AGENTS - MISC. Cont.		
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTROXEN equiv)	-	NC
LINZESS CAP	-	NC
LOTROXEN TAB	-	NC
VIBERZI TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
SYMPROIC TAB	PA	F
MOVANTIK TAB	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
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
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
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 (POLYCITRA equiv)	-	F
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	F
sodium citrate/citric acid soln (BICITRA equiv)	-	F
tricitrates soln (POLYCITRA-LC equiv)	-	F
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	F
PROCYSBI CAP	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	F
PROSTATIC HYPERTROPHY AGENTS		

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GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
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
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	F
URINARY STONE AGENTS		
LITHOSTAT TAB	-	NC
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	F
DUZALLO TAB	-	NC
GOUT AGENTS		
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
URICOSURICS		
probenecid tab (BENEMID equiv)	-	F
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ	MSP-PA	F
AFSTYLA KIT	-	NC
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	-	NC
CINRYZE INJ	-	NC
HAEGARDA INJ	-	NC
RUCONEST INJ	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB	-	NC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	F
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ	-	NC
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	F

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HEMATOLOGICAL AGENTS - MISC. Cont.		
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
AGGRENOX CAP	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
EFFIENT TAB	-	NC
YOSPRALA TAB	-	NC
ZONTIVITY TAB	-	NC

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP	MSP-PA	F
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	F

AGENTS FOR SICKLE CELL ANEMIA

DROXIA CAP	-	F
ENDARI POWDER PACK	-	NC
SIKLOS TAB	-	NC

COBALAMINS

cyanocobalamin inj	-	F
CALOMIST NASAL SPRAY	-	NC
NASCOBAL NASAL SPRAY	-	NC

FOLIC ACID/FOLATES

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

HEMATOPOIETIC GROWTH FACTORS

EPOGEN INJ	KMSP	F
FULPHILA 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
RETACRIT INJ	KMSP	F
ZARXIO INJ	KMSP	F
ARANESP INJ	-	NC
DOPTELET TAB	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEUPOGEN INJ	-	NC
NIVESTYM INJ	-	NC

HEMATOPOIETIC MIXTURES

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
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
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0

HEMOSTATICS

HEMOSTATICS - SYSTEMIC		
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

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

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS		
phenobarbital elixir	-	F
phenobarbital tab	-	F
SECONAL CAP	-	F
BUTISOL ELIXIR	-	NC
BUTISOL TAB	-	NC

HYPNOTICS - TRICYCLIC AGENTS		
SILENOR TAB	-	NC

NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	F
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	F

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
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
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

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP	-	NC
ROZEREM TAB	-	NC

LAXATIVES

LAXATIVE COMBINATIONS

peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
CLENPIQ SOLN	-	F
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
MOVIPREP SOLN	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
SUCLEAR KIT	-	NC
SUPREP SOLN	-	NC

LAXATIVES - MISCELLANEOUS

lactulose soln	-	F
GIALAX KIT	-	NC
KRISTALOSE PACKET	-	NC
lactulose pack (KRISTALOSE equiv)	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC

SALINE LAXATIVES

OSMOPREP TAB	-	NC
VISICOL TAB	-	NC

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MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	F
azithromycin tab (ZITHROMAX equiv)	-	F
ZITHROMAX POWDER PACK	-	NC
ZMAX SUSP	-	NC
CLARITHROMYCIN		
CLARITHROMYC SUSP	-	F
clarithromycin susp (BIAXIN equiv)	-	F
clarithromycin tab (BIAXIN equiv)	-	F
BIAXIN XL TAB	-	NC
clarithromycin ER tab (BIAXIN XL equiv)	-	NC
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	F
erythromycin ethylsuccinate susp (ERYPED equiv)	-	F
erythromycin stearate tab	-	F
ERYPED SUSP	-	NC
ERYPED SUSP 200MG/5ML	-	NC
ERY-TAB	-	NC
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	NC
erythromycin tab (ERYTHROMYCIN equiv)	-	NC
PCE TAB	-	NC
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	F

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
DEXCOM G6 RECEIVER	-	NC
DEXCOM G6 SENSOR	-	NC
DEXCOM G6 TRANSMITTER	-	NC
DIABETIC METER	OTC	NC

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	Vaccine Program			Step Therapy

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
FREESTYLE LIBRE RECEIVER	-	NC
FREESTYLE LIBRE SENSOR (10-DAY)	-	NC
FREESTYLE LIBRE SENSOR (14-DAY)	-	NC
NON-PREFERRED CGM RECEIVER	-	NC
NON-PREFERRED CGM SENSOR	-	NC
NON-PREFERRED CGM TRANSMITTER	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	F
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
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
INSULIN SYRINGE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	F
PEAK FLOW METER	OTC	F
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	F
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
CAFERGOT TAB	-	NC
ergotamine/cafeine tab (CAFERGOT equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/cafeine/acetaminophen tab (PRODRIN equiv)	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ	-	NC
AJOVY INJ	-	NC
EMGALITY INJ	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	F
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility LMSP Lumicera Mandatory Specialty Pharmacy Program PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKGS Smoking Cessation	LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
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

FLUORIDE

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

PHOSPHATE

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

POTASSIUM

KLOR-CON M15 TAB	-	F
potassium bicarbonate effer tab (K-LYTE equiv)	-	F
potassium chloride effer tab (K-LYTE/CL equiv)	-	F
potassium chloride ER cap (MICRO-K equiv)	-	F
POTASSIUM CHLORIDE ER TAB	-	F
potassium chloride ER tab (KLOR-CON equiv)	-	F
potassium chloride micro tab (K-DUR equiv)	-	F
potassium chloride powder packet (KLOR-CON equiv)	-	F
potassium chloride soln	-	F

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VAC	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
ZINC		
GALZIN CAP	-	F
zinc sulfate cap	-	F
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
trientine cap (SYPRINE equiv)	-	NC
IMMUNOSUPPRESSIVE AGENTS		
CYCLOSPORINE MODIFIED CAP	-	F
POTASSIUM REMOVING AGENTS		
LOKELMA PAK	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	F
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	F
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE ORAL SOLN 4%	-	F
lidocaine viscous soln	-	F
FIRST MOUTHWASH BLM	-	NC
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	F
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	F
nystatin susp	-	F
ORAVIG TAB	-	NC
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	F
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
PREVIDENT PASTE	-	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
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	F
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	F
pilocarpine tab (SALAGEN equiv)	-	F
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC

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	Vaccine Program				

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DrugName	Special Code	Tier
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
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
FOLIKA-T TAB	-	NC
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	F
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	F
PED MV W/ FLUORIDE		
FLORIVA PLUS DROPS	-	F
pediatric multiple vitamins/fluoride soln	-	F
pediatric multiple vitamins/fluoride chew tab	-	NC
QUFLORA PEDIATRIC CHEW TAB	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	F
CITRANATAL CAP MEDLEY	-	NC
PRENATAL VITAMINS (NON-PREFERRED)	-	NC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 10mg, 20mg	-	F
carisoprodol tab (SOMA equiv) (QL=120 tabs/30 days)	QL	F
CHLORZOXAZONE TAB 500MG	-	F
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F
methocarbamol tab (ROBAXIN equiv)	-	F
tizanidine tab (ZANAFLEX equiv)	-	F
BACLOFEN TAB	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	NC
FEXMID TAB	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
metaxalone tab (SKELAXIN equiv)	-	NC
METAXALONE TAB 400MG	-	NC
orphenadrine citrate ER tab (NORFLEX equiv)	-	NC
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MUSCULOSKELETAL THERAPY AGENTS Cont.		
SKELAXIN TAB	-	NC
ZANAFLEX CAP	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	F
MUSCLE RELAXANT COMBINATIONS		
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
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	F
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	F
olopatadine nasal spray (PATANASE equiv)	-	F
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	F
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	NC
NASAL STEROIDS		
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
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

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PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialist
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VAC	Vaccine Program				

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DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	F
TIGLUTIK SUSP	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
COMBIGAN OPHTH SOLN	-	F
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	F
dorzolamide/timolol ophth soln (COSOPT equiv)	-	F
levobunolol ophth soln (BETAGAN equiv)	-	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
betaxolol ophth soln (BETOPTIC-S equiv)	-	NC
BETIMOL OPHTH SOLN	-	NC
BETOPTIC-S OPHTH SOLN	-	NC
CARTEOLOL OPHTH SOLN	-	NC
carteolol ophth soln (OCUPRESS equiv)	-	NC
COSOPT PF OPHTH SOLN	-	NC
dorzolamide/timolol pf ophth soln	-	NC
ISTALOL OPHTH SOLN 0.5%	-	NC
METIPRANOLOL OPHTH SOLN	-	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
PILOPINE HS OPHTH GEL	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P OPHTH SOLN 0.1%	-	F
apraclonidine ophth soln (IOPIDINE equiv)	-	F
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	F
brimonidine ophth soln 0.2%	-	F

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
IOPIDINE OPHTH SOLN 1%	-	F
SIMBRINZA OPHTH SUSP	-	F
ALPHAGAN P OPHTH SOLN 0.15%	-	NC
LUMIFY OPHTH SOLN 0.25%	-	NC
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN	-	F
BACITRACIN OPHTH OINT	-	F
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	F
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	F
ciprofloxacin ophth soln (CILOXAN equiv)	-	F
erythromycin ophth oint	-	F
GENTAK OPHTH OINT	-	F
gentamicin ophth oint (GARAMYCIN equiv)	-	F
gentamicin ophth soln (GARAMYCIN equiv)	-	F
levofloxacin ophth soln (QUIXIN equiv)	-	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
MOXEZA OPHTH SOLN	-	NC
TOBREX OPHTH OINT	-	NC
VIGAMOX OPHTH SOLN	-	NC
ZYMAXID OPHTH SOLN	-	NC
OPHTHALMIC DECONGESTANTS		
phenylephrine ophth soln (MYDFRIN equiv)	-	F
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	F
CYCLOSPORINE OPHTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	F
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC

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OPHTHALMIC AGENTS Cont.		
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
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
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	F
TOBRADEX OPHTH OINT	-	F
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	F
VEXOL OPHTH SUSP	-	F
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F
BLEPHAMIDE S.O.P. OPHTH OINT	-	NC
FLAREX OPHTH SUSP	-	NC
FML FORTE OPHTH SUSP	-	NC
FML S.O.P. OPHTH OINT	-	NC
INVELTYS OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
TOBRADEX ST OPHTH SUSP	-	NC
OPHTHALMICS - MISC.		
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 (OCUFEN equiv)	-	F
ILEVRO OPHTH SUSP	-	F

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OPHTHALMIC AGENTS Cont.		
ketorolac ophth soln (ACULAR (LS) equiv)	-	F
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	F
NEVANAC OPHTH SUSP	-	F
olopatadine ophth soln 0.1% (PATANOL equiv)	-	F
olopatadine ophth soln 0.2% (PATADAY equiv) (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
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	F
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	F
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	F
TRAVATAN Z OPHTH SOLN (QL= 2.5ml/30 days)	QL	F
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	F
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	F
ofloxacin otic soln (FLOXIN equiv)	-	NC
OTIC COMBINATIONS		
CIPRODEX OTIC SUSP	-	F
COLY-MYCIN S OTIC SUSP	-	F
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	F
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F
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
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F
fluocinolone otic oil (DERMOTIC 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 first 3 months VAC Vaccine Program	KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist ST Step Therapy

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
ACETASOL HC OTIC SOLN	-	NC
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	F
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	KMSP	F
RHOGAM PLUS INJ	KMSP-PA	F
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
WINRHO SDF INJ	KMSP-PA	F
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	F
amoxicillin chew tab (AMOXIL equiv)	-	F
AMOXICILLIN CHEW TAB 250MG	-	F
amoxicillin susp (TRIMOX equiv)	-	F
amoxicillin tab (AMOXIL equiv)	-	F
ampicillin cap (PRINCIPEN equiv)	-	F
ampicillin susp (PRINCIPEN equiv)	-	F
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	F
penicillin vk tab (VEETIDS equiv)	-	F
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	NC
AUGMENTIN XR TAB	-	NC
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	F
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	F
PROGESTINS		
PROGESTINS		
hydroxyprogesterone inj (MAKENA equiv)	LMSP-PA	F
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
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DrugName	Special Code	Tier
PROGESTINS Cont.		
progesterone oil inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	F
disulfiram tab (ANTABUSE equiv)	-	F
LUCEMYRA TAB	-	NC
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	F
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	F
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F
EXELON SOLN	-	F
galantamine ER cap (RAZADYNE ER equiv)	-	F
GALANTAMINE SOLN	-	F
galantamine tab (RAZADYNE equiv)	-	F
memantine ER cap (NAMENDA XR equiv) (Step Therapy requires trial of memantine tab)	ST	F
memantine soln (NAMENDA equiv)	-	F
memantine tab (NAMENDA equiv)	-	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) (Step Therapy requires trial of rivastigmine cap)	ST	F
NAMENDA XR CAP	-	NC
NAMENDA XR TITRATION PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
chlorthalidone/amlodipine tab (LIMBITROL equiv)	-	F
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	F
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	F
SAVELLA TAB (QL= 2 tabs/day)	QL	F
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	LMSP-PA	F
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB	LMSP	F
AVONEX INJ	LMSP	F
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	F
EXTAVIA INJ	LMSP	F
GILENYA CAP (QL= 1 cap/day)	LMSP-QL	F
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BRANDS =CAPITAL LETTERS		

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
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
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
pimozide tab (ORAP equiv)	-	F
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 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
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ	-	NC
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day)	KMSP-PA-QL-SF	F
KALYDECO TAB (QL= 2 tabs/day)	KMSP-PA-QL-SF	F
ORKAMBI GRANULES PACKET (QL= 2 packets/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
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INF LMSP PA SF VAC	NC =Not Covered Infertility Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	generic =small letters KMSP Kroger Mandatory Specialty Pharmacy Program MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation
LD OTC RS ST	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Specialist Step Therapy	

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RESPIRATORY AGENTS - MISC. Cont.

PULMONARY FIBROSIS AGENTS

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

SULFONAMIDES

SULFONAMIDES

SULFADIAZINE TAB	-	F
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TETRACYCLINES

TETRACYCLINES

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

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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 first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
THYROID AGENTS Cont.		
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 (LEVVID equiv)	-	F
hyoscyamine sulfate elixir (LEVSIN equiv)	-	F
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F
hyoscyamine sulfate soln (LEVSIN equiv)	-	F
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F
hyoscyamine tab (LEVSIN equiv)	-	F
PROPANTHELINE TAB	-	F
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
methscopolamine tab (PAMINE equiv)	-	NC
PAMINE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
SYMAX DUOTAB	-	NC

H-2 ANTAGONISTS

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
CIMETIDINE SOLN	-	NC
cimetidine tab (TAGAMET equiv)	-	NC
nizatidine soln (AXID equiv)	-	NC
ZANTAC EFFER TAB	-	NC

MISC. ANTI-ULCER

CARAFATE SUSP	-	F
sucralfate tab (CARAFATE equiv)	-	F

PROTON PUMP INHIBITORS

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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 first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
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 odt (PREVACID SOLUTAB equiv)	-	NC
LANSOPRAZOLE SUSP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PREVACID CAP	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX PAK	-	NC
rabeprazole EC tab (ACIPHEX equiv)	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	F
ULCER THERAPY COMBINATIONS		
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)	-	NC
PREVPAC KIT	-	NC
PYLERA CAP	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UROQID #2 TAB	-	NC
UTA cap	-	NC
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	F
methenamine mandelate tab	-	F
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	F
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F
nitrofurantoin susp (FURADANTIN equiv)	-	F

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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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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URINARY ANTI-INFECTIVES Cont.		
MONUROL GRANULE PACK	-	NC
URINARY ANTISPASMODICS		
BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	F
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	F
oxybutynin syrup	-	F
oxybutynin tab (DITROPAN equiv)	-	F
tolterodine tab (DETROL equiv)	-	F
VESICARE TAB	-	F
GELNIQUE	-	NC
OXYTROL PATCH	-	NC
SANCTURA TAB	-	NC
SANCTURA XR CAP	-	NC
TOVIAZ TAB	-	NC
tropium tab (SANCTURA equiv)	-	NC
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv)	-	F
darifenacin SR tab (ENABLEX equiv)	-	NC
ENABLEX TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	F
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	F
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ (QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.)	PA-QL-VAC	\$0
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	F
VAXCHORA SUSP	-	NC
VIRAL VACCINES		
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
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
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VACCINES Cont.		
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	VAC	NC
STAMARIL INJ	-	NC
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	F
FEM PH GEL	-	NC
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0
VAGINAL ANTI-INFECTIVES		
AVC VAGINAL CREAM	-	F
clindamycin vaginal cream (CLEOCIN equiv)	-	F
metronidazole vaginal gel (METROGEL equiv)	-	F
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
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	F
ESTRING	-	F
PREMARIN VAGINAL CREAM	-	F
ESTRACE VAGINAL CREAM	-	NC
estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv)	-	NC
FEMRING	-	NC
IMVEXXY SUPP	-	NC
VAGIFEM TAB	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	F
ENDOMETRIN INSERT	PA	F
PROGESTERONE SUPP	-	NC
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
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

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

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 first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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**L.A. Care PASC-SEIU Homecare Workers Formulary
Category/Class**

Last Updated* 12/1/2018

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
AUVI-Q INJ, EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	F
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
phytonadione tab (MEPHYTON equiv)	-	F
vitamin D cap (RX strength only)	-	F
ERGOCAL CAP	-	NC
WATER SOLUBLE VITAMINS		
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

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

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

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L.A. Care PASC-SEIU Homecare Workers Formulary
Prior Authorization Drug List
Last Updated* 12/1/2018

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.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone tab 250mg	F
ACTEMRA SC INJ	F
ACTIMMUNE INJ	F
adapalene cream	F
adapalene gel	F
ADAPALENE LOTION	F
adapalene/benzoyl peroxide gel 0.1-2.5%	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
ANDRODERM PATCH	F
armodafinil tab	F
BELVIQ TAB	F
BELVIQ XR TAB	F
BENLYSTA AUTO-INJECTOR	F
BENLYSTA INJ	F
BENZNIDAZOLE TAB	F
bexarotene cap	F
BOSULIF TAB	F
CABOMETYX TAB	F
CALQUENCE CAP	F
CAPRELSA TAB	F
CERDELGA CAP	F
CHOLBAM CAP	F
CIMZIA INJ	F
CIMZIA STARTER INJ KIT	F
clobazam tab	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
dalfampridine ER tab	F

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L.A. Care PASC-SEIU Homecare Workers Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2018

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.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
DARAPRIM TAB	F
DESCOVY TAB	F
dronabinol cap	F
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
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
HEMLIBRA INJ	F
HUMIRA INJ 10MG	F
HUMIRA INJ 20MG	F
HUMIRA INJ 40MG	F
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	F
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	F
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	F
HUMIRA PEN INJ 40MG	F
HYCANTIN CAP	F
hydroxyprogesterone inj	F
IBRANCE CAP	F
ICLUSIG TAB	F
IDHIFA TAB	F
imatinib tab	F
IMBRUVICA CAP 140MG	F
IMBRUVICA CAP 70MG	F
IMBRUVICA TAB	F

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L.A. Care PASC-SEIU Homecare Workers Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2018

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.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
IMPAVIDO CAP	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
INLYTA TAB	F
IRESSA TAB	F
itraconazole cap	F
JAKAFI TAB	F
JYNARQUE PAK	F
KALYDECO PAK	F
KALYDECO TAB	F
KEVZARA INJ	F
KINERET INJ	F
KISQALI PAK	F
KISQALI TAB	F
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
miglustat cap	F
modafinil tab	F
NATPARA INJ	F
NERLYNX TAB	F
NEXAVAR TAB	F
NINLARO CAP	F
NUEDEXTA CAP	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
OCALIVA TAB	F
ODOMZO CAP	F
OFEV CAP	F
OPSUMIT TAB	F
ORENCIA CLICK INJ	F
ORENCIA SC INJ 125MG/ML	F
ORENCIA SC INJ 50MG/0.4ML	F
ORENCIA SC INJ 87.5MG/0.7ML	F

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L.A. Care PASC-SEIU Homecare Workers Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2018

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.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORKAMBI GRANULES PACKET	F
ORKAMBI TAB	F
OTEZLA STARTER PACK	F
OTEZLA TAB	F
paliperidone ER tab	F
phentermine cap	F
phentermine tab	F
PRALUENT INJ	F
PREVNAR 13 INJ	\$0
PROMACTA TAB	F
REPATHA INJ	F
REPATHA PUSHTRONEX INJ	F
RETIN-A MICRO GEL 0.04%, 0.1%	F
REVLIMID CAP	F
RHOGAM PLUS INJ	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
SYMPROIC TAB	F
tadalafil tab (PAH)	F
TAFINLAR CAP	F
TAGRISSO 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 1.62% 1.25gm	F
testosterone gel 1.62% 2.5gm	F
TESTOSTERONE GEL PUMP	F
testosterone gel pump 1.62%	F
tetrabenazine tab	F
THALOMID CAP	F
TRACLEER TAB 32MG	F
TRACLEER TAB 62.5MG, 125MG	F

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L.A. Care PASC-SEIU Homecare Workers Formulary cont.
Prior Authorization Drug List
Last Updated* 12/1/2018

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.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
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
VERZENIO TAB	F
vigabatrin powder pack	F
VOSEVI TAB	F
VOTRIENT TAB	F
WINRHO SDF INJ	F
XALKORI CAP	F
XTAMPZA ER CAP	F
XTANDI CAP	F
XYREM SOLN	F
ZEJULA CAP	F
ZELBORAF TAB	F
ZOLINZA CAP	F
ZORTRESS TAB	F
ZYDELIG TAB	F
ZYKADIA CAP	F
ZYTIGA TAB 500MG	F

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L.A. Care PASC-SEIU Homecare Workers Formulary
Last Updated* 12/1/2018
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 syrup	ALCOHOL SWABS aspirin ec tab 81mg B-D PEN NEEDLE cetirizine tab	ASPIRIN CHEW TAB 75MG aspirin tab 325mg CALIBRATION LIQUID cetirizine/pseudoephedrine 12-hour tab CONTRACEPTIVE GEL ferrous sulfate soln	aspirin chew tab 81mg aspirin tab 81mg cetirizine cap CLINISTIX TEST STRIP
CONTRACEPTIVE FILM ferrous sulfate elixir	CONTRACEPTIVE FOAM FERROUS SULFATE LIQUID	CONTRACEPTIVE GEL ferrous sulfate soln	FEMALE CONDOMS FERROUS SULFATE SYRUP
fexofenadine susp	fexofenadine tab	fexofenadine/pseudoephedrin e 12-hour tab	fexofenadine/pseudoephedrin e 24-hour tab
folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER FREESTYLE LITE METER	FREESTYLE INSULIN SYRINGE FREESTYLE LITE TEST STRIP
FREESTYLE INSULINX METER FREESTYLE PRECISION NEO METER guaifenesin/codeine syrup	FREESTYLE INSULINX TEST STRIP FREESTYLE PRECISION NEO TEST STRIP INFANT FORMULA LIQUID	FREESTYLE TEST STRIP	guaifenesin/codeine soln
KETO-DIASTIX TEST STRIP LANCETS loratadine chew tab loratadine/pseudoephedrine 12-hour tab NASACORT OTC NASAL SPRAY NIACIN TR TAB nicotine lozenge NOVOLIN INJ	KETOSTIX lansoprazole cap loratadine ODT loratadine/pseudoephedrine 24-hour tab niacin cap	INFANT FORMULA POWDER ketotifen ophth soln levonorgestrel tab loratadine syrup meclizine chew tab	IRON SUSP
	niacinamide tab nicotine patch NOVOTWIST PEN NEEDLE	niacin CR tab	LANCET KIT loratadine cap loratadine tab meclizine tab
NUTRITIONAL SUPPLEMENT POWDER PRECISION XTRA METER	PEAK FLOW METER	nicotine gum NINJACOF-XG LIQUID NOVOTWIST/NOVOFINE PEN NEEDLE PLAN B TAB	niacin tab
triamcinolone OTC nasal spray VITAMIN D TAB 400UNIT	PRECISION XTRA TEST STRIP vcf vaginal gel ZEGERID CAP OTC	PREVACID OTC CAP	NICOTINE KIT NOVOFINE PEN NEEDLE NUTRITIONAL SUPPLEMENT LIQUID PRECISION INSULIN SYRINGE TODAY SPONGE
		vitamin D cap 1000unit	vitamin D cap 400unit

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L.A. Care PASC-SEIU Homecare Workers Formulary
Last Updated* 12/1/2018
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

ACTEMRA SC INJ	ACTIMMUNE INJ	ADEMPAS TAB	ALECENSA CAP
ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	APOKYN INJ	AUBAGIO TAB
AVONEX INJ	BENLYSTA AUTO-INJECTOR	BENLYSTA INJ	CABOMETYX TAB
calcitriol inj	CALQUENCE CAP	CAPRELSA TAB	CERDELGA CAP
CHOLBAM CAP	CIMZIA INJ	CIMZIA STARTER INJ KIT	COMETRIQ KIT
COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	COTELLIC TAB	CRIXIVAN CAP
CYTAGON CAP	CYSTARAN OPHTH SOLN	dalfampridine ER tab	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	HEMLIBRA INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG
HUMIRA INJ 40MG	HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK
HUMIRA PEN INJ 40MG	hydroxyprogesterone inj	ICLUSIG TAB	IDHIFA TAB
IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG	IMBRUVICA TAB	INCRELEX INJ
INFERGEN INJ	IRESSA TAB	JAKAFI TAB	JYNARQUE PAK
KEVZARA INJ	KINERET INJ	KORLYM TAB	KUVAN POWDER PACK
KUVAN TAB	LENVIMA CAP	LETAIRIS TAB	LONSURF TAB
LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB	miglustat cap
NATPARA INJ	NERLYNX TAB	NEXAVAR TAB	OCALIVA TAB
OFEV CAP	OPSUMIT TAB	ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/ML
ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML	OTEZLA STARTER PACK	OTEZLA TAB
paricalcitol cap	PLEGRIDY INJ	PLEGRIDY PEN INJ	RUBRACA TAB
SABRIL TAB	SENSIPAR TAB	SIGNIFOR INJ	SOMAVERT INJ
STIVARGA TAB	STRENSIQ INJ	tadalafil tab (PAH)	TAGRISO 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	VERZENIO TAB
vigabatrin powder pack	XYREM SOLN	ZEJULA CAP	ZELBORAF TAB

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L.A. Care PASC-SEIU Homecare Workers Formulary
Last Updated* 12/1/2018
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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, vancomycin soln, or FIRVANQ SOLN
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
memantine ER cap	Step Therapy requires trial of memantine tab
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
rivastigmine patch	Step Therapy requires trial of rivastigmine cap
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 or FIRVANQ SOLN

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L.A. Care PASC-SEIU Homecare Workers Formulary
Smoking Cessation Agents
Last Updated* 12/1/2018

Drug Name	Tier # for Drug Copay
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* 12/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
acetaminophen/codeine soln	QL=240ml/30 days
acetaminophen/codeine tab	QL=180 tabs/30 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
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; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ANDRODERM PATCH	QL= 1 patch/day
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
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BIKTARVY TAB	QL= 1 tab/ day
bimatoprost ophth 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
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
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
CIMDUO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
codeine sulfate tab 15mg, 30mg	QL=240 tabs/30 days
codeine sulfate tab 60mg	QL=180 tabs/30 days

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L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Last Updated* 12/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COMPLERA TAB	QL= 1 tab/day
CONTRACE 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 OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
diclofenac gel 1%	QL= 5 tubes/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
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
fentanyl patch	QL=10 patches/30 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 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year

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L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Last Updated* 12/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone/acetaminophen soln	QL=1800ml/30 days
hydrocodone/acetaminophen tab	QL=120 tabs/30 days
hydromorphone tab 2mg	QL=240 tabs/30 days
hydromorphone tab 4mg	QL=180 tabs/30 days
hydromorphone tab 8mg	QL=120 tabs/30 days
ibandronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
IBRANCE CAP	QL= 21 caps/28 days
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
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
JULUCA TAB	QL= 1 tab/ day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
latanoprost ophth soln	QL= 2.5ml/30 days
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
LUMIGAN OPHTH SOLN	QL= 2.5ml/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
meperidine tab	QL=120 tabs/30 days
methadone conc	QL=600ml/30 days
METHADONE SOLN 10MG/5ML	QL=600ml/30 days

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L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Last Updated* 12/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methadone soln 5mg/5ml	QL = 1200ml/30 days
methadone tab	QL=120/30 days
methadone tablet 10mg	QL=240/30 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
morphine sulfate soln	QL=120ml/30 days
morphine sulfate tab	QL=180 tabs/30 days
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
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
OICALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORKAMBI GRANULES PACKET	QL= 2 packets/day
ORKAMBI TAB	QL= 4 tabs/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
oxycodone cap	QL=120 caps/30 days
oxycodone soln	QL=240ml/30 days
oxycodone tab	QL= 120 tabs/30 days
oxycodone/acetaminophen tab	QL=120 tabs/30 days
oxycodone/aspirin tab	QL=120 tabs/30 days
OZEMPIC INJ	QL= 1 pack/28 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

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L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Last Updated* 12/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
phentermine tab	QL= 1 tab/day
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
PREVNAR 13 INJ	QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.
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
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
STEGLATRO TAB	QL= 1 tab/day
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
SYMFI (LO) TAB	QL= 1 tab/day
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
tadalafil tab	QL= 6 tabs/30 days
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

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L.A. Care PASC-SEIU Homecare Workers Formulary Cont.
Last Updated* 12/1/2018
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 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
tramadol tab	QL=240 tabs/30 days
TRAVATAN Z OPTH SOLN	QL= 2.5ml/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
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 or FIRVANQ 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
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
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= 3 caps/day
ZYLET OPTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYTIGA TAB 500MG	QL= 2 tabs/day

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