

Search Tip:

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

Covered CA Plan and Individual and Family Plan Formulary
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Drug Name	Special Code	Tier	Category
8-MOP CAP	-	3	DERMATOLOGICALS
abacavir tab (ZIAGEN equiv)	SP	SP	ANTIVIRALS
abacavir/lamivudine/zidovudine (TRIZIVIR equiv)	SP	SP	ANTIVIRALS
ABILIFY TAB	PA-QL-¢	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ACCU-CHEK CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES
ACCU-CHEK DIABETIC METER	OTC	\$0	MEDICAL DEVICES
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
acebutolol cap	-	1	BETA BLOCKERS
acetaminophen w/ codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen w/ codeine tab (TYLENOL/CODEINE TAB equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/isomethptene/caffeine tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX equiv)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln. (VOLSOL equiv)	-	1	OTIC AGENTS
acetylcysteine inh. soln.	-	1	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	1	DERMATOLOGICALS
ACTEMRA IV INJ	SP	SP	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ.	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTIMMUNE INJ.	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTONEL TAB (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir susp. (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0	TOXOIDS
ADAGEN INJ	SP	SP	BIOLOGICALS MISC
adapalene cream (DIFFERIN equiv) (acne only - Prior Authorization required for members 35 years and older)	PA	1	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv) (acne only - Prior Authorization required for members 35 years and older)	PA	1	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
ADASUVE	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADCIRCA TAB	PA-SP	SP	CARDIOVASCULAR AGENTS - MISC.
adefovir tab (HEPSERA equiv)	MSP	SP	ANTIVIRALS
ADOXA TAB	-	NC	TETRACYCLINES
ADRENACLICK INJ.	-	NC	VASOPRESSORS
ADVAIR DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AEROSPAN HFA	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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MSP	NC =Not Covered	OTC	generic =small letters	PA	BRANDS =CAPITAL LETTERS
QL	Mandatory Specialty Pharmacy Program	SMKG	Over-the-Counter	SP	Prior Authorization
ST	Quantity Limit	VAC	Smoking Cessation	¢	Available through Specialty Pharmacy Program
	Step Therapy		Vaccine Program		RxCENTS

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AGGRENEX CAP	-	3	HEMATOLOGICAL AGENTS - MISC.
ALBENZA TAB	-	3	ANTHELMINTICS
albuterol neb 0.083%	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb 0.5%	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate neb 0.63 mg/3ml (ACCUNEB equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate neb 1.25 mg/3ml (ACCUNEB equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone dipropionate cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone dipropionate oint. (ACLOVATE equiv)	-	1	DERMATOLOGICALS
ALDURAZYME INJ.	PA-SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
alfuzosin ER tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP.	-	3	ANTI-INFECTIVE AGENTS - MISC.
allopurinol tab. (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALOCRILOPHTH. SOLN.	-	3	OPHTHALMIC AGENTS
aluminum chloride soln. (DRYSOL equiv)	-	1	DERMATOLOGICALS
amantadine cap	-	1	ANTIPARKINSON AGENTS
amantadine syrup	-	1	ANTIPARKINSON AGENTS
amifostine inj (ETHYOL INJ equiv)	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
amikacin inj. (AMIKIN equiv)	-	1	AMINOGLYCOSIDES
amiloride tab	-	1	DIURETICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
amitriptyline tab	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
AMMONIUM CHLORIDE INJ.	-	3	MINERALS & ELECTROLYTES
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap	-	1	PENICILLINS
amoxicillin chew tab	-	1	PENICILLINS
amoxicillin susp.	-	1	PENICILLINS
amoxicillin tab	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate susp. (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine-dextroamphetamine cap (ADDERALL XR CAP equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
amphetamine-dextroamphetamine tab (ADDERALL TAB equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
ampicillin cap	-	1	PENICILLINS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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ampicillin/sulbactam inj. (UNASYN equiv)	-	1	PENICILLINS
AMPYRA TAB (QL = 2 tab/day)	MSP-PA-QL	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX TAB equiv)	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM (QL = 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1.62% (QL = 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 25MG (QL = 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 50MG (QL = 2 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL = 4 bottle/30 day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL = 2 bottle/30 day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROID/TESTRED CAP	-	3	ANDROGENS-ANABOLIC
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANORO ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
antipyrine-benzocaine otic soln. (AURALGAN equiv)	-	1	OTIC AGENTS
APOKYN INJ	SP	SP	ANTI-PARKINSON AGENTS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APTIVUS CAP	SP	SP	ANTIVIRALS
APTIVUS ORAL SOLN	SP	SP	ANTIVIRALS
ARANESP INJ. (Step Therapy requires trial of PROCRT)	MSP-ST	SP	HEMATOPOIETIC AGENTS
arcabose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ASACOL TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
ASMANEX INHALER	-	3	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 and females age 55-79)	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 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
ASTEPRO NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
atenolol tab	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTI-HYPERTENSIVES
ATGAM INJ	SP	SP	ASSORTED CLASSES
atorvastatin tab (LIPITOR equiv)	-	1	ANTI-HYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	SP	SP	ANTIVIRALS
atropine sulfate inj.	-	1	ULCER DRUGS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AVONEX INJ.	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXIRON SOLN. (Step Therapy requires trial of Androgel)	ST	3	ANDROGENS-ANABOLIC
AZASITE OPHTH. SOLN.	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN TAB equiv)	SP	SP	ASSORTED CLASSES
azelastine nasal soln. (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZILECT TAB	¢	3	ANTI-PARKINSON AGENTS
azithromycin susp. (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
aztreonam inj. (AZACTAM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
bacitracin ophth. oint.	-	1	OPHTHALMIC AGENTS
bacitracin-polymyxin b ophth. oint.	-	1	OPHTHALMIC AGENTS

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	Step Therapy		Vaccine Program		RxCENTS

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bacitracin-poly-neomycin-hc ophth. oint.	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP.	-	3	ANTICONVULSANTS
BANZEL TAB	-	3	ANTICONVULSANTS
B-D INSULIN SYRINGE	OTC	1	MEDICAL DEVICES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES
belladonna alkaloids-phenobarbital tab (DONNATAL TAB equiv)	-	NC	ULCER DRUGS
BELVIQ TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hctz tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
benzonatate cap (TESSALON PERLES equiv)	-	1	COUGH/COLD/ALLERGY
benztropine mesylate tab	-	1	ANTIPARKINSON AGENTS
betamethasone dipropionate cream	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint.	-	1	DERMATOLOGICALS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETASERON INJ.	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth. soln.	-	1	OPHTHALMIC AGENTS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB	MSP-PA	SP	AMINOGLYCOSIDES
BEYAZ TAB	-	\$0	CONTRACEPTIVES
bicalutamide tab (CASODEX TAB equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BILTRICIDE TAB	-	2	ANTHELMINTICS
bisoprolol fumarate tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hctz tab	-	1	ANTIHYPERTENSIVES
BOOSTRIX INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0	TOXOIDS
BOSULIF TAB (Limited to 2x15 day fills per month for first 3 months.)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ.	PA-SP	SP	NEUROMUSCULAR AGENTS
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (Restricted to Cardiology Specialist)	PA	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine tartrate ophth. soln. (ALPHAGAN P equiv)	-	1	OPHTHALMIC AGENTS
bromfenac ophth soln. (BROMDAY equiv)	-	1	OPHTHALMIC AGENTS
bromocriptine mesylate cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine mesylate tab (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
budeprion sr tab (WELLBUTRIN SR TAB equiv)	-	1	ANTIDEPRESSANTS
budeprion xl tab (WELLBUTRIN XL TAB equiv)	-	1	ANTIDEPRESSANTS
budesonide neb (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
bumetanide tab	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL TAB	PA-SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
buproban tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN TAB equiv)	-	1	ANTIDEPRESSANTS

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buspirone hcl tab 30mg	-	NC	ANTIANKXIETY AGENTS
buspirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
BUSULFEX INJ	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL = 6 tab/day)	QL	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL = 6 cap/day)	QL	1	ANALGESICS - OPIOID
butalbital/asa/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL = 6 cap/day)	QL	1	ANALGESICS - OPIOID
butorphanol nasal soln. (MIGRANAL equiv) (QL = 1 bottle/fill, 2 fill/30 day)	QL	1	ANALGESICS - OPIOID
BUTRANS PATCH	-	3	ANALGESICS - OPIOID
cabergoline tab	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcipotriene cream (DOVONEX equiv)	-	1	DERMATOLOGICALS
calcipotriene soln. (DOVONEX equiv)	-	1	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj. (CALCIJEX equiv)	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol oral soln. (ROCALTROL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CAMPRAL DR TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
camrese tab (SEASONIQUE/SEASONALE equiv)	-	\$0	CONTRACEPTIVES
CANASA SUPP.	-	2	GASTROINTESTINAL AGENTS - MISC.
capecitabine tab (XELODA equiv)	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics Inc. 1-800-236-9933)	PA-SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab	-	1	ANTIHYPERTENSIVES
CARAC CREAM	-	3	DERMATOLOGICALS
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine sr cap (CARBATROL equiv)	-	1	ANTICONVULSANTS
carbamazepine susp. (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	NC	ANTIPARKINSON AGENTS
carbidopa-levodopa cr tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa-levodopa odt (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa-levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
careteolol ophth. soln.	-	1	OPHTHALMIC AGENTS
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CAYSTON (Contact Cystic Fibrosis Services Ph#1-800-541-4959 Fax: 1-800-263-0251 or Foundation Care Pharmacy ph#877-291-1122 fax#877-291-1155)	PA-SP	SP	ANTI-INFECTIVE AGENTS - MISC.
CEENU CAP	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap	-	1	CEPHALOSPORINS
cefadroxil cap	-	1	CEPHALOSPORINS
cefadroxil susp.	-	1	CEPHALOSPORINS
cefadroxil tab	-	1	CEPHALOSPORINS

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cefazolin inj.	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp. (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefepime inj. (MAXIPIME equiv)	-	1	CEPHALOSPORINS
cefotaxime inj. (CLAFORAN equiv)	-	1	CEPHALOSPORINS
cefoxitin inj.	-	1	CEPHALOSPORINS
cefpodoxime susp. (VANTIN equiv)	-	1	CEPHALOSPORINS
cefpodoxime tab (VANTIN equiv)	-	1	CEPHALOSPORINS
cefprozil susp.	-	1	CEPHALOSPORINS
cefprozil tab	-	1	CEPHALOSPORINS
ceftazidime inj. (FORTAZ equiv)	-	1	CEPHALOSPORINS
ceftriaxone inj. (ROCEPHIN equiv)	-	1	CEPHALOSPORINS
cefuroxime susp. (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP (QL = 2 cap/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
CELLCEPT ORAL SUSP	SP	SP	ASSORTED CLASSES
cephalexin cap	-	1	CEPHALOSPORINS
cephalexin susp.	-	1	CEPHALOSPORINS
cephalexin tab	-	1	CEPHALOSPORINS
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CEREZYME INJ.	PA-SP	SP	HEMATOPOIETIC AGENTS
CERVARIX INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
cetirizine syrup (ZYRTEC equiv)	OTC	NC	ANTIHISTAMINES
cevimeline cap (EVOXAC equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHANTIX (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	3	ANTIDOTES
childrens ibuprofen susp. (CHILDRENS MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
chlorhexidine gluconate soln. (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorothiazide tab	-	1	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	2	DIURETICS
chlorpromazine tab	-	1	ANTIpsychOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
cholestyramine light powder (QUESTRAN LIGHT equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CIALIS TAB 2.5MG, 5MG (QL = 1 tab/day; BPH Only: Additional criteria required)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
cidofovir inj. (VISTIDE equiv)	-	1	ANTIVIRALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
cimetidine soln 300 mg/5ml	-	1	ULCER DRUGS
cimetidine tab (Rx ONLY)	-	1	ULCER DRUGS
CIMZIA INJ.	MSP-PA	SP	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER KIT	MSP-PA	SP	GASTROINTESTINAL AGENTS - MISC.
ciprofloxacin ophth. soln. (CILOXIN equiv)	-	1	OPHTHALMIC AGENTS
ciprofloxacin oral susp. (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
citalopram soln. (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
clarithromycin susp. (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES

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QL	Quantity Limit	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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Drug Name	Special Code	Tier	Category
clindamycin cap 150mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin cap 75mg (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin hcl cap 300mg (CLEOCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
clindamycin lotion (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv) (Limited to 14 days supply per fill.)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln. (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate oint. (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clomipramine cap (ANAFRANIL CAP equiv)	-	1	ANTIDEPRESSANTS
clonazepam tab. (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv)	-	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 300mg (PLAVIX equiv)	-	NC	HEMATOLOGICAL AGENTS - MISC.
clotrimazole troche (MYCELEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LOTRISONE equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	1	DERMATOLOGICALS
clozapine odt tab (FAZACLO ODT TAB equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL TAB equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab	-	1	ANALGESICS - OPIOID
colchicine tab. (COLCRYS equiv)	-	1	GOUT AGENTS
colchicine/probenecid tab.	-	1	GOUT AGENTS
COLCRYS TAB	-	2	GOUT AGENTS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COMBIVENT INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	SP	SP	ANTIVIRALS
CONTRAVE TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
COPAXONE 40MG/ML INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPAXONE INJ.	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
cortisone acetate tab	-	1	CORTICOSTEROIDS
CREON CAP	-	2	DIGESTIVE AIDS
CRINONE GEL	PA	3	VAGINAL PRODUCTS
CRIXIVAN CAP	SP	SP	ANTIVIRALS
cromolyn neb.	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn sodium ophth. soln. (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
cromolyn sodium soln. (GASTROCROM equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
cryselle tab (LO/OVRAL equiv)	-	\$0	CONTRACEPTIVES
CUPRIMINE CAP	-	3	ASSORTED CLASSES
cyanocobalamin inj.	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine hcl tab 7.5mg (FEXMID equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclosporine cap (SANDIMMUNE CAP equiv)	SP	SP	ASSORTED CLASSES

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ST	Quantity Limit	VAC	Smoking Cessation	¢	Available through Specialty Pharmacy Program
	Step Therapy		Vaccine Program		RxCENTS

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cyclosporine modified cap (NEORAL equiv)	SP	SP	ASSORTED CLASSES
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
danazol cap	-	1	ANDROGENS-ANABOLIC
DANTROLENE CAP 100MG (DANTRIUM equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
dantrolene sodium cap (DANTRIUM equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB	-	3	ANTIMALARIALS
demeclocycline tab (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DENAVIR CREAM	-	3	DERMATOLOGICALS
DERMASORB AF KIT	-	NC	DERMATOLOGICALS
DERMASORB XM KIT	-	NC	DERMATOLOGICALS
desipramine tab (NORPRAMIN TAB equiv)	-	1	ANTIDEPRESSANTS
desmopressin inj. (DDAVP equiv)	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP NASAL SOLN equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal spray (MINIRIN NASAL SOLN equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin tab (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream (DESOWEN equiv)	-	1	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	1	DERMATOLOGICALS
desonide oint. (DESOWEN equiv)	-	1	DERMATOLOGICALS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone sodium phosphate ophth. soln.	-	1	OPHTHALMIC AGENTS
dexamethasone tab	-	1	CORTICOSTEROIDS
dexmethylphenidate ER cap 15mg, 30mg (FOCALIN XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
dextroamphetamine sulfate cap sr (DEXEDRINE CAP equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
dextroamphetamine sulfate tab	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
diazepam tab (VALIUM equiv)	-	1	ANTI-ANXIETY AGENTS
DIBENZYLINE CAP	-	3	ANTI-HYPERTENSIVES
diclofenac potassium tab. (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium dr tab. (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth. soln. (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac soln. 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
dicloxacillin sodium cap	-	1	PENICILLINS
dicyclomine cap	-	1	ULCER DRUGS
dicyclomine tab	-	1	ULCER DRUGS
didanosine cap (VIDEX EC CAP equiv)	SP	SP	ANTIVIRALS
DIFFERIN GEL 0.1%	-	NC	DERMATOLOGICALS
DIFFERIN LOTION (acne only - Prior Authorization required for members 35 years and older)	PA	3	DERMATOLOGICALS
DIFICID TAB (QL = 20 tab/fill)	PA-QL	3	MACROLIDES
digoxin oral soln.	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine inj. (D.H.E. 45 equiv)	-	1	MIGRAINE PRODUCTS
DILANTIN CAP	-	2	ANTICONVULSANTS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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diphenhydramine hcl cap 50mg	-	1	ANTIHISTAMINES
diphenhydramine inj. (BENADRYL equiv)	-	1	ANTIHISTAMINES
diphenoxylate/atropine liquid (LIQUID equiv)	-	1	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE TAB equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
divalproex sodium dr tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sodium er tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium sprinkle cap (DEPAKOTE SPRINKLES equiv)	-	1	ANTICONVULSANTS
donepezil ODT (ARICEPT ODT equiv) (QL = 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL = 2 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL = 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DORIBAX INJ.	-	3	ANTI-INFECTIVE AGENTS - MISC.
dorzolamide ophth. soln. (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol maleate ophth. soln. (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap	-	1	ANTIDEPRESSANTS
doxepine conc	-	1	ANTIDEPRESSANTS
doxercalciferol cap (HECTOROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab 20mg (PERIOSTAT equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 100mg (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab 50mg (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 75mg (ADOXA equiv)	-	1	TETRACYCLINES
dronabinol cap (MARINOL equiv)	PA	1	ANTIEMETICS
DROXIA CAP.	-	2	HEMATOPOIETIC AGENTS
DUAVEE TAB	-	NC	ESTROGENS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap (CYMBALTA equiv)	-	NC	ANTIDEPRESSANTS
e.e.s. tab	-	1	MACROLIDES
econazole nitrate cream	-	1	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDURANT TAB	SP	SP	ANTIVIRALS
ELIDEL CREAM	-	3	DERMATOLOGICALS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
EMCYT CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMTRIVA CAP	SP	SP	ANTIVIRALS

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EMTRIVA SOLN	SP	SP	ANTIVIRALS
enalapril tab	-	1	ANTIHYPERTENSIVES
enalapril/hctz tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ.	MSP-PA	SP	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ.	MSP-PA	SP	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN	PA	3	VAGINAL PRODUCTS
ENGERIX B INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
enoxaparin inj. (LOVENOX equiv) (QL = 17 day supply)	QL-SP	SP	ANTICOAGULANTS
entacapone tab. (COMTAN equiv)	-	1	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv)	SP-¢	SP	ANTIVIRALS
EPIPEN INJ. (QL= 4 units/fill for member 18 and younger; QL= 2 units/fill for members older than 18)	QL	2	VASOPRESSORS
EPIPEN-JR INJ. (QL= 4 units/fill for member 18 and younger; QL= 2 units/fill for members older than 18)	QL	2	VASOPRESSORS
EPIVIR HBV ORAL SOLN	SP	SP	ANTIVIRALS
EPOGEN INJ.	MSP	SP	HEMATOPOIETIC AGENTS
EPZICOM TAB	SP	SP	ANTIVIRALS
EQUETRO CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ergocalciferol cap (DRISDOL equiv)	-	1	VITAMINS
ergoloid mesylates tab	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	3	MIGRAINE PRODUCTS
errin tab (ORTHO MICRONOR equiv)	-	\$0	CONTRACEPTIVES
ERYPED SUSP.	-	2	MACROLIDES
ERY-TAB	-	3	MACROLIDES
erythrocin stearate tab	-	1	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth. oint.	-	1	OPHTHALMIC AGENTS
erythromycin pads	-	1	DERMATOLOGICALS
erythromycin tab	-	1	MACROLIDES
erythromycin topical soln.	-	1	DERMATOLOGICALS
esterified estrogen/methyltestosterone tab (ESTRATEST HS equiv)	-	1	ESTROGENS
ESTRACE CREAM	-	3	VAGINAL PRODUCTS
estradiol patch	-	1	ESTROGENS
estradiol tab	-	1	ESTROGENS
ESTRING	-	3	VAGINAL PRODUCTS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap. (ZARONTIN equiv)	-	1	ANTICONVULSANTS
ethosuximide soln. (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etodolac cap.	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide (bulk) powder	SP	SP	CHEMICALS
etoposide cap	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVZIO INJ.	-	NC	ANTIDOTES
EXELON PATCH	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXELON SOLN	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemastane tab (AROMASIN TAB equiv)	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB FOR ORAL SUSP	SP	SP	ANTIDOTES

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EXTAVIA INJ. (Step Therapy Requires failure of 2 of the 3 products: AVONEX, REBIF, COPAXONE)	MSP-ST	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FABRAZYME INJ.	PA-SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	SP	SP	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
famotidine soln. (Rx ONLY) (PEPCID equiv)	-	1	ULCER DRUGS
famotidine tab (Rx ONLY) (PEPCID equiv)	-	1	ULCER DRUGS
FARESTON TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FAZACLO ODT TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
felbamate susp. (FELBATOL equiv)	-	1	ANTICONVULSANTS
felbamate tab. (FELBATOL equiv)	-	1	ANTICONVULSANTS
fenofibrate cap (ANTARA equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate tab (TRICOR equiv)	-	1	ANTIHYPERLIPIDEMICS
fentanyl patch (ACTIQ equiv)	-	1	ANALGESICS - OPIOID
ferrous sulfate soln. (Covered only if the patient is 1 or under)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FINACEA GEL	-	3	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
FIRST MOUTHWASH - BLM	-	2	MOUTH/THROAT/DENTAL AGENTS
flecainide acetate tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLOVENT DISKUS	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUBLOK INJ.	QL-VAC	\$0	VACCINES
FLUCELVAX INJ.	QL-VAC	\$0	VACCINES
fluconazole susp. (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	1	ANTIFUNGALS
fludarabine inj (FLUDARABINE INJ equiv)	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone acetate tab	-	1	CORTICOSTEROIDS
FLULAVAL QUADRIVALENT INJ.	QL-VAC	\$0	VACCINES
FLUMIST NASAL ()	QL-VAC	\$0	VACCINES
FLUMIST QUADRIVALENT NASAL	QL-VAC	\$0	VACCINES
flunisolide nasal spray (NASAREL equiv) (QL = 2 bottle/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream (SYNALAR equiv)	-	1	DERMATOLOGICALS
fluocinolone acetonide oint. (SYNALAR equiv)	-	1	DERMATOLOGICALS
fluocinolone acetonide otic oil (DERMOTIC equiv)	-	1	OTIC AGENTS
fluocinolone acetonide soln. (SYNALAR equiv)	-	1	DERMATOLOGICALS
fluocinonide cream (VANOS equiv)	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint.	-	1	DERMATOLOGICALS
fluocinonide soln.	-	1	DERMATOLOGICALS
FLUOR-A-DAY TAB	-	3	MINERALS & ELECTROLYTES
fluorometholone ophth. soln. (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX equiv)	-	1	DERMATOLOGICALS
fluorouracil soln. (EFUDEX equiv)	-	1	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS

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fluoxetine hcl tab 60mg	-	NC	ANTIDEPRESSANTS
fluoxetine soln. (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLURAZEPAM CAP	-	NC	HYPNOTICS
flurbiprofen sodium ophth. soln. (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
flurbiprofen tab.	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurphenazine tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flutamide cap	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL = 2 bottle/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate oint. (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluvastatin cap (LESCOL equiv)	-	1	ANTIHYPERTENSIVES
FLUVIRIN INJ.	QL-VAC	\$0	VACCINES
FLUVIRIN PF INJ.	QL-VAC	\$0	VACCINES
fluvoxamine tab	-	1	ANTIDEPRESSANTS
FLUZONE HIGH-DOSE PF INJ.	QL-VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ.	QL-VAC	\$0	VACCINES
FLUZONE QUADRIVALENT INJ.	QL-VAC	\$0	VACCINES
FLUZONE SPLIT INJ.	QL-VAC	\$0	VACCINES
FLUZONE SPLIT PF INJ.	QL-VAC	\$0	VACCINES
FLUZONE SPLIT QUADRIVALENT INJ.	QL-VAC	\$0	VACCINES
folic acid tab (Female Only)	OTC	\$0	HEMATOPOIETIC AGENTS
FORTEO INJ.	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL/ TESTOSTERONE GEL	-	NC	ANDROGENS-ANABOLIC
FOSCARNET INJ.	-	3	ANTIVIRALS
fosinopril tab	-	1	ANTIHYPERTENSIVES
FRAGMIN INJ	SP	SP	ANTICOAGULANTS
FREESTYLE (LITE/FREEDOM) DIABETIC METER	OTC	\$0	MEDICAL DEVICES
FREESTYLE INSULIN SYRINGE	OTC	1	MEDICAL DEVICES
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FULYZAQ TAB	-	NC	ANTIDIARRHEALS
furosemide oral soln.	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ.	MSP	SP	ANTIVIRALS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln. (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
galantamine soln (RAZADYNE SOLN equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine sr cap (RAZADYNE ER CAP equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE TAB equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GAMASTAN S/D INJ.	MSP-PA	SP	PASSIVE IMMUNIZING AGENTS
GAMMAGARD INJ.	MSP-PA	SP	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR CAP	SP	SP	ANTIVIRALS
GARDASIL INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
gatifloxacin ophth soln. (ZYMAXID equiv)	-	NC	OPHTHALMIC AGENTS
GATTEX INJ.	-	NC	GASTROINTESTINAL AGENTS - MISC.

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GAZYVA INJ.	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERTENSIVES
gengraf oral soln (NEORAL ORAL SOLN equiv)	SP	SP	ASSORTED CLASSES
gentamicin oint.	-	1	DERMATOLOGICALS
gentamicin ophth. oint.	-	1	OPHTHALMIC AGENTS
gentamicin ophth. soln. (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gianvi tab (YAZ/YASMIN equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP (QL = 1 cap/day)	MSP-PA-QL	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL=1tab/day)	PA-QL-SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEEVEC TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
GLUCAGEN HYPOKIT	-	2	ANTIDIABETICS
GLUCAGON EMERGENCY KIT	-	2	ANTIDIABETICS
GLUMETZA TAB	-	NC	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
glycopyrrolate tab	-	1	ULCER DRUGS
granisetron tab (KYTRIL equiv) (QL = 9 tab/fill)	QL	1	ANTIEMETICS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin microsize susp.	-	1	ANTIFUNGALS
griseofulvin microsize tab (GRIFULVIN V equiv)	-	1	ANTIFUNGALS
griseofulvin ultramicrosize tab (GRIS-PEG equiv)	-	1	ANTIFUNGALS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
halobetasol propionate oint. (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
haloperidol oral conc	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
hc butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hecoria cap (PROGRAF CAP equiv)	SP	SP	ASSORTED CLASSES
HEMANGEOL ORAL SOLN	-	NC	BETA BLOCKERS
HEPSERA CAP	MSP	SP	ANTIVIRALS
HETLIOZ CAP	-	NC	HYPNOTICS
HEXALEN CAP	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ.	MSP-PA	SP	PASSIVE IMMUNIZING AGENTS
HUMIRA INJ.	MSP-PA	SP	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN 70/30 PEN	OTC	2	ANTIDIABETICS
HUMULIN N PEN	OTC	2	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HYCAMTIN CAP	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydralazine tab	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap	-	1	DIURETICS

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hydrochlorothiazide tab	-	1	DIURETICS
HYDROCODONE/ACETAMINOPHEN SOLN 10/325MG	-	NC	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/acetaminophen tab. (VICODIN equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/bitartrate/ac soln.	-	1	ANALGESICS - OPIOID
hydrocodone/chlor/pse liq (ZUTRIPRO equiv)	-	NC	COUGH/COLD/ALLERGY
hydrocortison butyrate cream (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone cream	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone lotion (ALA SCALP equiv)	-	1	DERMATOLOGICALS
hydrocortisone oint.	-	1	DERMATOLOGICALS
hydrocortisone rectal cream (ANUSOL-HC equiv)	-	1	ANORECTAL AGENTS
hydrocortisone rectal supp. (ANUSOL-HC equiv)	-	1	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	1	DERMATOLOGICALS
hydrocortisone valerate oint. (WESTCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone w/acetic acid otic soln. (VOLSOL HC equiv)	-	1	OTIC AGENTS
hydromorphone tab (DIALUDID TAB equiv)	-	1	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine syrup	-	1	ANTIANGXIETY AGENTS
hydroxyzine tab	-	1	ANTIANGXIETY AGENTS
hyoscyamine SL tab	-	1	ULCER DRUGS
hyoscyamine tab	-	1	ULCER DRUGS
ibandronate inj. (BONIVA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ibuprofen tab 400mg	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 600mg	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 800mg	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Limited to 2x15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipenem/cilastin inj. (PRIMAXIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
imipramine tab (TOFRANIL TAB equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMOVAR RABIES INJ (H.D.C.V.) (QL=3 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
INCIVEK TAB (Limited to 2x15 day supply for first 3 months)	-	NC	ANTIVIRALS
INCRELEX INJ.	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
indapamide tab	-	1	DIURETICS
indomethacin cap.	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ.	MSP	SP	ANTIVIRALS
INLYTA TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INTELENCE TAB	SP	SP	ANTIVIRALS
INTRON-A INJ.	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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INVANZ INJ.	-	3	ANTI-INFECTIVE AGENTS - MISC.
INVIRASE TAB	SP	SP	ANTIVIRALS
IPOL INACTIVATED IPV (QL=3 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
ipratropium nasal soln. (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb.	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ipratropium/albuterol neb (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Curascript 1-877-634-8553)	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
iron susp. (Covered only if the patient is 1 or under)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS POWDER PACK	SP	SP	ANTIVIRALS
ISENTRESS TAB	SP	SP	ANTIVIRALS
isonarif cap (RIFAMATE equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid syrup	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate ER tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL TITRADOSE equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap (CLARAVIS equiv)	-	1	DERMATOLOGICALS
isradipine cap	-	1	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	PA	1	ANTIFUNGALS
IXIARO INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
JAKAFI TAB (QL = 2 tab/day)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
KALETRA SOLN	SP	SP	ANTIVIRALS
KALETRA TAB	SP	SP	ANTIVIRALS
KALYDECO TAB (QL = 2 tab/day)	MSP-PA-QL	SP	RESPIRATORY AGENTS - MISC.
KANAMYCIN INJ.	-	3	AMINOGLYCOSIDES
KARBINAL ER SUSP.	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
KAZANO TAB	-	NC	ANTIDIABETICS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
ketoconazole cream	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL equiv)	-	1	DERMATOLOGICALS
ketoconazole tab	-	1	ANTIFUNGALS
ketoprofen cap.	-	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac tab (Limited to 5 days treatment)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac tromethamine ophth. soln. (ACULAR equiv)	-	1	OPHTHALMIC AGENTS
KETOSTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
KINERET INJ.	MSP-PA	SP	ANALGESICS - ANTI-INFLAMMATORY
KUVAN POWDER PACK	MSP-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	MSP-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYNAMRO INJ.	-	NC	ANTIHYPERLIPIDEMICS
labetalol tab	-	1	BETA BLOCKERS

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LACRISERT OPHTH. INSERT	-	2	OPHTHALMIC AGENTS
lactic acid cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
lactic acid lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
lactulose soln.	-	1	GASTROINTESTINAL AGENTS - MISC.
LAMICTAL CHEW TAB	-	3	ANTICONVULSANTS
lamivudine tab (EPIVIR TAB equiv)	-	1	ANTIVIRALS
lamivudine-zidovudine tab (COMBIVIR TAB equiv)	SP	SP	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LANCET DEVICE	OTC	1	MEDICAL DEVICES
LANCET KIT	OTC	1	MEDICAL DEVICES
LANCETS	OTC	1	MEDICAL DEVICES
LANOXIN 0.0625MG, 0.1875MG TAB	-	NC	CARDIOTONICS
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
latanoprost ophth soln. (XALATAN equiv) (QL = 2.5ml/30 day)	QL	1	OPHTHALMIC AGENTS
leflunomide tab. (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
lessina tab (NORDETTE equiv)	-	\$0	CONTRACEPTIVES
LETAIRIS TAB	PA-SP	SP	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA TAB equiv)	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin calcium inj	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin calcium tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ.	MSP	SP	HEMATOPOIETIC AGENTS
LEVEMIR FLEXPEN	-	2	ANTIDIABETICS
LEVEMIR INJ.	-	2	ANTIDIABETICS
levetiracetam oral soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
levobunolol ophth. soln. (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin ophth. soln. (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	1	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXIVA TAB	SP	SP	ANTIVIRALS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIDOCAINE CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
lidocaine hcl cream (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine hcl gel (XYLOCAINE JELLY equiv)	-	1	DERMATOLOGICALS
lidocaine hcl soln. (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine oint.	-	1	DERMATOLOGICALS
lidocaine viscous soln. (LTA 360 equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine-hydrocortison rectal cream (ANAMANTLE equiv)	-	1	ANORECTAL AGENTS
lidocaine-prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LINCOCIN INJ.	-	3	ANTI-INFECTIVE AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPOFEN CAP	-	NC	ANTIHYPERLIPIDEMICS

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lisinopril tab (PRINIVIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hctz tab (PRINZIDE equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate er tab (LITHOBID TAB equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIAXIETY AGENTS
LORTAB ELIXIR	-	NC	ANALGESICS - OPIOID
LORZONE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hctz tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTRONEX TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	1	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE CAP equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUMIGAN OPTH SOLN. (QL = 2.5ml/30 day)	QL	2	OPHTHALMIC AGENTS
LUZU CREAM	-	NC	DERMATOLOGICALS
LYSODREN TAB	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
magnesium sulfate inj.	-	1	MINERALS & ELECTROLYTES
MARPLAN TAB	-	3	ANTIDEPRESSANTS
MATULANE CAP	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
matzim LA tab (CARDIZEM LA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
meclizine tab (Rx ONLY) (ANTIVERT equiv)	-	1	ANTIEMETICS
medroxyprogesterone inj. (DEPO-PROVERA equiv) (QL=1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefloquine tab	-	1	ANTIMALARIALS
megestrol acetate susp. (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol acetate tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melphalan inj (ALKERAN INJ equiv)	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MENACTRA INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
MENOMUNE INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
MENVEO INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
meperidine tab (DEMEROL TAB equiv)	-	1	ANALGESICS - OPIOID
MEPHYTON TAB	-	2	VITAMINS
meprobamate tab	-	1	ANTIAXIETY AGENTS
mercaptopurine tab (PURINETHOL TAB equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj. (MERREM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
mesalamine enema	-	1	GASTROINTESTINAL AGENTS - MISC.
MESTINON TIMESPAN	-	3	ANTIEMETIC/CHOLINERGIC AGENTS
metaproterenol syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab.	-	1	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone conc (METHADOSE CONC equiv)	-	1	ANALGESICS - OPIOID
methadone oral soln.	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE TAB equiv)	-	1	ANALGESICS - OPIOID

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methadone tab for oral susp (METHADOSE TAB FOR ORAL SUSP equiv)	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN TAB equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methazolamide tab	-	1	DIURETICS
methenamine mandelate tab	-	1	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	-	3	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj.	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	SP	SP	DERMATOLOGICALS
methscopolamide tab (PAMINE equiv)	-	1	ULCER DRUGS
methyl dopa tab	-	1	ANTIHYPERTENSIVES
methylin er tab (RITALIN SR TAB equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylin tab (RITALIN TAB equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate cd cap (METADATE CD CAP equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
methylprednisolone dose pack (MEDROL DOSEPAK equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab	-	1	GASTROINTESTINAL AGENTS - MISC.
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metronidazole cap (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole gel 1% (METROGEL equiv)	-	NC	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
methylphenidate soln (METHYLIN SOLN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
MEXILETINE TAB	-	2	ANTIARRHYTHMICS
MIACALCIN INJ.	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
microgestin FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
midodrine tab	-	1	VASOPRESSORS
MIGRANAL / DIHYDROERGOTAMINE SPRAY	-	3	MIGRAINE PRODUCTS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	1	TETRACYCLINES
minoxidil tab	-	1	ANTIHYPERTENSIVES
MIOSTAT	-	NC	OPHTHALMIC AGENTS
mirtazapine ODT (REMERON SOLTAB equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
mitoxantrone inj (NOVANTRONE INJ equiv)	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MMR INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0	VACCINES

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	Step Therapy		Vaccine Program		RxCENTS

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mometasone furoate cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone furoate oint. (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone furoate soln. (lotion) (ELOCON equiv)	-	1	DERMATOLOGICALS
MONODOX CAP	-	NC	TETRACYCLINES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate beads (AVINZA CAP equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate er tab (MS CONTIN TAB equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate oral soln.	-	1	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
moxifloxacin tab (AVELOX equiv)	-	NC	FLUOROQUINOLONES
MULTAQ TAB	-	3	ANTIARRHYTHMICS
mupirocin calcium cream (BACTROBAN equiv)	-	1	DERMATOLOGICALS
mupirocin oint. (BACTROBAN equiv)	-	1	DERMATOLOGICALS
MYALEPT INJ.	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate cap (CELLCEPT CAP equiv)	SP	SP	ASSORTED CLASSES
mycophenolate dr tab (MYFORTIC TAB equiv)	SP	SP	ASSORTED CLASSES
mycophenolate tab (CELLCEPT TAB equiv)	SP	SP	ASSORTED CLASSES
nabumetone tab.	-	1	ANALGESICS - ANTI-INFLAMMATORY
nafcillin inj.	-	1	PENICILLINS
nalbuphine inj (NUBAIN INJ equiv)	-	1	ANALGESICS - OPIOID
naloxone hcl inj.	-	1	ANTIDOTES
naltrexone hcl tab. (REVIA equiv)	-	1	ANTIDOTES
NAMENDA ORAL SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPHAZOLINE OPHTH SOLN.	-	NC	OPHTHALMIC AGENTS
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen dr tab. (EC NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp. (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab. (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL = 9 tab/fill, 2 fill/30 day)	QL	1	MIGRAINE PRODUCTS
NASACORT NASAL SPRAY (OTC)	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASONEX (QL = 2 bottle/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATROBA SUSP.	-	NC	DERMATOLOGICALS
necon 10/11 tab	-	\$0	CONTRACEPTIVES
necon tab	-	\$0	CONTRACEPTIVES
nefazodone tab	-	1	ANTIDEPRESSANTS
neomycin sulfate tab	-	1	AMINOGLYCOSIDES
neomycin-bacitracin zn-polymyxin ophth. oint.	-	1	OPHTHALMIC AGENTS
neomycin-polymy-dexameth ophth. oint. (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin-polymy-dexameth ophth. susp. (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin-polymyxin-hc ophth. susp. (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
neomycin-polymyxin-hc otic soln. (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin-polymyxin-hc otic susp.	-	1	OTIC AGENTS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS

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	Step Therapy		Vaccine Program		RxCENTS

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NESINA TAB	-	NC	ANTIDIABETICS
NEULASTA INJ.	MSP	SP	HEMATOPOIETIC AGENTS
NEUMEGA INJ.	MSP	SP	HEMATOPOIETIC AGENTS
NEUPOGEN INJ.	MSP	SP	HEMATOPOIETIC AGENTS
nevirapine tab (VIRAMUNE TAB equiv)	SP	SP	ANTIVIRALS
NEXAVAR TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIASPAN TAB	-	3	ANTIHYPERLIPIDEMICS
nicardipine cap	-	1	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM CQ equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NS (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (PROCARDIA XL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nisoldipine ER tab	-	1	CALCIUM CHANNEL BLOCKERS
nitrofurantoin macrocrystal cap (MACRODANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp. (FURADANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitroglycerin patch (NITRODUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab	-	1	ANTIANGINAL AGENTS
NITROSTAT	-	2	ANTIANGINAL AGENTS
NORDITROPIN INJ.	MSP-PA	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
NORPACE CR CAP	-	3	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel 1/35 tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR CAP equiv)	-	1	ANTIDEPRESSANTS
nortriptyline soln (PAMELOR SOLN equiv)	-	1	ANTIDEPRESSANTS
NORVIR ORAL SOLN	SP	SP	ANTIVIRALS
NORVIR TAB	SP	SP	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES
NOVOLIN 70/30 VIAL	OTC	1	ANTIDIABETICS
NOVOLIN N VIAL	OTC	1	ANTIDIABETICS
NOVOLIN R VIAL	OTC	1	ANTIDIABETICS
NOVOLOG FLEXPEN	-	2	ANTIDIABETICS
NOVOLOG INJ.	-	2	ANTIDIABETICS
NOVOLOG MIX 70/30 FLEXPEN	-	2	ANTIDIABETICS
NOVOLOG MIX 70/30 INJ.	-	2	ANTIDIABETICS
NOVOLOG PENFILL	-	2	ANTIDIABETICS
NOVOPEN JR	OTC	1	MEDICAL DEVICES
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES
NOXAFIL TAB	-	NC	ANTIFUNGALS
NUVARING	-	\$0	CONTRACEPTIVES
nystatin cream	-	1	DERMATOLOGICALS
nystatin oint.	-	1	DERMATOLOGICALS

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nystatin powder	-	1	ANTIFUNGALS
nystatin tab	-	1	ANTIFUNGALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint.	-	1	DERMATOLOGICALS
octreotide inj. (SANDOSTATIN equiv)	MSP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
ofloxacin ophth. soln. (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln.	-	1	OTIC AGENTS
ofloxacin tab	-	NC	FLUOROQUINOLONES
olanzapine odt tab (ZYPREXA ZYDIS TAB equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	¢	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
OLYSIO CAP (QL= 1 cap/day)	MSP-PA-QL	SP	ANTIVIRALS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	NC	ANTIHYPERLIPIDEMICS
omeprazole cap (PRILOSEC equiv)	-	1	ULCER DRUGS
OMNITROPE INJ.	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron odt tab (ZOFTRAN ODT TAB equiv)	-	1	ANTIEMETICS
ondansetron oral soln 4 mg/5ml (ZOFTRAN ORAL SOLN 4 MG/5ML equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN TAB equiv)	-	1	ANTIEMETICS
ONGLYZA TAB	-	NC	ANTIDIABETICS
OPSUMIT TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORAP TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAXYL CAP	-	NC	TETRACYCLINES
ORENCIA INJ.	MSP-PA	SP	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC	MSP-PA	SP	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	PA-SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
orphenadrine citrate inj. (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN LO	-	\$0	CONTRACEPTIVES
OSENI TAB	-	NC	ANTIDIABETICS
OSMOPREP TAB	-	3	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
oxacillin inj.	-	1	PENICILLINS
oxandrolone tab (OXANDRIN TAB equiv)	-	1	ANDROGENS-ANABOLIC
oxcarbazepine susp. (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxybutynin syrup (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone tab (ROXICODONE TAB equiv)	-	1	ANALGESICS - OPIOID
oxycodone w/ acetaminophen tab (ROXICET TAB equiv) (All BRAND oxycodone/apap are Not Covered)	-	1	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
PANCREAZE CAP	-	NC	DIGESTIVE AIDS
pantoprazole tab (PROTONIX equiv)	-	1	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap	-	1	AMINOGLYCOSIDES

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paroxetine ER tab (PAXIL CR equiv)	-	1	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
pediatric multiple vitamins/fluoride chew tab (QUFLORA equiv)	-	NC	MULTIVITAMINS
peg 3350/electrolyte soln.	-	1	LAXATIVES
PEGANONE TAB	-	3	ANTICONVULSANTS
PEGASYS INJ.	MSP	SP	ANTIVIRALS
PEG-INTRON INJ.	MSP	SP	ANTIVIRALS
PENICILLIN G PROCAINE INJ.	-	3	PENICILLINS
PENICILLIN G SODIUM INJ.	-	3	PENICILLINS
penicillin v soln.	-	1	PENICILLINS
penicillin v tab	-	1	PENICILLINS
PENNSAID SOLN. 2%	-	NC	DERMATOLOGICALS
PENTAM/NEBUPENT	-	3	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
pentazocine/ naloxone tab (TALWIN equiv)	-	NC	ANALGESICS - OPIOID
pentoxifylline tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
permethrin cream (ELIMITE equiv)	-	1	DERMATOLOGICALS
perphenazine tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERTZYE CAP	-	NC	DIGESTIVE AIDS
PFIZERPEN-G INJ.	-	1	PENICILLINS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
PHENYTEK CAP 200MG	-	1	ANTICONVULSANTS
PHENYTEK CAP 300MG	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN INFATABS equiv)	-	1	ANTICONVULSANTS
phenytoin sodium extended cap (PHENYTEK equiv)	-	1	ANTICONVULSANTS
PHOSLYRA SOLN.	-	2	GASTROINTESTINAL AGENTS - MISC.
pilocarpine ophth. soln. (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
pioglitazone tab (ACTOS equiv)	¢	1	ANTIDIABETICS
piperacillin/tazobactam inj. (ZOSYN equiv)	-	1	PENICILLINS
PLASMA-LYTE SOLN.	-	3	MINERALS & ELECTROLYTES
PNEUMOVAX INJ. (Covered for members 65 years old and older; Limited to 1 vaccine per lifetime)	QL-VAC	\$0	VACCINES
podofilox soln. (CONDYLOX equiv)	-	1	DERMATOLOGICALS
polymyxin b-trimethoprim ophth. soln. (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
postassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride cr cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride cr tab (K-TABS equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride inj.	-	1	MINERALS & ELECTROLYTES
potassium chloride oral liquid	-	1	MINERALS & ELECTROLYTES
potassium chloride powder (K-LOR HOSPITAL PAK equiv)	-	1	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	1	MINERALS & ELECTROLYTES
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	3	DERMATOLOGICALS
pramoxine-hc cream (PRAMOSONE equiv)	-	1	DERMATOLOGICALS
pravastatin tab (PRAVACHOL equiv)	-	1	ANTIHYPERTENSIVES

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prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	1	MEDICAL DEVICES
PRECISION XTRA DIABETIC METER	OTC	\$0	MEDICAL DEVICES
PRECISION XTRA TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
prednisolone sod phosph oral soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone acetate ophth. soln. (OMNIPRED equiv)	-	1	OPHTHALMIC AGENTS
prednisolone sodium phosphate ophth soln.	-	1	OPHTHALMIC AGENTS
prednisolone syrup	-	1	CORTICOSTEROIDS
prednisone tab	-	1	CORTICOSTEROIDS
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPRO TAB	-	3	ESTROGENS
PRENATAL VITAMIN (RX ONLY)	-	NC	MULTIVITAMINS
previfem tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
PREZISTA TAB	SP	SP	ANTIVIRALS
PRIMAQUINE TAB	-	2	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
probenecid tab.	-	1	GOUT AGENTS
prochlorperazine suppos	-	1	ANTIpsychOTICS/ANTIMANIC AGENTS
prochlorperazine tab	-	1	ANTIpsychOTICS/ANTIMANIC AGENTS
PROCRT INJ.	MSP	SP	HEMATOPOIETIC AGENTS
progesterone micronized cap (PROMETRIUM equiv)	-	1	PROGESTINS
PROLEUKIN IV SOLN	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA TAB	MSP-PA	SP	HEMATOPOIETIC AGENTS
promethazine supp.	-	1	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab	-	1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	NC	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
proparacaine ophth. soln. (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol hcl oral soln.	-	1	BETA BLOCKERS
propranolol oral soln 20 mg/5ml	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propylthiouracil tab	-	1	THYROID AGENTS
PROTOPIC OINT.	-	3	DERMATOLOGICALS
protriptyline tab (VIVACTIL TAB equiv)	-	1	ANTIDEPRESSANTS
PROVENTIL/PROAIR HFA	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME	MSP	SP	RESPIRATORY AGENTS - MISC.
PURIXAN SUSP.	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine bromide tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridoxine tab 25mg, 50mg (Covered if member taking isoniazid)	OTC-ST	1	VITAMINS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL TAB equiv)	-	1	ANTIpsychOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW	-	NC	MULTIVITAMINS
QUFLORA PEDIATRIC DROP	-	NC	MULTIVITAMINS
quinidine gluconate tab	-	1	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS

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ST	Quantity Limit	VAC	Smoking Cessation	¢	Available through Specialty Pharmacy Program
	Step Therapy		Vaccine Program		RxCENTS

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Drug Name	Special Code	Tier	Category
QUINIDINE SULFATE TAB 200MG	-	2	ANTIARRHYTHMICS
QVAR INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole tab (ACIPHEX equiv)	-	NC	ULCER DRUGS
raloxifene tab (EVISTA equiv)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
RANEXA TAB	-	2	ANTIANGINAL AGENTS
ranitidine cap (Rx ONLY) (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine syrup (Rx ONLY) (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine tab (Rx ONLY) (ZANTAC equiv)	-	1	ULCER DRUGS
RAPAMUNE ORAL SOLN	SP	SP	ASSORTED CLASSES
RAPAMUNE TAB 1MG, 2MG	SP	SP	ASSORTED CLASSES
RAVICTI	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
REBETOL SOLN.	MSP	SP	ANTIVIRALS
REBIF INJ.	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RECOMBIVAX HB INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
REGRANEX GEL (QL = 2 x 15gm tubes/fill)	QL	3	DERMATOLOGICALS
RELENZA DISKHALER (QL = 20 unit/fill)	QL	3	ANTIVIRALS
RENVELA PACKET (Step Therapy requires trial of calcium acetate)	ST	3	GASTROINTESTINAL AGENTS - MISC.
RENVELA/SEVELAMER CARBONATE TAB (Step Therapy requires trial of calcium acetate)	ST	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
RESCRIPTOR TAB	SP	SP	ANTIVIRALS
RESTASIS (Restricted to Ophthalmologist or Optometrist)	PA	2	OPHTHALMIC AGENTS
RETIN-A MICRO GEL 0.08%	-	NC	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL = 1 cap/day)	MSP-PA-QL	SP	ASSORTED CLASSES
REYATAZ CAP	SP	SP	ANTIVIRALS
ribavirin cap (REBETOL equiv)	MSP	SP	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	MSP	SP	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
rimanadine tab (FLUMADINE equiv)	-	1	ANTIVIRALS
risedronate tab 150mg (ACTONEL TAB 150MG equiv) (Step Therapy requires trial of alendronate.)	ST	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risperidone odt tab (RISPERDAL M-TAB equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL SOLN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL TAB equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITUXAN INJ.	PA-SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON CAP equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT ODT equiv) (QL = 9 tab/fill, 2 fill/30 day)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL = 9 tab/fill, 2 fill/30 day)	QL	1	MIGRAINE PRODUCTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
SABRIL POWDER PACK	SP	SP	ANTICONVULSANTS
SABRIL TAB	SP	SP	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
salicylic acid shampoo (SALEX equiv)	-	1	DERMATOLOGICALS
salsalate tab	-	1	ANALGESICS - NONNARCOTIC
SANDIMMUNE ORAL SUSP	SP	SP	ASSORTED CLASSES

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	Step Therapy		Vaccine Program		RxCENTS

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SANTYL OINT.	-	3	DERMATOLOGICALS
SAVELLA TAB (QL = 2 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab	-	1	ANTIPARKINSON AGENTS
selenium sulfate shampoo (SELSUB equiv)	-	1	DERMATOLOGICALS
selenium sulfide lotion (SELSUN SHAMPOO equiv)	-	1	DERMATOLOGICALS
SELZENTRY TAB	SP	SP	ANTIVIRALS
SENSIPAR TAB	SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEROQUEL XR TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline soln. (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SIGNIFOR INJ. (QL= 2 vials/day; Only available through Accredo 1-866-591-9075, Fax 1-866-591-9094)	PA-QL-SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab (REVATIO equiv)	PA-SP	SP	CARDIOVASCULAR AGENTS - MISC.
silver sulfadiazine cream (SILVADENE equiv)	-	1	DERMATOLOGICALS
simvastatin tab (ZOCOR equiv)	-	1	ANTIHYPERTENSIVES
sirolimus tab (RAPAMUNE equiv)	SP	SP	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SIVEXTRO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride inj.	-	1	MINERALS & ELECTROLYTES
sodium chloride irrigation soln.	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium citrate/citric acid soln.	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (Covered only if the patient is 5 or under)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (Covered only if the patient is 5 or under)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride lozenge (Covered only if the patient is 5 or under)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride soln. (Covered only if the patient is 5 or under)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride tab (Covered only if the patient is 5 or under)	-	\$0	MINERALS & ELECTROLYTES
sodium phenylbutyrate powder (BUPHENYL equiv)	PA-SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene sulfonate powder (KAYEXALATE equiv)	-	1	ASSORTED CLASSES
sodium polystyrene sulfonate rectal susp. (SPS equiv)	-	1	ASSORTED CLASSES
SOMAVERT INJ	SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
SORIATANE CAP	--SP	SP	DERMATOLOGICALS
sotalol (AF) tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOVALDI TAB (QL=1tab/day)	MSP-PA-QL	SP	ANTIVIRALS
SPINOSAD SOLN. (QL = 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hctz tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPRYCEL TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
stavudine cap (ZERIT CAP equiv)	SP	SP	ANTIVIRALS

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	Step Therapy		Vaccine Program		RxCENTS

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stavudine oral soln (ZERIT ORAL SOLN equiv)	SP	SP	ANTIVIRALS
STELARA INJ.	-	NC	DERMATOLOGICALS
STIMATE NASAL SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIVARGA TAB (QL=4 tabs/day; Limited to 2x15 day fills per month for first 3 months)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
STREPTOMYCIN INJ.	-	3	AMINOGLYCOSIDES
STRIBILD TAB (QL=1 tab/day)	QL-SP	SP	ANTIVIRALS
STRIVERDI RESPIMAT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMEKTOL TAB	-	3	ANTHELMINTICS
SUBOXONE SL FILM	-	3	ANALGESICS - OPIOID
sucralfate susp. (CARAFATE equiv)	-	1	ULCER DRUGS
sulcralfate susp. (CARAFATE equiv)	-	1	ULCER DRUGS
sulcralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide sodium w/sulfur lotion	-	1	DERMATOLOGICALS
sulfacetamide sodium ophth. soln. (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sod-prednisolone ophth. soln.	-	1	OPHTHALMIC AGENTS
sulfadiazine tab	-	1	SULFONAMIDES
sulfamethoxazole/trimethoprim susp. (BACTRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sulfamethoxazole/trimethoprim tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sulfasalazine EC tab (AZULFIDINE-EN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab. (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj. 0.4mg/0.5ml (IMITREX equiv) (QL = 4 inj/fill, 2 fill/30 day)	QL	1	MIGRAINE PRODUCTS
sumatriptan inj. 0.6mg/0.5ml (IMITREX equiv) (QL = 5 inj/fill, 2 fill/30 day)	QL	1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL = 9 tab/fill, 2 fill/30 day)	QL	1	MIGRAINE PRODUCTS
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL = 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ.	-	NC	MIGRAINE PRODUCTS
SUPRAX SUSP.	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUSTIVA CAP	SP	SP	ANTIVIRALS
SUSTIVA TAB	SP	SP	ANTIVIRALS
SUTENT CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNAREL NASAL SOLN	SP	SP	ENDOCRINE AND METABOLIC AGENTS - MISC.
TABLOID TAB	SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP (QL = 10 cap/fill)	QL	2	ANTIVIRALS
TAMIFLU CAP 30MG (QL = 30 cap/fill)	QL	2	ANTIVIRALS
TAMIFLU SUSP. 12MG/ML (QL = 125ml/fill)	QL	2	ANTIVIRALS
TAMIFLU SUSP. 6MG/ML (QL = 250ml/fill)	QL	2	ANTIVIRALS
tamoxifen citrate tab	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TARCEVA TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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TARGRETIN GEL	MSP-PA	SP	DERMATOLOGICALS
TASIGNA CAP (Limited to 2 x 15 day fills per month for first 3 months.)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	MSP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
telmisartan (MICARDIS equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hctz tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temozolomide cap (TEMODAR equiv)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole vaginal cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole vaginal supp. (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
testosterone cypionate inj. (DEPO-TESTOSTERONE INJ. equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL/TESTIM GEL	-	NC	ANDROGENS-ANABOLIC
TETANUS/DIPHThERIA INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0	TOXOIDS
tetracycline cap	-	1	TETRACYCLINES
THALOMID CAP	MSP-PA	SP	ASSORTED CLASSES
theophylline ER tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiotixene cap (NAVANE CAP equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thymoglobulin inj	SP	SP	ASSORTED CLASSES
tiagabine hcl tab (GABITRIL equiv)	-	1	ANTICONVULSANTS
ticlopidine tab	-	1	HEMATOLOGICAL AGENTS - MISC.
TIKOSYN CAP	-	3	ANTIARRHYTHMICS
tillia FE tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TIMENTIN INJ.	-	3	PENICILLINS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth. soln. (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate tab	-	1	BETA BLOCKERS
TIVICAY TAB (QL=2tabs/day)	QL-SP	SP	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH. OINT.	-	2	OPHTHALMIC AGENTS
tobramycin neb (TOBI equiv)	MSP-PA	SP	AMINOGLYCOSIDES
tobramycin sulfate ophth. soln. (TOBEX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin-dexamethasone ophth. soln. (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
tolterodine cap SR (DETROL LA equiv)	-	NC	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	¢	1	URINARY ANTISPASMODICS
topiramate sprinkle cap (TOPAMAX SPRINKLES equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
torsemede tab (DEMADEX equiv)	-	1	DIURETICS
TRACLEER TAB (Step Therapy requires trial of LETAIRIS (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828)	SP-ST	SP	CARDIOVASCULAR AGENTS - MISC.
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS

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tramadol tab (ULTRAM TAB equiv)	-	1	ANALGESICS - OPIOID
tranexamic acid inj. (CYKLOKAPRON equiv)	-	1	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	1	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
TRAVATAN (Z) OPTH SOLN. (QL = 5 ml/30 day)	QL	2	OPHTHALMIC AGENTS
trazodone hcl tab 300mg	-	NC	ANTIDEPRESSANTS
trazodone tab	-	1	ANTIDEPRESSANTS
TRECTOR TAB	-	3	ANTIMYCOBACTERIAL AGENTS
tretinoin cap	MSP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tretinoin cream (RETIN-A equiv) (acne only - Prior Authorization required for members 35 years and older)	PA	1	DERMATOLOGICALS
tretinoin gel (RETIN-A equiv) (acne only - Prior Authorization required for members 35 years and older)	PA	1	DERMATOLOGICALS
triamcinolone acetamide cream	-	1	DERMATOLOGICALS
triamcinolone acetamide dental paste	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone acetamide lotion	-	1	DERMATOLOGICALS
triamcinolone acetamide oint.	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv) (QL = 2 bottle/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamterene/hctz cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hctz tab (MAXZIDE equiv)	-	1	DIURETICS
trifluoperazine tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth. soln. (VIROPTIC equiv)	-	1	OPHTHALMIC AGENTS
trihexyphenidyl elixir	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab	-	1	ANTIPARKINSON AGENTS
TRILIPIX CAP	-	3	ANTIHYPERLIPIDEMICS
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
TRIUMEQ TAB	-	NC	ANTIVIRALS
trivora tab	-	\$0	CONTRACEPTIVES
tropicamide ophth. soln. (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TRUVADA TAB	PA-SP	SP	ANTIVIRALS
TWINJECT INJ.	-	NC	VASOPRESSORS
TWINRIX INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYGACIL INJ.	-	3	ANTI-INFECTIVE AGENTS - MISC.
TYKERB TAB	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYPHIM VI INJ (QL=1 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
TYSABRI INJ.	PA-SP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO (Available through Accredo phone 1-866-591-9075 fax 1-866-591-9094)	PA-SP	SP	CARDIOVASCULAR AGENTS - MISC.
TYZINE NASAL SOLN.	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ULORIC TAB (Step Therapy requires failure of allopurinol)	ST-¢	3	GOUT AGENTS
ULTRESA CAP	-	NC	DIGESTIVE AIDS
urea cream 40%	-	1	DERMATOLOGICALS
urea cream 50% (KERALAC equiv)	-	1	DERMATOLOGICALS
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/month)	PA-QL-SP	SP	DERMATOLOGICALS
VALCYTE FOR SOLN	SP	SP	ANTIVIRALS
VALCYTE TAB	SP	SP	ANTIVIRALS

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valproate sodium syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan/hctz tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
vancomycin cap (VANCOCIN equiv) (QL = 56 cap/fill)	PA-QL	1	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCN SOLN KIT	-	2	ANTI-INFECTIVE AGENTS - MISC.
VAQTA INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
VARIVAX INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
VECTICAL OINT.	-	3	DERMATOLOGICALS
VELCADE INJ.	PA-SP	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
venlafaxine er cap (EFFEXOR XR CAP equiv)	-	1	ANTIDEPRESSANTS
venlafaxine er tab	-	1	ANTIDEPRESSANTS
venlafaxine hcl tab sr 225mg	-	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTOLIN HFA (QL = 2 inhalers per fill, 2 fills/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL (QL = 2 bottle/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil cap sr 120mg (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil cap sr 180mg (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil cap sr 240mg (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil cap sr 360mg (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil ER tab (CALAN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil hcl cap sr 100mg (VERELAN PM equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil hcl cap sr 200mg (VERELAN PM equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil hcl cap sr 300mg (VERELAN PM equiv)	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VIBACTIV INJ.	-	3	ANTI-INFECTIVE AGENTS - MISC.
VIBRAMYCIN CAP	-	NC	TETRACYCLINES
VIBRATAB	-	NC	TETRACYCLINES
VICTOZA INJ.	-	NC	ANTIDIABETICS
VICTRELIS CAP (Limited to 2x15 day supplies for first 3 months)	-	NC	ANTIVIRALS
VIDEX FOR SOLN	SP	SP	ANTIVIRALS
VIGAMOX OPHTH. SOLN.	-	3	OPHTHALMIC AGENTS
VIMPAT ORAL SOLN.	-	3	ANTICONVULSANTS
VIMPAT TAB (QL = 2 tab/day)	QL	3	ANTICONVULSANTS
VIRACEPT ORAL POWDER	SP	SP	ANTIVIRALS
VIRACEPT TAB	SP	SP	ANTIVIRALS
VIRAMUNE SUSP	SP	SP	ANTIVIRALS
VIRAMUNE SUSP.	SP	SP	ANTIVIRALS
VIREAD TAB	SP	SP	ANTIVIRALS
VISICOL TAB	-	3	LAXATIVES
VIVOTIF CAP (QL=4 caps/fill; Limited to 1 fill every 5 years)	QL-VAC	\$0	VACCINES
VOLTAREN GEL (QL = 5 tubes/fill)	QL	3	DERMATOLOGICALS
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOTRIENT TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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QL	Mandatory Specialty Pharmacy Program	SMKG	Over-the-Counter	SP	Prior Authorization
ST	Quantity Limit	VAC	Smoking Cessation	¢	Available through Specialty Pharmacy Program
	Step Therapy		Vaccine Program		RxCENTS

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Drug Name	Special Code	Tier	Category
VYVANSE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
XALKORI CAP	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XELJANZ TAB (QL= 2 tab/day)	MSP-PA-QL	SP	ANALGESICS - ANTI-INFLAMMATORY
XENAZINE TAB (Only available through the Xenazine Support Program 1-888-882-6013)	PA-SP	SP	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP (QL = 3 cap/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
XIFAXAN TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
XTANDI CAP (QL= 4 cap/ day; Limited to 2x15 day fills per month for first 3 months)	MSP-PA-QL	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
xulane patch (ORTHO-EVRA equiv)	-	\$0	CONTRACEPTIVES
YF-VAX INJ (QL=1 injections/lifetime)	PA-QL-VAC	\$0	VACCINES
zaleplon cap (SONATA CAP equiv)	-	1	HYPNOTICS
ZELBORAF TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMPLAR CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZENPEP	-	NC	DIGESTIVE AIDS
ZENPEP CAP	-	NC	DIGESTIVE AIDS
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
zeosa tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
zidovudine cap (RETROVIR CAP equiv)	SP	SP	ANTIVIRALS
zidovudine syrup (RETROVIR SYRUP equiv)	SP	SP	ANTIVIRALS
zidovudine tab (RETROVIR TAB equiv)	SP	SP	ANTIVIRALS
ziprasidone cap (GEODON CAP equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH. GEL	-	3	OPHTHALMIC AGENTS
ZMAX	-	NC	MACROLIDES
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan ODT tab (ZOMIG-ZMT equiv)	-	NC	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv)	-	NC	MIGRAINE PRODUCTS
zolpidem tab 10mg (AMBIEN TAB 10MG equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	1	HYPNOTICS
zolpidem tab 5mg (AMBIEN TAB 5MG equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB	PA-SP	SP	ASSORTED CLASSES
ZOSTAVAX INJ. (Members 60 years old and older are covered at \$0 with no PA; Members 59 years old and younger require RX written by Members Prescriber. QL = 1 injection/lifetime)	PA-QL-VAC	\$0	VACCINES
zovia 1/35 tab	-	\$0	CONTRACEPTIVES
ZYDELIG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB	MSP-PA	SP	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphetamine cap (ADDERALL XR CAP equiv)	-	1
amphetamine-dextroamphetamine tab (ADDERALL TAB equiv)	-	1
dextroamphetamine sulfate cap sr (DEXEDRINE CAP equiv)	-	1
dextroamphetamine sulfate tab	-	1
methamphetamine tab (DESOXYN TAB equiv)	-	1
VYVANSE CAP	-	3
ZENZEDI TAB	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	1
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	1
ANTI-OBESITY AGENTS		
XENICAL CAP (QL = 3 cap/day)	PA-QL	3
BELVIQ TAB	-	NC
CONTRACE TAB	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
STRATTERA CAP	-	2
STIMULANTS - MISC.		
methylin er tab (RITALIN SR TAB equiv)	-	1
methylin tab (RITALIN TAB equiv)	-	1
methylphenidate cd cap (METADATE CD CAP equiv)	-	1
methylphenidate ER tab (CONCERTA equiv)	-	1
methylphenidate soln (METHYLIN SOLN equiv)	-	1
dexmethylphenidate ER cap 15mg, 30mg (FOCALIN XR equiv)	-	NC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin inj. (AMIKIN equiv)	-	1
neomycin sulfate tab	-	1
paromomycin cap	-	1
KANAMYCIN INJ.	-	3
STREPTOMYCIN INJ.	-	3
BETHKIS NEB	MSP-PA	SP
tobramycin neb (TOBI equiv)	MSP-PA	SP
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ TAB (QL= 2 tab/day)	MSP-PA-QL	SP
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ	-	NC
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ.	MSP-PA	SP
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ.	MSP-PA	SP
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SC INJ.	-	NC
ACTEMRA IV INJ	SP	SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
childrens ibuprofen susp. (CHILDRENS MOTRIN equiv)	-	1

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac potassium tab. (CATAFLAM equiv)	-	1
diclofenac sodium dr tab. (VOLTAREN equiv)	-	1
etodolac cap.	-	1
etodolac tab	-	1
flurbiprofen tab.	-	1
ibuprofen tab 400mg	-	1
ibuprofen tab 600mg	-	1
ibuprofen tab 800mg	-	1
indomethacin cap.	-	1
ketoprofen cap.	-	1
ketorolac tab (Limited to 5 days treatment)	QL	1
nabumetone tab.	-	1
naproxen dr tab. (EC NAPROSYN equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen susp. (NAPROSYN equiv)	-	1
naproxen tab. (NAPROSYN equiv)	-	1
sulindac tab. (CLINORIL equiv)	-	1
CELEBREX CAP (QL = 2 cap/day)	QL	3
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB	-	NC
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab. (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA INJ.	MSP-PA	SP
ORENCIA SC	MSP-PA	SP
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ.	MSP-PA	SP
ENBREL SURECLICK INJ.	MSP-PA	SP
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL = 6 tab/day)	QL	1
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 and females age 55-79)	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 and females age 55-79)	OTC	\$0
salsalate tab	-	1
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
fentanyl patch (ACTIQ equiv)	-	1
hydromorphone tab (DIALUDID TAB equiv)	-	1
LEVORPHANOL TAB	-	1
meperidine tab (DEMEROL TAB equiv)	-	1
methadone conc (METHADOSE CONC equiv)	-	1
methadone oral soln.	-	1
methadone tab (DOLOPHINE TAB equiv)	-	1
methadone tab for oral susp (METHADOSE TAB FOR ORAL SUSP equiv)	-	1

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ANALGESICS - OPIOID Cont.		
morphine sulfate er tab (MS CONTIN TAB equiv)	-	1
morphine sulfate oral soln.	-	1
morphine sulfate tab	-	1
oxycodone tab (ROXICODONE TAB equiv)	-	1
tramadol tab (ULTRAM TAB equiv)	-	1
morphine sulfate beads (AVINZA CAP equiv)	-	NC
OXYCONTIN CR TAB	-	NC
ZOXYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln	-	1
acetaminophen w/ codeine tab (TYLENOL/CODEINE TAB equiv)	-	1
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL = 6 cap/day)	QL	1
butalbital/asa/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL = 6 cap/day)	QL	1
hydrocodone/acetaminophen tab. (VICODIN equiv)	-	1
hydrocodone/bitartrate/ac soln.	-	1
oxycodone w/ acetaminophen tab (ROXICET TAB equiv) (All BRAND oxycodone/apap are Not Covered)	-	1
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
HYDROCODONE/ACETAMINOPHEN SOLN 10/325MG	-	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
LORTAB ELIXIR	-	NC
XARTEMIS XR TAB	-	NC
OPIOID PARTIAL AGONISTS		
butorphanol nasal soln. (MIGRANAL equiv) (QL = 1 bottle/fill, 2 fill/30 day)	QL	1
nalbuphine inj (NUBAIN INJ equiv)	-	1
BUTRANS PATCH	-	3
SUBOXONE SL FILM	-	3
BUNAVAIL FILM	-	NC
pentazocine/ naloxone tab (TALWIN equiv)	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN TAB equiv)	-	1
ANDROGENS		
danazol cap	-	1
testosterone cypionate inj. (DEPO-TESTOSTERONE INJ. equiv)	-	1
ANDRODERM (QL = 1 patch/day)	PA-QL	2
ANDROGEL 1.62% (QL = 1 packet/day)	PA-QL	2
ANDROGEL 25MG (QL = 1 packet/day)	PA-QL	2
ANDROGEL 50MG (QL = 2 packet/day)	PA-QL	2
ANDROGEL PUMP 1% (QL = 4 bottle/30 day)	PA-QL	2
ANDROGEL PUMP 1.62% (QL = 2 bottle/30 day)	PA-QL	2
ANDROXY TAB	-	2
ANDROID/TESTRED CAP	-	3
AXIRON SOLN. (Step Therapy requires trial of AndroGel)	ST	3
METHITEST TAB	-	3
FORTESTA GEL/ TESTOSTERONE GEL	-	NC
TESTOSTERONE GEL/TESTIM GEL	-	NC

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ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	1
RECTAL COMBINATIONS		
lidocaine-hydrocortison rectal cream (ANAMANTLE equiv)	-	1
RECTAL STEROIDS		
hydrocortisone rectal cream (ANUSOL-HC equiv)	-	1
hydrocortisone rectal supp. (ANUSOL-HC equiv)	-	1
ANTHELMINTICS		
ANTHELMINTICS		
BILTRICIDE TAB	-	2
ALBENZA TAB	-	3
STROMEKTOL TAB	-	3
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	2
NITRATES		
isosorbide dinitrate ER tab	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL TITRADOSE equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin patch (NITRODUR equiv)	-	1
nitroglycerin SL tab	-	1
NITROSTAT	-	2
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine syrup	-	1
hydroxyzine tab	-	1
meprobamate tab	-	1
buspirone hcl tab 30mg	-	NC
BENZODIAZEPINES		
diazepam tab (VALIUM equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine gluconate tab	-	1
quinidine sulfate tab	-	1
QUINIDINE SULFATE TAB 200MG	-	2
NORPACE CR CAP	-	3
ANTIARRHYTHMICS TYPE I-B		
MEXILETINE TAB	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab (TAMBOCOR equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	1

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ANTIARRHYTHMICS Cont.		
propafenone tab (RYTHMOL equiv)	-	1
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
MULTAQ TAB	-	3
TIKOSYN CAP	-	3
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn neb.	-	1
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb.	-	1
ATROVENT HFA INHALER	-	2
SPIRIVA HANDIHALER (For use with Handihaler device)	-	3
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast granule (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
STEROID INHALANTS		
budesonide neb (PULMICORT equiv)	-	1
FLOVENT DISKUS	-	2
FLOVENT HFA INHALER	-	2
ASMANEX INHALER	-	3
QVAR INHALER	-	3
AEROSPAN HFA	-	NC
SYMPATHOMIMETICS		
albuterol neb 0.083%	-	1
albuterol neb 0.5%	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
ipratropium/albuterol neb (DUONEB equiv)	-	1
metaproterenol syrup	-	1
terbutaline tab (BRETHINE equiv)	-	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
BREO ELLIPTA INHALER	-	2
DULERA INHALER	-	2
SEREVENT DISKUS	-	2
VENTOLIN HFA (QL= 2 inhalers per fill, 2 fills/30 days)	QL	2
COMBIVENT INHALER	-	3
albuterol sulfate neb 0.63 mg/3ml (ACCUNEB equiv)	-	NC
albuterol sulfate neb 1.25 mg/3ml (ACCUNEB equiv)	-	NC
ANORO ELLIPTA INHALER	-	NC
PROVENTIL/PROAIR HFA	-	NC
STRIVERDI RESPIMAT	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline ER tab	-	1
theophylline syrup	-	1

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ELIXOPHYLLIN ELIXIR	-	2
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj. (LOVENOX equiv) (QL = 17 day supply)	QL-SP	SP
FRAGMIN INJ	SP	SP
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab. (KLONOPIN equiv)	-	1
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine sr cap (CARBATROL equiv)	-	1
carbamazepine susp. (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin soln. (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam oral soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp. (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX SPRINKLES equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP.	-	3
BANZEL TAB	-	3
LAMICTAL CHEW TAB	-	3
VIMPAT ORAL SOLN.	-	3
VIMPAT TAB (QL = 2 tab/day)	QL	3
QUDEXY XR CAP	-	NC
CARBAMATES		
felbamate susp. (FELBATOL equiv)	-	1
felbamate tab. (FELBATOL equiv)	-	1
GABA MODULATORS		
tiagabine hcl tab (GABITRIL equiv)	-	1
SABRIL POWDER PACK	SP	SP
SABRIL TAB	SP	SP
HYDANTOINS		
PHENYTEK CAP 200MG	-	1
PHENYTEK CAP 300MG	-	1
phenytoin chew tab (DILANTIN INFATABS equiv)	-	1
phenytoin sodium extended cap (PHENYTEK equiv)	-	1
DILANTIN CAP	-	2
PEGANONE TAB	-	3

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ANTICONVULSANTS Cont.		
SUCCINIMIDES		
ethosuximide cap. (ZARONTIN equiv)	-	1
ethosuximide soln. (ZARONTIN equiv)	-	1
VALPROIC ACID		
divalproex sodium dr tab (DEPAKOTE equiv)	-	1
divalproex sodium er tab (DEPAKOTE ER equiv)	-	1
divalproex sodium sprinkle cap (DEPAKOTE SPRINKLES equiv)	-	1
valproate sodium syrup (DEPAKENE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON SOLTAB equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANTS - MISC.		
budeprion sr tab (WELLBUTRIN SR TAB equiv)	-	1
budeprion xl tab (WELLBUTRIN XL TAB equiv)	-	1
bupropion tab (WELLBUTRIN TAB equiv)	-	1
MODIFIED CYCLICS		
nefazodone tab	-	1
trazodone tab	-	1
trazodone hcl tab 300mg	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln. (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln. (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab	-	1
paroxetine ER tab (PAXIL CR equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline soln. (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
fluoxetine hcl tab 60mg	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
venlafaxine er cap (EFFEXOR XR CAP equiv)	-	1
venlafaxine er tab	-	1
venlafaxine hcl tab sr 225mg	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
duloxetine cap (CYMBALTA equiv)	-	NC
FETZIMA CAP	-	NC
TRICYCLIC AGENTS		
amitriptyline tab	-	1
AMOXAPINE TAB	-	1
clomipramine cap (ANAFRANIL CAP equiv)	-	1

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ANTIDEPRESSANTS Cont.		
desipramine tab (NORPRAMIN TAB equiv)	-	1
doxepin cap	-	1
doxepine conc	-	1
imipramine tab (TOFRANIL TAB equiv)	-	1
nortriptyline cap (PAMELOR CAP equiv)	-	1
nortriptyline soln (PAMELOR SOLN equiv)	-	1
protriptyline tab (VIVACTIL TAB equiv)	-	1
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
arcabose tab (PRECOSE equiv)	-	1
ANTIDIABETIC COMBINATIONS		
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
KAZANO TAB	-	NC
OSENI TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
GLUMETZA TAB	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
DIABETIC OTHER		
GLUCAGEN HYPOKIT	-	2
GLUCAGON EMERGENCY KIT	-	2
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
NESINA TAB	-	NC
ONGLYZA TAB	-	NC
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
VICTOZA INJ.	-	NC
INSULIN		
NOVOLIN 70/30 VIAL	OTC	1
NOVOLIN N VIAL	OTC	1
NOVOLIN R VIAL	OTC	1
HUMULIN 70/30 PEN	OTC	2
HUMULIN N PEN	OTC	2
HUMULIN R INJ U-500	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXPEN	-	2
LEVEMIR INJ.	-	2
NOVOLOG FLEXPEN	-	2
NOVOLOG INJ.	-	2
NOVOLOG MIX 70/30 FLEXPEN	-	2
NOVOLOG MIX 70/30 INJ.	-	2
NOVOLOG PENFILL	-	2
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	¢	1
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1

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ANTIDIABETICS Cont.

SULFONYLUREAS

glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1

ANTIDIARRHEALS

ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

FULYZAQ TAB	-	NC
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ANTIPERISTALTIC AGENTS

diphenoxylate/atropine liquid (LIQUID equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1

ANTIDOTES

ANTIDOTES - CHELATING AGENTS

CHEMET CAP	-	3
EXJADE TAB FOR ORAL SUSP	SP	SP

OPIOID ANTAGONISTS

naloxone hcl inj.	-	1
naltrexone hcl tab. (REVIA equiv)	-	1
EVZIO INJ.	-	NC

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

granisetron tab (KYTRIL equiv) (QL = 9 tab/fill)	QL	1
ondansetron odt tab (ZOFTRAN ODT TAB equiv)	-	1
ondansetron oral soln 4 mg/5ml (ZOFTRAN ORAL SOLN 4 MG/5ML equiv)	-	1
ondansetron tab (ZOFTRAN TAB equiv)	-	1

ANTIEMETICS - ANTICHOLINERGIC

meclizine tab (Rx ONLY) (ANTIVERT equiv)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1

ANTIEMETICS - MISCELLANEOUS

dronabinol cap (MARINOL equiv)	PA	1
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ANTIFUNGALS

ANTIFUNGALS

flucytosine cap (ANCOBON equiv)	-	1
griseofulvin microsize susp.	-	1
griseofulvin microsize tab (GRIFULVIN V equiv)	-	1
griseofulvin ultramicrosize tab (GRIS-PEG equiv)	-	1
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1

IMIDAZOLE-RELATED ANTIFUNGALS

fluconazole susp. (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	1
ketoconazole tab	-	1
NOXAFIL TAB	-	NC

ANTIHISTAMINES

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ANTIHISTAMINES Cont.		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine hcl cap 50mg	-	1
diphenhydramine inj. (BENADRYL equiv)	-	1
KARBINAL ER SUSP.	-	NC
ANTIHISTAMINES - NON-SEDATING		
cetirizine syrup (ZYRTEC equiv)	OTC	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp.	-	1
promethazine syrup	-	1
promethazine tab	-	1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - MISC.		
KYNAMRO INJ.	-	NC
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine light powder (QUESTRAN LIGHT equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
FIBRIC ACID DERIVATIVES		
fenofibrate cap (ANTARA equiv)	-	1
fenofibrate tab (TRICOR equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
TRILIPIX CAP	-	3
LIPOFEN CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	1
fluvastatin cap (LESCOL equiv)	-	1
lovastatin tab (MEVACOR equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
simvastatin tab (ZOCOR equiv)	-	1
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
NIASPAN TAB	-	3
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab	-	1
enalapril tab	-	1
fosinopril tab	-	1
lisinopril tab (PRINIVIL equiv)	-	1
AGENTS FOR PHEOCHROMOCYTOMA		
DIBENZYLINE CAP	-	3

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ANTIHYPERTENSIVES Cont.		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
telmisartan (MICARDIS equiv)	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	1
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap	-	1
ANTIHYPERTENSIVE COMBINATIONS		
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hctz tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hctz tab	-	1
enalapril/hctz tab (VASERETIC equiv)	-	1
lisinopril/hctz tab (PRINZIDE equiv)	-	1
losartan/hctz tab (HYZAAR equiv)	-	1
valsartan/hctz tab (DIOVAN HCT equiv)	-	1
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC
telmisartan/hctz tab (MICARDIS HCT equiv)	-	NC
TWINSTA TAB	-	NC
VASODILATORS		
hydralazine tab	-	1
minoxidil tab	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
aztreonam inj. (AZACTAM equiv)	-	1
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab	-	1
vancomycin cap (VANCOCIN equiv) (QL = 56 cap/fill)	PA-QL	1
VANCOMYCN SOLN KIT	-	2
PENTAM/NEBUPENT	-	3
VIBACTIV INJ.	-	3
XIFAXAN TAB	-	3
CAYSTON (Contact Cystic Fibrosis Services Ph#1-800-541-4959 Fax: 1-800-263-0251 or Foundation Care Pharmacy ph#877-291-1122 fax#877-291-1155)	PA-SP	SP
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole/trimethoprim susp. (BACTRIM equiv)	-	1
sulfamethoxazole/trimethoprim tab (BACTRIM DS equiv)	-	1
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	1
ALINIA SUSP.	-	3
CARBAPENEMS		
imipenem/cilastin inj. (PRIMAXIN equiv)	-	1
meropenem inj. (MERREM equiv)	-	1

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ANTI-INFECTIVE AGENTS - MISC. Cont.		
DORIBAX INJ.	-	3
INVANZ INJ.	-	3
GLYCYLCYCLINES		
TYGACIL INJ.	-	3
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap 150mg (CLEOCIN equiv)	-	1
clindamycin cap 75mg (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv) (Limited to 14 days supply per fill.)	QL	1
LINCOCIN INJ.	-	3
clindamycin hcl cap 300mg (CLEOCIN equiv)	-	NC
OXAZOLIDINONES		
SIVEXTRO TAB	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
mefloquine tab	-	1
PRIMAQUINE TAB	-	2
DARAPRIM TAB	-	3
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine bromide tab (MESTINON equiv)	-	1
GUANIDINE TAB	-	3
MESTINON TIMESPAN	-	3
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
isonarif cap (RIFAMATE equiv)	-	1
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid syrup	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
rifabutin cap (MYCOBUTIN equiv)	-	1
rifampin cap (RIFADIN equiv)	-	1
TRECTOR TAB	-	3
SIRTURO TAB	-	NC
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
BUSULFEX INJ	SP	SP
CEENU CAP	SP	SP
HEXALEN CAP	SP	SP
LEUKERAN TAB	SP	SP
melphalan inj (ALKERAN INJ equiv)	SP	SP

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
temozolomide cap (TEMODAR equiv)	MSP-PA	SP
ANTIMETABOLITES		
mercaptapurine tab (PURINETHOL TAB equiv)	-	1
methotrexate inj.	-	1
methotrexate tab	-	1
PURIXAN SUSP.	-	NC
capecitabine tab (XELODA equiv)	MSP	SP
fludarabine inj (FLUDARABINE INJ equiv)	SP	SP
TABLOID TAB	SP	SP
ANTINEOPLASTIC - ANTIBODIES		
GAZYVA INJ.	-	NC
RITUXAN INJ.	PA-SP	SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
tamoxifen citrate tab	-	\$0
bicalutamide tab (CASODEX TAB equiv)	-	1
flutamide cap	-	1
megestrol acetate susp. (MEGACE equiv)	-	1
megestrol acetate tab	-	1
EMCYT CAP	-	3
FARESTON TAB	-	3
anastrozole tab (ARIMIDEX TAB equiv)	SP	SP
exemastane tab (AROMASIN TAB equiv)	SP	SP
letrozole tab (FEMARA TAB equiv)	SP	SP
LYSODREN TAB	MSP	SP
XTANDI CAP (QL= 4 cap/ day; Limited to 2x15 day fills per month for first 3 months)	MSP-PA-QL	SP
ZYTIGA TAB	MSP-PA	SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	NC
ANTINEOPLASTIC ANTIBIOTICS		
mitoxantrone inj (NOVANTRONE INJ equiv)	SP	SP
ANTINEOPLASTIC ENZYME INHIBITORS		
IMBRUVICA CAP	-	NC
TAFINLAR CAP	-	NC
ZYDELIG TAB	-	NC
ZYKADIA CAP	-	NC
AFINITOR DISPERZ (QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA-QL	SP
AFINITOR TAB (QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA-QL	SP
BOSULIF TAB (Limited to 2x15 day fills per month for first 3 months.)	MSP-PA	SP
CAPRELSA TAB (Only available through Biologics Inc. 1-800-236-9933)	PA-SP	SP
GILOTRIF TAB (QL=1tab/day)	PA-QL-SP	SP
GLEEVEC TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
ICLUSIG TAB (Limited to 2x15 day fills per month for first 3 months)	MSP-PA	SP
INLYTA TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
IRESSA TAB (Only available through Curascript 1-877-634-8553)	SP	SP
JAKAFI TAB (QL = 2 tab/day)	MSP-PA-QL	SP
NEXAVAR TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
SPRYCEL TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
STIVARGA TAB (QL=4 tabs/day; Limited to 2x15 day fills per month for first 3 months)	MSP-PA-QL	SP
SUTENT CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TARCEVA TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
TASIGNA CAP (Limited to 2 x 15 day fills per month for first 3 months.)	MSP-PA	SP
TYKERB TAB	MSP-PA	SP
VELCADE INJ.	PA-SP	SP
VOTRIENT TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
XALKORI CAP	MSP-PA	SP
ZELBORAF TAB (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
ZOLINZA CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
ACTIMMUNE INJ.	MSP	SP
INTRON-A INJ.	MSP	SP
MATULANE CAP	SP	SP
PROLEUKIN IV SOLN	SP	SP
TARGRETIN CAP (Limited to 2 x 15 day fills per month for first 3 months)	MSP-PA	SP
tretinoin cap	MSP	SP
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin calcium tab	-	1
amifostine inj (ETHYOL INJ equiv)	SP	SP
leucovorin calcium inj	SP	SP
MITOTIC INHIBITORS		
etoposide cap	MSP	SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	MSP-PA	SP
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	NC
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab	-	1
trihexyphenidyl elixir	-	1
trihexyphenidyl tab	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab. (COMTAN equiv)	-	1
ANTIPARKINSON DOPAMINERGICS		
amantadine cap	-	1
amantadine syrup	-	1
bromocriptine mesylate cap (PARLODEL equiv)	-	1
bromocriptine mesylate tab (PARLODEL equiv)	-	1
carbidopa-levodopa cr tab (SINEMET CR equiv)	-	1
carbidopa-levodopa odt (PARCOPA equiv)	-	1
carbidopa-levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
APOKYN INJ	SP	SP
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab	-	1
AZILECT TAB	¢	3

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap	-	1
lithium carbonate er tab (LITHOBID TAB equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON CAP equiv)	-	1
EQUETRO CAP	-	3
BENZISOXAZOLES		
risperidone odt tab (RISPERDAL M-TAB equiv)	-	1
risperidone soln (RISPERDAL SOLN equiv)	-	1
risperidone tab (RISPERDAL TAB equiv)	-	1
BUTYROPHENONES		
haloperidol oral conc	-	1
haloperidol tab	-	1
DIBENZAPINES		
clozapine tab (CLOZARIL TAB equiv)	-	1
loxapine cap (LOXITANE CAP equiv)	-	1
olanzapine odt tab (ZYPREXA ZYDIS TAB equiv)	-	1
olanzapine tab (ZYPREXA equiv)	¢	1
quetiapine tab (SEROQUEL TAB equiv)	-	1
clozapine odt tab (FAZACLO ODT TAB equiv)	-	2
FAZACLO ODT TAB	-	3
SEROQUEL XR TAB	-	3
ADASUVE	-	NC
VERSACLOZ SUSP	-	NC
PHENOTHIAZINES		
chlorpromazine tab	-	1
flurphenazine tab	-	1
perphenazine tab	-	1
prochlorperazine suppos	-	1
prochlorperazine tab	-	1
thioridazine tab	-	1
trifluoperazine tab	-	1
QUINOLINONE DERIVATIVES		
ABILIFY TAB	PA-QL-¢	3
THIOXANTHENES		
thiotixene cap (NAVANE CAP equiv)	-	1

ANTIVIRALS

ANTIRETROVIRALS

lamivudine tab (EPIVIR TAB equiv)	-	1
TRIUMEQ TAB	-	NC
abacavir tab (ZIAGEN equiv)	SP	SP
abacavir/lamivudine/zidovudine (TRIZIVIR equiv)	SP	SP
APTIVUS CAP	SP	SP
APTIVUS ORAL SOLN	SP	SP
ATRIPLA TAB	SP	SP
COMBIVIR TAB	SP	SP

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ANTIVIRALS Cont.		
CRIXIVAN CAP	SP	SP
didanosine cap (VIDEX EC CAP equiv)	SP	SP
EDURANT TAB	SP	SP
EMTRIVA CAP	SP	SP
EMTRIVA SOLN	SP	SP
EPIVIR HBV ORAL SOLN	SP	SP
EPZICOM TAB	SP	SP
FUZEON INJ.	MSP	SP
INTELENCE TAB	SP	SP
INVIRASE TAB	SP	SP
ISENTRESS POWDER PACK	SP	SP
ISENTRESS TAB	SP	SP
KALETRA SOLN	SP	SP
KALETRA TAB	SP	SP
lamivudine-zidovudine tab (COMBIVIR TAB equiv)	SP	SP
LEXIVA TAB	SP	SP
nevirapine tab (VIRAMUNE TAB equiv)	SP	SP
NORVIR ORAL SOLN	SP	SP
NORVIR TAB	SP	SP
PREZISTA TAB	SP	SP
RESCRIPTOR TAB	SP	SP
REYATAZ CAP	SP	SP
SELZENTRY TAB	SP	SP
stavudine cap (ZERIT CAP equiv)	SP	SP
stavudine oral soln (ZERIT ORAL SOLN equiv)	SP	SP
STRIBILD TAB (QL=1 tab/day)	QL-SP	SP
SUSTIVA CAP	SP	SP
SUSTIVA TAB	SP	SP
TIVICAY TAB (QL=2tabs/day)	QL-SP	SP
TRUVADA TAB	PA-SP	SP
VIDEX FOR SOLN	SP	SP
VIRACEPT ORAL POWDER	SP	SP
VIRACEPT TAB	SP	SP
VIRAMUNE SUSP	SP	SP
VIRAMUNE SUSP.	SP	SP
VIREAD TAB	SP	SP
zidovudine cap (RETROVIR CAP equiv)	SP	SP
zidovudine syrup (RETROVIR SYRUP equiv)	SP	SP
zidovudine tab (RETROVIR TAB equiv)	SP	SP
CMV AGENTS		
cidofovir inj. (VISTIDE equiv)	-	1
FOSCARNET INJ.	-	3
GANCICLOVIR CAP	SP	SP
VALCYTE FOR SOLN	SP	SP
VALCYTE TAB	SP	SP
HEPATITIS AGENTS		
INCIVEK TAB (Limited to 2x15 day supply for first 3 months)	-	NC
VICTRELIS CAP (Limited to 2x15 day supplies for first 3 months)	-	NC
adefovir tab (HEPSERA equiv)	MSP	SP
entecavir tab (BARACLUDE equiv)	SP-¢	SP

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ANTIVIRALS Cont.		
HEPSERA CAP	MSP	SP
INFERGEN INJ.	MSP	SP
OLYSIO CAP (QL= 1 cap/day)	MSP-PA-QL	SP
PEGASYS INJ.	MSP	SP
PEG-INTRON INJ.	MSP	SP
REBETOL SOLN.	MSP	SP
ribavirin cap (REBETOL equiv)	MSP	SP
ribavirin tab (COPEGUS equiv)	MSP	SP
SOVALDI TAB (QL=1tab/day)	MSP-PA-QL	SP
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp. (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
rimanadine tab (FLUMADINE equiv)	-	1
TAMIFLU CAP (QL = 10 cap/fill)	QL	2
TAMIFLU CAP 30MG (QL = 30 cap/fill)	QL	2
TAMIFLU SUSP. 12MG/ML (QL = 125ml/fill)	QL	2
TAMIFLU SUSP. 6MG/ML (QL = 250ml/fill)	QL	2
RELENZA DISKHALER (QL = 20 unit/fill)	QL	3
ASSORTED CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP	-	3
IMMUNOMODULATORS		
REVLIMID CAP (QL = 1 cap/day)	MSP-PA-QL	SP
THALOMID CAP	MSP-PA	SP
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	SP	SP
azathioprine tab (IMURAN TAB equiv)	SP	SP
CELLCEPT ORAL SUSP	SP	SP
cyclosporine cap (SANDIMMUNE CAP equiv)	SP	SP
cyclosporine modified cap (NEORAL equiv)	SP	SP
engraf oral soln (NEORAL ORAL SOLN equiv)	SP	SP
hecoria cap (PROGRAF CAP equiv)	SP	SP
mycophenolate cap (CELLCEPT CAP equiv)	SP	SP
mycophenolate dr tab (MYFORTIC TAB equiv)	SP	SP
mycophenolate tab (CELLCEPT TAB equiv)	SP	SP
RAPAMUNE ORAL SOLN	SP	SP
RAPAMUNE TAB 1MG, 2MG	SP	SP
SANDIMMUNE ORAL SUSP	SP	SP
sirolimus tab (RAPAMUNE equiv)	SP	SP
thymoglobulin inj	SP	SP
ZORTRESS TAB	PA-SP	SP
POTASSIUM REMOVING RESINS		
sodium polystyrene sulfonate powder (KAYEXALATE equiv)	-	1
sodium polystyrene sulfonate rectal susp. (SPS equiv)	-	1

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BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol tab (COREG equiv)	-	1
labetalol tab	-	1

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol cap	-	1
atenolol tab	-	1
bisoprolol fumarate tab (ZEBETA equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1

BETA BLOCKERS NON-SELECTIVE

propranolol hcl oral soln.	-	1
propranolol oral soln 20 mg/5ml	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol (AF) tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab	-	1
HEMANGEOL ORAL SOLN	-	NC
INNOPRAN XL CAP	-	NC

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SL TAB	-	NC
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BIOLOGICALS MISC

ADAGEN INJ	SP	SP
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CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
isradipine cap	-	1
matzim LA tab (CARDIZEM LA equiv)	-	1
nicardipine cap	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (PROCARDIA XL equiv)	-	1
nisoldipine ER tab	-	1
verapamil cap sr 120mg (VERELAN equiv)	-	1
verapamil cap sr 180mg (VERELAN equiv)	-	1
verapamil cap sr 240mg (VERELAN equiv)	-	1
verapamil cap sr 360mg (VERELAN equiv)	-	1
verapamil ER tab (CALAN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
verapamil hcl cap sr 100mg (VERELAN PM equiv)	-	NC
verapamil hcl cap sr 200mg (VERELAN PM equiv)	-	NC
verapamil hcl cap sr 300mg (VERELAN PM equiv)	-	NC

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin oral soln.	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN 0.0625MG, 0.1875MG TAB	-	NC

CARDIOVASCULAR AGENTS - MISC.

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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
IMPOTENCE AGENTS		
CIALIS TAB 2.5MG, 5MG (QL = 1 tab/day; BPH Only: Additional criteria required)	PA-QL	3
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB	-	NC
TYVASO (Available through Accredo phone 1-866-591-9075 fax 1-866-591-9094)	PA-SP	SP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
OPSUMIT TAB	-	NC
LETAIRIS TAB	PA-SP	SP
TRACLEER TAB (Step Therapy requires trial of LETAIRIS (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828)	SP-ST	SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
REVATIO SUSP	-	NC
ADCIRCA TAB	PA-SP	SP
sildenafil tab (REVATIO equiv)	PA-SP	SP
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap	-	1
cefadroxil susp.	-	1
cefadroxil tab	-	1
cefazolin inj.	-	1
cephalexin cap	-	1
cephalexin susp.	-	1
cephalexin tab	-	1
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap	-	1
cefoxitin inj.	-	1
cefprozil susp.	-	1
cefprozil tab	-	1
cefuroxime susp. (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp. (OMNICEF equiv)	-	1
cefotaxime inj. (CLAFORAN equiv)	-	1
cefepodoxime susp. (VANTIN equiv)	-	1
cefepodoxime tab (VANTIN equiv)	-	1
ceftazidime inj. (FORTAZ equiv)	-	1
ceftriaxone inj. (ROCEPHIN equiv)	-	1
SUPRAX SUSP.	-	3
SUPRAX TAB	-	3
CEPHALOSPORINS - 4TH GENERATION		
cefepime inj. (MAXIPEM equiv)	-	1
CHEMICALS		
BULK CHEMICALS - E'S		
etoposide (bulk) powder	SP	SP
CONTRACEPTIVES		

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CONTRACEPTIVES Cont.		
COMBINATION CONTRACEPTIVES - ORAL		
apri tab (DESOGEN equiv)	-	\$0
BEYAZ TAB	-	\$0
camrese tab (SEASONIQUE/SEASONALE equiv)	-	\$0
cryselle tab (LO/OVRAL equiv)	-	\$0
gianvi tab (YAZ/YASMIN equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
lessina tab (NORDETTE equiv)	-	\$0
microgestin FE tab (LOESTRIN FE equiv)	-	\$0
necon 10/11 tab	-	\$0
necon tab	-	\$0
nortrel 1/35 tab (ORTHO-NOVUM equiv)	-	\$0
nortrel tab (ORTHO-NOVUM equiv)	-	\$0
ORTHO TRI-CYCLEN LO	-	\$0
previfem tab (ORTHO-CYCLEN equiv)	-	\$0
tilia FE tab (ESTROSTEP FE equiv)	-	\$0
trivora tab	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
zeosa tab (FEMCON FE equiv)	-	\$0
zovia 1/35 tab	-	\$0
FALESSA KIT	-	NC
SAFYRAL TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane patch (ORTHO-EVRA equiv)	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	-	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone inj. (DEPO-PROVERA equiv) (QL=1 inj/90 days)	QL	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
errin tab (ORTHO MICRONOR equiv)	-	\$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv)	-	1
cortisone acetate tab	-	1
dexamethasone elixir	-	1
dexamethasone tab	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL DOSEPAK equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone sod phosph oral soln (PEDIAPRED equiv)	-	1
prednisolone syrup	-	1
prednisone tab	-	1
LIDOLOG KIT	-	NC
MINERALOCORTICOIDS		

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CORTICOSTEROIDS Cont.		
fludrocortisone acetate tab	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON PERLES equiv)	-	1
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocodone/chlor/pse liq (ZUTRIPRO equiv)	-	NC
PROMETHAZINE VC SYRUP	-	NC
MUCOLYTICS		
acetylcysteine inh. soln.	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (acne only - Prior Authorization required for members 35 years and older)	PA	1
adapalene gel 0.1% (DIFFERIN equiv) (acne only - Prior Authorization required for members 35 years and older)	PA	1
clindamycin gel (CLEOCIN-T equiv)	-	1
clindamycin lotion (CLEOCIN-T equiv)	-	1
clindamycin topical soln. (CLEOCIN-T equiv)	-	1
erythromycin gel	-	1
erythromycin pads	-	1
erythromycin topical soln.	-	1
isotretinoin cap (CLARAVIS equiv)	-	1
sulfacetamide sodium w/sulfur lotion	-	1
tretinoin cream (RETIN-A equiv) (acne only - Prior Authorization required for members 35 years and older)	PA	1
tretinoin gel (RETIN-A equiv) (acne only - Prior Authorization required for members 35 years and older)	PA	1
DIFFERIN LOTION (acne only - Prior Authorization required for members 35 years and older)	PA	3
adapalene gel 0.3% (DIFFERIN equiv)	-	NC
DIFFERIN GEL 0.1%	-	NC
RETIN-A MICRO GEL 0.08%	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin oint.	-	1
gentamicin sulfate cream	-	1
mupirocin calcium cream (BACTROBAN equiv)	-	1
mupirocin oint. (BACTROBAN equiv)	-	1
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
clotrimazole/betamethasone cream (LOTRISONE equiv)	-	1
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	1
econazole nitrate cream	-	1
ketoconazole cream	-	1
ketoconazole shampoo (NIZORAL equiv)	-	1
nystatin cream	-	1
nystatin oint.	-	1
nystatin powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint.	-	1
DERMASORB AF KIT	-	NC

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DERMATOLOGICALS Cont.		
ECOZA FOAM	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LUZU CREAM	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
VOLTAREN GEL (QL = 5 tubes/fill)	QL	3
diclofenac soln. 1.5% (PENNSAID equiv)	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN. 2%	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX equiv)	-	1
fluorouracil soln. (EFUDEX equiv)	-	1
CARAC CREAM	-	3
TARGRETIN GEL	MSP-PA	SP
VALCHLOR GEL (QL= 4 tubes/month)	PA-QL-SP	SP
ANTIPSORIATICS		
acitretin cap (SORIATANE equiv)	-	1
calcipotriene cream (DOVONEX equiv)	-	1
calcipotriene soln. (DOVONEX equiv)	-	1
8-MOP CAP	-	3
VECTICAL OINT.	-	3
STELARA INJ.	-	NC
methoxsalen cap (OXSORALEN ULTRA equiv)	SP	SP
SORIATANE CAP	--SP	SP
ANTISEBORRHEIC PRODUCTS		
selenium sulfate shampoo (SELSUB equiv)	-	1
selenium sulfide lotion (SELSUN SHAMPOO equiv)	-	1
OVACE PLUS LOTION	-	NC
ANTIVIRALS - TOPICAL		
DENA VIR CREAM	-	3
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE equiv)	-	1
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream (ACLOVATE equiv)	-	1
alclometasone dipropionate oint. (ACLOVATE equiv)	-	1
betamethasone dipropionate cream	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint.	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate gel (TEMOVATE equiv)	-	1
clobetasol propionate oint. (TEMOVATE equiv)	-	1
desonide cream (DESOWEN equiv)	-	1
desonide lotion (DESOWEN equiv)	-	1
desonide oint. (DESOWEN equiv)	-	1
fluocinolone acetonide cream (SYNALAR equiv)	-	1

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DERMATOLOGICALS Cont.		
fluocinolone acetonide oint. (SYNALAR equiv)	-	1
fluocinolone acetonide soln. (SYNALAR equiv)	-	1
fluocinonide cream (VANOS equiv)	-	1
fluocinonide gel	-	1
fluocinonide oint.	-	1
fluocinonide soln.	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate lotion (CUTIVATE equiv)	-	1
fluticasone propionate oint. (CUTIVATE equiv)	-	1
halobetasol propionate cream (ULTRAVATE equiv)	-	1
halobetasol propionate oint. (ULTRAVATE equiv)	-	1
hydrocortison butyrate cream (LOCOID equiv)	-	1
hydrocortisone cream	-	1
hydrocortisone lotion (ALA SCALP equiv)	-	1
hydrocortisone oint.	-	1
hydrocortisone valerate cream	-	1
hydrocortisone valerate oint. (WESTCORT equiv)	-	1
mometasone furoate cream (ELOCON equiv)	-	1
mometasone furoate oint. (ELOCON equiv)	-	1
mometasone furoate soln. (lotion) (ELOCON equiv)	-	1
pramoxine-hc cream (PRAMOSONE equiv)	-	1
triamcinolone acetonide cream	-	1
triamcinolone acetonide lotion	-	1
triamcinolone acetonide oint.	-	1
PRAMOSONE CREAM	-	3
hc butyrate lipocream (LOCOID equiv)	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 40%	-	1
urea cream 50% (KERALAC equiv)	-	1
DERMASORB XM KIT	-	NC
EMOLLIENTS		
lactic acid cream (LAC-HYDRIN equiv)	-	1
lactic acid lotion (LAC-HYDRIN equiv)	-	1
ENZYMES - TOPICAL		
SANTYL OINT.	-	3
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREAM	-	3
PROTOPIC OINT.	-	3
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln. (CONDYLOX equiv)	-	1
salicylic acid shampoo (SALEX equiv)	-	1
LOCAL ANESTHETICS - TOPICAL		
lidocaine hcl cream (LIDAMANTLE equiv)	-	1
lidocaine hcl gel (XYLOCAINE JELLY equiv)	-	1
lidocaine hcl soln. (XYLOCAINE equiv)	-	1
lidocaine oint.	-	1

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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DERMATOLOGICALS Cont.		
lidocaine-prilocaine cream (EMLA equiv)	-	1
LIDOCAINE CREAM COMPOUND KIT	-	NC
MISC. TOPICAL		
aluminum chloride soln. (DRYSOL equiv)	-	1
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA GEL	-	3
metronidazole gel 1% (METROGEL equiv)	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE equiv)	-	1
SPINOSAD SOLN. (QL = 1 bottle/fill)	QL	2
NATROBA SUSP.	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL = 2 x 15gm tubes/fill)	QL	3
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETOSTIX TEST STRIP	OTC	1
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP	-	NC
PERTZYE CAP	-	NC
ULTRESA CAP	-	NC
ZENPEP	-	NC
ZENPEP CAP	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX equiv)	-	1
acetazolamide tab	-	1
methazolamide tab	-	1
DIURETIC COMBINATIONS		
spironolactone/hctz tab (ALDACTAZIDE equiv)	-	1
triamterene/hctz cap (DYAZIDE equiv)	-	1
triamterene/hctz tab (MAXZIDE equiv)	-	1
LOOP DIURETICS		
bumetanide tab	-	1
furosemide oral soln.	-	1
furosemide tab (LASIX equiv)	-	1
toremide tab (DEMADEX equiv)	-	1
POTASSIUM SPARING DIURETICS		
amiloride tab	-	1

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DrugName	Special Code	Tier
DIURETICS Cont.		
spironolactone tab (ALDACTONE equiv)	-	1
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap	-	1
hydrochlorothiazide tab	-	1
indapamide tab	-	1
CHLOROTHIAZIDE TAB 250MG	-	2
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
risedronate tab 150mg (ACTONEL TAB 150MG equiv) (Step Therapy requires trial of alendronate.)	ST	1
ALENDRONATE TAB 40MG	-	2
ACTONEL TAB (Step Therapy requires trial of alendronate)	ST	3
ibandronate inj. (BONIVA equiv)	-	NC
calcitonin nasal spray (MIACALCIN equiv)	MSP	SP
FORTEO INJ.	MSP	SP
MIACALCIN INJ.	MSP	SP
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ	SP	SP
GROWTH HORMONES		
OMNITROPE INJ.	-	NC
NORDITROPIN INJ.	MSP-PA	SP
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv)	-	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ.	MSP	SP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	SP	SP
METABOLIC MODIFIERS		
calcitriol cap	-	1
doxercalciferol cap (HECTOROL equiv)	-	1
paricalcitol cap (ZEMPLAR equiv)	-	1
ZEMPLAR CAP	-	3
calcitriol oral soln. (ROCALTROL equiv)	-	NC
MYALEPT INJ.	-	NC
RAVICTI	-	NC
ALDURAZYME INJ.	PA-SP	SP
BUPHENYL TAB	PA-SP	SP
calcitriol inj. (CALCIJEX equiv)	MSP	SP
FABRAZYME INJ.	PA-SP	SP
KUVAN POWDER PACK	MSP-PA	SP
KUVAN TAB	MSP-PA	SP
ORFADIN CAP	PA-SP	SP
SENSIPAR TAB	SP	SP
sodium phenylbutyrate powder (BUPHENYL equiv)	PA-SP	SP
POSTERIOR PITUITARY HORMONES		

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
desmopressin nasal soln (DDAVP NASAL SOLN equiv)	-	1
desmopressin nasal spray (MINIRIN NASAL SOLN equiv)	-	1
desmopressin tab (DDAVP equiv)	-	1
STIMATE NASAL SPRAY	-	NC
desmopressin inj. (DDAVP equiv)	MSP	SP
PROLACTIN INHIBITORS		
cabergoline tab	-	1
SOMATOSTATIC AGENTS		
octreotide inj. (SANDOSTATIN equiv)	MSP	SP
SIGNIFOR INJ. (QL= 2 vials/day; Only available through Accredo 1-866-591-9075, Fax 1-866-591-9094)	PA-QL-SP	SP
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogen/methyltestosterone tab (ESTRATEST HS equiv)	-	1
PREMPRO TAB	-	3
DUAVEE TAB	-	NC
ESTROGENS		
estradiol patch	-	1
estradiol tab	-	1
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin oral susp. (CIPRO equiv)	-	1
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
moxifloxacin tab (AVELOX equiv)	-	NC
ofloxacin tab	-	NC
FACTIVE TAB	SP	SP
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium soln. (GASTROCROM equiv)	-	1
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	-	1
metoclopramide tab	-	1
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
mesalamine enema	-	1
sulfasalazine EC tab (AZULFIDINE-EN equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
ASACOL TAB	-	2
CANASA SUPP.	-	2
PENTASA CAP	-	3
LIALDA TAB	-	NC
CIMZIA INJ.	MSP-PA	SP
CIMZIA STARTER KIT	MSP-PA	SP

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GASTROINTESTINAL AGENTS - MISC. Cont.		
INTESTINAL ACIDIFIERS		
lactulose soln.	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LOTROXON TAB	-	3
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
PHOSLYRA SOLN.	-	2
RENVELA PACKET (Step Therapy requires trial of calcium acetate)	ST	3
RENVELA/SEVELAMER CARBONATE TAB (Step Therapy requires trial of calcium acetate)	ST	3
VELPHORO CHEW TAB	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX INJ.	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
sodium citrate/citric acid soln.	-	1
GENITOURINARY IRRIGANTS		
sodium chloride irrigation soln.	-	1
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin ER tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab.	-	1
GOUT AGENTS		
allopurinol tab. (ZYLOPRIM equiv)	-	1
colchicine tab. (COLCRYS equiv)	-	1
COLCRYS TAB	-	2
ULORIC TAB (Step Therapy requires failure of allopurinol)	ST-¢	3
URICOSURICS		
probenecid tab.	-	1
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab (TRENTAL equiv)	-	1
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
ticlopidine tab	-	1
AGGRENOX CAP	-	3
BRILINTA TAB (Restricted to Cardiology Specialist)	PA	3
clopidogrel tab 300mg (PLAVIX equiv)	-	NC

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HEMATOLOGICAL AGENTS - MISC. Cont.		
ZONTIVITY TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP	-	NC
CEREZYME INJ.	PA-SP	SP
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP.	-	2
COBALAMINS		
cyanocobalamin inj.	-	1
FOLIC ACID/FOLATES		
folic acid tab (Female Only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ. (Step Therapy requires trial of PROCRIT)	MSP-ST	SP
EPOGEN INJ.	MSP	SP
LEUKINE INJ.	MSP	SP
NEULASTA INJ.	MSP	SP
NEUMEGA INJ.	MSP	SP
NEUPOGEN INJ.	MSP	SP
PROCRIT INJ.	MSP	SP
PROMACTA TAB	MSP-PA	SP
IRON		
ferrous sulfate soln. (Covered only if the patient is 1 or under)	OTC	\$0
iron susp. (Covered only if the patient is 1 or under)	OTC	\$0
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid inj. (CYKLOKAPRON equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	-	1
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zaleplon cap (SONATA CAP equiv)	-	1
zolpidem tab 10mg (AMBIEN TAB 10MG equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	1
zolpidem tab 5mg (AMBIEN TAB 5MG equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
peg 3350/electrolyte soln.	-	1
HALFLYTELY BOWEL PREP KIT	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln.	-	1
SALINE LAXATIVES		
OSMOPREP TAB	-	3
VISICOL TAB	-	3
MACROLIDES		
AZITHROMYCIN		

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MACROLIDES Cont.		
azithromycin susp. (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZMAX	-	NC
CLARITHROMYCIN		
clarithromycin susp. (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
ERYTHROMYCINS		
e.e.s. tab	-	1
erythrocin stearate tab	-	1
erythromycin tab	-	1
ERYPED SUSP.	-	2
ERY-TAB	-	3
FIDAXOMICIN		
DIFICID TAB (QL = 20 tab/fill)	PA-QL	3
MEDICAL DEVICES		
DIABETIC SUPPLIES		
ACCU-CHEK DIABETIC METER	OTC	\$0
FREESTYLE (LITE/FREEDOM) DIABETIC METER	OTC	\$0
PRECISION XTRA DIABETIC METER	OTC	\$0
ACCU-CHEK CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	1
FREESTYLE INSULIN SYRINGE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOPEN JR	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
PRECISION INSULIN SYRINGE	OTC	1
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
acetaminophen/isomethptene/caffeine tab (PRODRIN equiv)	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine inj. (D.H.E. 45 equiv)	-	1
ERGOMAR SL TAB	-	3
MIGRANAL / DIHYDROERGOTAMINE SPRAY	-	3
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL = 9 tab/fill, 2 fill/30 day)	QL	1
rizatriptan ODT (MAXALT ODT equiv) (QL = 9 tab/fill, 2 fill/30 day)	QL	1
rizatriptan tab (MAXALT equiv) (QL = 9 tab/fill, 2 fill/30 day)	QL	1
sumatriptan inj. 0.4mg/0.5ml (IMITREX equiv) (QL = 4 inj/fill, 2 fill/30 day)	QL	1
sumatriptan inj. 0.6mg/0.5ml (IMITREX equiv) (QL = 5 inj/fill, 2 fill/30 day)	QL	1
sumatriptan tab (IMITREX equiv) (QL = 9 tab/fill, 2 fill/30 day)	QL	1
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL = 6 sprays/fill, 2 fills/30 days)	QL	3
SUMAVEL DOSEPRO INJ.	-	NC
zolmitriptan ODT tab (ZOMIG-ZMT equiv)	-	NC

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MIGRAINE PRODUCTS Cont.		
zolmitriptan tab (ZOMIG equiv)	-	NC
MINERALS & ELECTROLYTES		
CHLORIDE		
AMMONIUM CHLORIDE INJ.	-	3
ELECTROLYTE MIXTURES		
PLASMA-LYTE SOLN.	-	3
FLUORIDE		
sodium fluoride chew tab (Covered only if the patient is 5 or under)	-	\$0
sodium fluoride lozenge (Covered only if the patient is 5 or under)	-	\$0
sodium fluoride soln. (Covered only if the patient is 5 or under)	-	\$0
sodium fluoride tab (Covered only if the patient is 5 or under)	-	\$0
FLUOR-A-DAY TAB	-	3
MAGNESIUM		
magnesium sulfate inj.	-	1
POTASSIUM		
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride cr cap (MICRO-K equiv)	-	1
potassium chloride cr tab (K-TABS equiv)	-	1
potassium chloride inj.	-	1
potassium chloride oral liquid	-	1
potassium chloride powder (K-LOR HOSPITAL PAK equiv)	-	1
POTASSIUM CHLORIDE TAB ER	-	1
SODIUM		
sodium chloride inj.	-	1
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln. (LTA 360 equiv)	-	1
FIRST MOUTHWASH - BLM	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troche (MYCELEX equiv)	-	1
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln. (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
sodium fluoride cream (Covered only if the patient is 5 or under)	-	\$0
STEROIDS - MOUTH/THROAT		
triamcinolone acetonide dental paste	-	1
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	1
pilocarpine tab (SALAGEN equiv)	-	1
MULTIVITAMINS		
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab (QUFLORA equiv)	-	NC
QUFLORA PEDIATRIC CHEW	-	NC
QUFLORA PEDIATRIC DROP	-	NC
PRENATAL VITAMINS		

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MULTIVITAMINS Cont.		
PRENATAL VITAMIN (RX ONLY)	-	NC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	1
carisoprodol tab (SOMA equiv)	-	1
cyclobenzaprine tab (FLEXERIL equiv)	-	1
metaxalone tab.	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate inj. (NORFLEX equiv)	-	1
tizanidine cap (ZANAFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
LORZONE TAB	-	3
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine hcl tab 7.5mg (FEXMID equiv)	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap (DANTRIUM equiv)	-	1
DANTROLENE CAP 100MG (DANTRIUM equiv)	-	3
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
azelastine nasal soln. (ASTELIN equiv)	-	1
ASTEPRO NASAL SPRAY	-	NC
NASAL ANTICHOLINERGICS		
ipratropium nasal soln. (ATROVENT equiv)	-	1
NASAL STEROIDS		
flunisolide nasal spray (NASAREL equiv) (QL = 2 bottle/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL = 2 bottle/fill)	QL	1
triamcinolone nasal spray (NASACORT equiv) (QL = 2 bottle/fill)	QL	1
NASONEX (QL = 2 bottle/fill)	QL	3
VERAMYST NASAL (QL = 2 bottle/fill)	QL	3
NASACORT NASAL SPRAY (OTC)	OTC	NC
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE NASAL SOLN.	-	3
NEUROMUSCULAR AGENTS		
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ.	PA-SP	SP
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH. INSERT	-	2
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth. soln.	-	1
careteolol ophth. soln.	-	1
dorzolamide/timolol maleate ophth. soln. (COSOPT equiv)	-	1
levobunolol ophth. soln. (BETAGAN equiv)	-	1
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1
timolol maleate ophth. soln. (TIMOPTIC equiv)	-	1
METIPRANOLOL OPHTH SOLN	-	2
CYCLOPLEGIC MYDRIATICS		

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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**Covered CA Plan and Individual and Family Plan Formulary
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Last Updated* 10/2/2014

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
tropicamide ophth. soln. (MYDRIACYL equiv)	-	1
MIOTICS		
pilocarpine ophth. soln. (ISOPTO CARPINE equiv)	-	1
MIOSTAT	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine tartrate ophth. soln. (ALPHAGAN P equiv)	-	1
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth. oint.	-	1
bacitracin-polymyxin b ophth. oint.	-	1
ciprofloxacin ophth. soln. (CILOXIN equiv)	-	1
erythromycin ophth. oint.	-	1
gentamicin ophth. oint.	-	1
gentamicin ophth. soln. (GARAMYCIN equiv)	-	1
levofloxacin ophth. soln. (QUIXIN equiv)	-	1
neomycin-bacitracin zn-polymyxin ophth. oint.	-	1
ofloxacin ophth. soln. (OCUFLOX equiv)	-	1
polymyxin b-trimethoprim ophth. soln. (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth. soln. (BLEPH-10 equiv)	-	1
tobramycin sulfate ophth. soln. (TOBREX equiv)	-	1
trifluridine ophth. soln. (VIROPTIC equiv)	-	1
AZASITE OPHTH. SOLN.	-	2
VIGAMOX OPHTH. SOLN.	-	3
ZIRGAN OPHTH. GEL	-	3
gatifloxacin ophth soln. (ZYMAXID equiv)	-	NC
OPHTHALMIC DECONGESTANTS		
NAPHAZOLINE OPHTH SOLN.	-	NC
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS (Restricted to Ophthalmologist or Optometrist)	PA	2
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth. soln. (ALCAINE equiv)	-	1
OPHTHALMIC STEROIDS		
bacitracin-poly-neomycin-hc ophth. oint.	-	1
dexamethasone sodium phosphate ophth. soln.	-	1
fluorometholone ophth. soln. (FML LIQUIFILM equiv)	-	1
neomycin-polymy-dexameth ophth. oint. (MAXITROL equiv)	-	1
neomycin-polymy-dexameth ophth. susp. (MAXITROL equiv)	-	1
neomycin-polymyxin-hc ophth. susp. (CORTISPORIN equiv)	-	1
prednisolone acetate ophth. soln. (OMNIPRED equiv)	-	1
prednisolone sodium phosphate ophth soln.	-	1
sulfacetamide sod-prednisolone ophth. soln.	-	1
tobramycin-dexamethasone ophth. soln. (TOBRADEX equiv)	-	1
TOBRADEX OPHTH. OINT.	-	2
OPHTHALMICS - MISC.		
bromfenac ophth soln. (BROMDAY equiv)	-	1
cromolyn sodium ophth. soln. (CROLOM equiv)	-	1
diclofenac sodium ophth. soln. (VOLTAREN equiv)	-	1
dorzolamide ophth. soln. (TRUSOPT equiv)	-	1
flurbiprofen sodium ophth. soln. (OCUFEN equiv)	-	1

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Last Updated* 10/2/2014

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ketorolac tromethamine ophth. soln. (ACULAR equiv)	-	1
ALOCRIL OPHTH. SOLN.	-	3
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln. (XALATAN equiv) (QL = 2.5ml/30 day)	QL	1
LUMIGAN OPHTH SOLN. (QL = 2.5ml/30 day)	QL	2
TRAVATAN (Z) OPHTH SOLN. (QL = 5 ml/30 day)	QL	2
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln. (VOLSOL equiv)	-	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln.	-	1
OTIC COMBINATIONS		
antipyrine-benzocaine otic soln. (AURALGAN equiv)	-	1
neomycin-polymyxin-hc otic soln. (CORTISPORIN equiv)	-	1
neomycin-polymyxin-hc otic susp.	-	1
OTIC STEROIDS		
fluocinolone acetonide otic oil (DERMOTIC equiv)	-	1
hydrocortisone w/acetic acid otic soln. (VOLSOL HC equiv)	-	1
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
GAMASTAN S/D INJ.	MSP-PA	SP
GAMMAGARD INJ.	MSP-PA	SP
HIZENTRA INJ.	MSP-PA	SP
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap	-	1
amoxicillin chew tab	-	1
amoxicillin susp.	-	1
amoxicillin tab	-	1
ampicillin cap	-	1
NATURAL PENICILLINS		
penicillin v soln.	-	1
penicillin v tab	-	1
PFIZERPEN-G INJ.	-	1
PENICILLIN G PROCAINE INJ.	-	3
PENICILLIN G SODIUM INJ.	-	3
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp. (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
ampicillin/sulbactam inj. (UNASYN equiv)	-	1
piperacillin/tazobactam inj. (ZOSYN equiv)	-	1
TIMENTIN INJ.	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap	-	1
nafcillin inj.	-	1
oxacillin inj.	-	1

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**Covered CA Plan and Individual and Family Plan Formulary
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DrugName	Special Code	Tier
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone micronized cap (PROMETRIUM equiv)	-	1
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE TAB equiv)	-	1
CAMPRAL DR TAB	-	2
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT ODT equiv) (QL = 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL = 2 tab/day)	QL	1
donepezil tab 23mg (ARICEPT equiv) (QL = 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	1
galantamine soln (RAZADYNE SOLN equiv)	-	1
galantamine sr cap (RAZADYNE ER CAP equiv)	-	1
galantamine tab (RAZADYNE TAB equiv)	-	1
rivastigmine cap (EXELON CAP equiv)	-	1
NAMENDA ORAL SOLN	-	2
NAMENDA TAB	-	2
EXELON PATCH	-	3
EXELON SOLN	-	3
FIBROMYALGIA AGENTS		
SAVELLA TAB (QL = 2 tab/day)	QL	2
SAVELLA TITRATION PACK	-	2
MOVEMENT DISORDER DRUG THERAPY		
XENAZINE TAB (Only available through the Xenazine Support Program 1-888-882-6013)	PA-SP	SP
MULTIPLE SCLEROSIS AGENTS		
BETASERON INJ	-	NC
BETASERON INJ.	-	NC
COPAXONE 40MG/ML INJ	-	NC
AMPYRA TAB (QL = 2 tab/day)	MSP-PA-QL	SP
AVONEX INJ.	MSP	SP
COPAXONE INJ.	MSP	SP
EXTAVIA INJ. (Step Therapy Requires failure of 2 of the 3 products: AVONEX, REBIF, COPAXONE)	MSP-ST	SP
GILENYA CAP (QL = 1 cap/day)	MSP-PA-QL	SP
REBIF INJ.	MSP	SP
TECFIDERA CAP	MSP	SP
TECFIDERA STARTER PACK	MSP	SP
TYSABRI INJ.	PA-SP	SP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab	-	3
ORAP TAB	-	3
SMOKING DETERRENTS		
buproban tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	\$0
CHANTIX (Limited to 180 days/calendar year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM CQ equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	\$0

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	Step Therapy		Vaccine Program		RxCENTS

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**Covered CA Plan and Individual and Family Plan Formulary
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DrugName	Special Code	Tier
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.

NICOTROL NS (Limited to 180 days/calendar year)	QL-SMKG	\$0
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RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO TAB (QL = 2 tab/day)	MSP-PA-QL	SP
PULMOZYME	MSP	SP

SULFONAMIDES

SULFONAMIDES

sulfadiazine tab	-	1
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TETRACYCLINES

TETRACYCLINES

demeclocycline tab (DECLOMYCIN equiv)	-	1
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab 100mg (ADOXA equiv)	-	1
doxycycline monohydrate tab 50mg (ADOXA equiv)	-	1
doxycycline monohydrate tab 75mg (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline tab (DYNACIN equiv)	-	1
tetracycline cap	-	1
ADOXA TAB	-	NC
doxycycline hyclate tab 20mg (PERIOSTAT equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
MONODOX CAP	-	NC
ORAXYL CAP	-	NC
VIBRAMYCIN CAP	-	NC
VIBRATAB	-	NC

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1

THYROID HORMONES

levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0
BOOSTRIX INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0
TETANUS/DIPHThERIA INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0

ULCER DRUGS

ANTISPASMODICS

atropine sulfate inj.	-	1
dicyclomine cap	-	1
dicyclomine tab	-	1
glycopyrrolate tab	-	1
hyoscyamine SL tab	-	1

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	Step Therapy		Vaccine Program		RxCENTS

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**Covered CA Plan and Individual and Family Plan Formulary
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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
hyoscyamine tab	-	1
methscopolamide tab (PAMINE equiv)	-	1
belladonna alkaloids-phenobarbital tab (DONNATAL TAB equiv)	-	NC
DONNATAL ELIXIR	-	NC
H-2 ANTAGONISTS		
cimetidine soln 300 mg/5ml	-	1
cimetidine tab (Rx ONLY)	-	1
famotidine soln. (Rx ONLY) (PEPCID equiv)	-	1
famotidine tab (Rx ONLY) (PEPCID equiv)	-	1
ranitidine cap (Rx ONLY) (ZANTAC equiv)	-	1
ranitidine syrup (Rx ONLY) (ZANTAC equiv)	-	1
ranitidine tab (Rx ONLY) (ZANTAC equiv)	-	1
MISC. ANTI-ULCER		
sucralfate susp. (CARAFATE equiv)	-	1
sulcralfate susp. (CARAFATE equiv)	-	1
sulcralfate tab (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
omeprazole cap (PRILOSEC equiv)	-	1
pantoprazole tab (PROTONIX equiv)	-	1
ACIPHEX SPRINKLE	-	NC
rabeprazole tab (ACIPHEX equiv)	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystal cap (MACRODANTIN equiv)	-	1
nitrofurantoin susp. (FURADANTIN equiv)	-	1
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin syrup (DITROPAN equiv)	-	1
oxybutynin tab (DITROPAN equiv)	-	1
tolterodine tab (DETROL equiv)	¢	1
tolterodine cap SR (DETROL LA equiv)	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
VACCINES		
BACTERIAL VACCINES		
MENACTRA INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0
MENOMUNE INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0
MENVEO INJ. (QL=1 injections/lifetime)	PA-QL-VAC	\$0
PNEUMOVAX INJ. (Covered for members 65 years old and older; Limited to 1 vaccine per lifetime)	QL-VAC	\$0
TYPHIM VI INJ (QL=1 injections/lifetime)	PA-QL-VAC	\$0
VIVOTIF CAP (QL=4 caps/fill; Limited to 1 fill every 5 years)	QL-VAC	\$0
VIRAL VACCINES		
CERVARIX INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0
ENGERIX B INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0

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**Covered CA Plan and Individual and Family Plan Formulary
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DrugName	Special Code	Tier
VACCINES Cont.		
FLUBLOK INJ.	QL-VAC	\$0
FLUCELVAX INJ.	QL-VAC	\$0
FLULAVAL QUADRIVALENT INJ.	QL-VAC	\$0
FLUMIST NASAL ()	QL-VAC	\$0
FLUMIST QUADRIVALENT NASAL	QL-VAC	\$0
FLUVIRIN INJ.	QL-VAC	\$0
FLUVIRIN PF INJ.	QL-VAC	\$0
FLUZONE HIGH-DOSE PF INJ.	QL-VAC	\$0
FLUZONE INTRADERMAL INJ.	QL-VAC	\$0
FLUZONE QUADRIVALENT INJ.	QL-VAC	\$0
FLUZONE SPLIT INJ.	QL-VAC	\$0
FLUZONE SPLIT PF INJ.	QL-VAC	\$0
FLUZONE SPLIT QUADRIVALENT INJ.	QL-VAC	\$0
GARDASIL INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0
HAVRIX INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0
IMOVAX RABIES INJ (H.D.C.V.) (QL=3 injections/lifetime)	PA-QL-VAC	\$0
IPOL INACTIVATED IPV (QL=3 injections/lifetime)	PA-QL-VAC	\$0
IXIARO INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0
MMR INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0
RECOMBIVAX HB INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0
TWINRIX INJ. (QL=3 injections/lifetime)	PA-QL-VAC	\$0
VAQTA INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0
VARIVAX INJ. (QL=2 injections/lifetime)	PA-QL-VAC	\$0
YF-VAX INJ (QL=1 injections/lifetime)	PA-QL-VAC	\$0
ZOSTAVAX INJ. (Members 60 years old and older are covered at \$0 with no PA; Members 59 years old and younger require RX written by Members Prescriber. QL = 1 injection/lifetime)	PA-QL-VAC	\$0

VAGINAL PRODUCTS

VAGINAL ANTI-INFECTIVES

clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
terconazole vaginal cream (TERAZOL equiv)	-	1
terconazole vaginal supp. (TERAZOL equiv)	-	1

VAGINAL ESTROGENS

PREMARIN VAGINAL CREAM	-	2
ESTRACE CREAM	-	3
ESTRING	-	3

VAGINAL PROGESTINS

CRINONE GEL	PA	3
ENDOMETRIN	PA	3

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

EPIPEN INJ. (QL= 4 units/fill for member 18 and younger; QL= 2 units/fill for members older than 18)	QL	2
EPIPEN-JR INJ. (QL= 4 units/fill for member 18 and younger; QL= 2 units/fill for members older than 18)	QL	2
ADRENALCLICK INJ.	-	NC
TWINJECT INJ.	-	NC

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

NORTHERA CAP	-	NC
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VASOPRESSORS

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DrugName	Special Code	Tier
VASOPRESSORS Cont.		
midodrine tab	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol cap (DRISDOL equiv)	-	1
MEPHYTON TAB	-	2
WATER SOLUBLE VITAMINS		
pyridoxine tab 25mg, 50mg (Covered if member taking isoniazid)	OTC-ST	1

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**Covered CA Plan and Individual and Family Plan Formulary
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 10/2/2014**

Non-Preferred/Not Covered	Alternatives*
ACIPHEX SPRINKLE	omeprazole pantoprazole
ACTEMRA SC INJ.	ENBREL HUMIRA
ACTONEL TAB	alendronate
ADASUVE	loxapine tab olanzapine risperidone
ADRENACLICK INJ.	EPIPEN
AEROSPAN HFA	ASMANEX FLOVENT QVAR
ALBENZA TAB	BILTRICIDE
amlodipine/atorvastatin tab	amlodipine+atorvastatin
ANDROID/TESTRED CAP	ANDRODERM
ANORO ELLIPTA INHALER	ADVAIR COMBIVENT
ARANESP INJ.	PROCRIT
AXIRON SOLN.	ANDROGEL
BACLOFEN CREAM COMPOUND KIT	lidocaine oint.
BELVIQ TAB	phentermine
BETASERON INJ	EXTAVIA INJ
BETASERON INJ.	EXTAVIA
BUNAVAIL FILM	SUBOXONE FILM
CIMZIA STARTER KIT	ENBREL HUMIRA
COPAXONE 40MG/ML INJ	COPAXONE 20MG/ML
CYCLOBENZAPRINE COMPOUND KIT	lidocaine VOLTAREN
DANTROLENE CAP 100MG	dantrolene 25mg dantrolene 50mg
DERMASORB AF KIT	clotrimazole/betamethasone nystatin/triamcinolone
DERMASORB XM KIT	ammonium lactate urea
dexmethylphenidate ER cap 15mg, 30mg	ADDERALL XR amphetamine/dextroamphetamine dextroamphetamine methylphenidate ER
diclofenac soln. 1.5%	oral NSAIDS VOLTAREN GEL

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**Covered CA Plan and Individual and Family Plan Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 10/2/2014**

Non-Preferred/Not Covered	Alternatives*
donepezil tab 23mg	donepezil 10mg
DONNATAL ELIXIR	bethanechol
	dicyclomine
	hyoscyamine
	oxybutynin
DUAVEE TAB	conjugated estrogens
ECOZA FOAM	econazole cream
EXTAVIA INJ.	AVONEX
	COPAXONE
	REBIF
FALESSA KIT	lutera
	sronyx
FETZIMA CAP	venlafaxine
FORTESTA GEL/ TESTOSTERONE GEL	ANDRODERM
	ANDROGEL
FULYZAQ TAB	diphenoxylate/atropine tab
gatifloxacin ophth soln.	ciprofloxacin
	levofloxacin
	ofloxacin
GATTEX INJ.	NORDITROPIN
GLUMETZA TAB	metformin
	metformin ER
HALFLYTELY BOWEL PREP KIT	MOVIPREP
	peg 3350
HEMANGEOL ORAL SOLN	PROPRANOLOL ORAL SOLN
HETLIOZ CAP	temazepam
	trazodone
	zolpidem
HYDROCODONE/ACETAMINOPHEN SOLN 10/325MG	hydrocodone/acetaminophen soln 7.5/325mg
hydrocodone/acetaminophen tab 10mg/300mg	hydrocodone/acetaminophen tab 10mg/325mg
hydrocodone/acetaminophen tab 2.5/325mg	hydrocodone/acetaminophen tab 5/325mg
hydrocodone/acetaminophen tab 5mg/300mg	hydrocodone/acetaminophen tab 5mg/325mg
hydrocodone/acetaminophen tab 7.5mg/300mg	hydrocodone/acetaminophen tab 7.5mg/325mg
hydrocodone/chlor/pse liq	OTC alternatives
ibandronate inj.	alendronate
IMBRUVICA CAP	REVLIMID
INNOPRAN XL CAP	propranolol
JUBLIA SOLN	ciclopirox
	fluconazole
	ketoconazole
	terbinafine

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**Covered CA Plan and Individual and Family Plan Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 10/2/2014**

Non-Preferred/Not Covered	Alternatives*
JUXTAPID CAP	atorvastatin
	lovastatin
	NIASPAN ER TAB
	pravastatin
	simvastatin
KARBINAL ER SUSP.	carbinoxamine soln.
KAZANO TAB	glyburide/metformin
KERYDIN SOLN	ciclopirox nail soln
KYNAMRO INJ.	atorvastatin
	lovastatin
	niacin
	pravastatin
	simvastatin
LANOXIN 0.0625MG, 0.1875MG TAB	digoxin tab
LIDOCAINE CREAM COMPOUND KIT	lidocaine cream
LIPOFEN CAP	fenofibrate
LORTAB ELIXIR	hydrocodone/acetaminophen soln 7.5/325mg
LUZU CREAM	clotrimazole
	ketoconazole
metformin ER osmotic tab	metformin
	metformin ER
NAPROXEN CREAM COMPOUND KIT	lidocaine oint
	VOLTAREN GEL
NATROBA SUSP.	SPINOSAD
NESINA TAB	glyburide
	metformin
ONGLYZA TAB	glyburide
	metformin
ORENITRAM TAB	LETAIRIS
	sildenafil
OSENI TAB	glyburide/metformin
OSPHENA TAB	systemic or topical estrogen, lubricants
OTEZLA TAB	ENBREL
OXYCONTIN CR TAB	morphine sulfate ER
PANCREAZE CAP	CREON
PENNSAID SOLN. 2%	oral NSAIDS
	VOLTAREN GEL
pentazocine/ naloxone tab	butorphanol nasal spray
	SUBOXONE SL FILM
POMALYST CAP	REVLIMID
	THALOMID

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**Covered CA Plan and Individual and Family Plan Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 10/2/2014**

Non-Preferred/Not Covered	Alternatives*
PROVENTIL/PROAIR HFA	VENTOLIN HFA
PURIXAN SUSP.	mercaptopurine tab
QUDEXY XR CAP	topiramate
rabeprazole tab	omeprazole
	pantoprazole
RAVICTI	BUPHENYL tablets of powder
REVELA PACKET	calcium acetate
RETIN-A MICRO GEL 0.08%	RETIN-A MICRO GEL 0.04%
	RETIN-A MICRO GEL 0.1%
REVATIO SUSP	sildenafil tab
SIRTURO TAB	ethambutol
	isoniazid
	pyrazinamide
	rifampin
SITAVIG TAB	acyclovir cap
STELARA INJ.	ENBREL
	HUMIRA
STRIVERDI RESPIMAT	SEREVENT DISKUS
SUMAVEL DOSEPRO INJ.	sumatriptan
telmisartan	losartan
telmisartan/amlodipine tab	amlodipine
	losartan
telmisartan/hctz tab	losartan hctz
TESTOSTERONE GEL/TESTIM GEL	ANDROGEL
TIVICAY TAB	Formulary Antiretrovirals
tolterodine cap SR	oxybutynin IR
TRAMADOL COMPOUND KIT	lidocaine
	lidocaine oint.
	VOLTAREN
TRIUMEQ TAB	EPZICOM TAB
	TIVICAY TAB
TWINJECT INJ.	EPIPEN
TWYNSTA TAB	amlodipine
	losartan
ULORIC TAB	allopurinol
ULTRESA CAP	CREON
VELPHORO CHEW TAB	calcium acetate
	REVELA
	SEVELAMER
VERSACLOZ SUSP	clozapine tab
VICTOZA INJ.	LANTUS

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**Covered CA Plan and Individual and Family Plan Formulary Cont'
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 10/2/2014**

Non-Preferred/Not Covered	Alternatives*
VICTOZA INJ.	NOVOLIN
	NOVOLOG
VOPAC 5 CREAM	oral NSAIDS
	VOLTAREN GEL
VOPAC CREAM	oral NSAIDS
	VOLTAREN GEL
VOPAC GB CREAM	oral NSAIDS
	VOLTAREN GEL
XARTEMIS XR TAB	oxycodone/acetaminophen
XELJANZ TAB	ENBREL
	HUMIRA
ZENZEDI TAB	dextroamphetamine
ZMAX	azithromycin
ZOHYDRO ER CAP	hydrocodone/acetaminophen tab
zolmitriptan ODT tab	naratriptan
	rizatriptan
	sumatriptan
zolmitriptan tab	naratriptan
	rizatriptan
	sumatriptan
ZONTIVITY TAB	clopidogrel tab
ZYDELIG TAB	cyclophosphamide
	REVLIMID
ZYKADIA CAP	XALKORI CAP

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Covered CA Plan and Individual and Family Plan Formulary
Prior Authorization Drug List
Last Updated* 10/2/2014

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY TAB	3
ADACEL INJ.	\$0
adapalene cream	1
adapalene gel 0.1%	1
ADCIRCA TAB	SP
AFINITOR DISPERZ	SP
AFINITOR TAB	SP
ALDURAZYME INJ.	SP
AMPYRA TAB	SP
ANDRODERM	2
ANDROGEL 1.62%	2
ANDROGEL 25MG	2
ANDROGEL 50MG	2
ANDROGEL PUMP 1%	2
ANDROGEL PUMP 1.62%	2
BETHKIS NEB	SP
BOOSTRIX INJ.	\$0
BOSULIF TAB	SP
BOTOX INJ.	SP
BRILINTA TAB	3
BUPHENYL TAB	SP
CAPRELSA TAB	SP
CAYSTON	SP
CEREZYME INJ.	SP
CERVARIX INJ.	\$0
CIALIS TAB 2.5MG, 5MG	3
CIMZIA INJ.	SP
CIMZIA STARTER KIT	SP
CRINONE GEL	3
DIFFERIN LOTION	3
DIFICID TAB	3
dronabinol cap	1
ENBREL INJ.	SP
ENBREL SURECLICK INJ.	SP
ENDOMETRIN	3
ENGERIX B INJ.	\$0
FABRAZYME INJ.	SP
GAMASTAN S/D INJ.	SP
GAMMAGARD INJ.	SP
GARDASIL INJ.	\$0
GILENYA CAP	SP
GILOTRIF TAB	SP
GLEEVEC TAB	SP
HAVRIX INJ.	\$0
HIZENTRA INJ.	SP

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**Covered CA Plan and Individual and Family Plan Formulary cont.
 Prior Authorization Drug List
 Last Updated* 10/2/2014**

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)
HUMIRA INJ.	SP
HYCAMTIN CAP	SP
ICLUSIG TAB	SP
IMOVAX RABIES INJ (H.D.C.V.)	\$0
INLYTA TAB	SP
IPOL INACTIVATED IPV	\$0
itraconazole cap	1
IXIARO INJ.	\$0
JAKAFI TAB	SP
KALYDECO TAB	SP
KINERET INJ.	SP
KUVAN POWDER PACK	SP
KUVAN TAB	SP
LETAIRIS TAB	SP
MENACTRA INJ.	\$0
MENOMUNE INJ.	\$0
MENVEO INJ.	\$0
MMR INJ.	\$0
NEXAVAR TAB	SP
NORDITROPIN INJ.	SP
OLYSIO CAP	SP
ORENCIA INJ.	SP
ORENCIA SC	SP
ORFADIN CAP	SP
phentermine cap	1
phentermine tab	1
PROMACTA TAB	SP
RECOMBIVAX HB INJ.	\$0
RESTASIS	2
REVLIMID CAP	SP
RITUXAN INJ.	SP
SIGNIFOR INJ.	SP
sildenafil tab	SP
sodium phenylbutyrate powder	SP
SOVALDI TAB	SP
SPRYCEL TAB	SP
STIVARGA TAB	SP
SUTENT CAP	SP
TARCEVA TAB	SP
TARGRETIN CAP	SP
TARGRETIN GEL	SP
TASIGNA CAP	SP
temozolomide cap	SP
TETANUS/DIPHThERIA INJ.	\$0
THALOMID CAP	SP

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**Covered CA Plan and Individual and Family Plan Formulary cont.
 Prior Authorization Drug List
 Last Updated* 10/2/2014**

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)
tobramycin neb	SP
tretinoin cream	1
tretinoin gel	1
TRUVADA TAB	SP
TWINRIX INJ.	\$0
TYKERB TAB	SP
TYPHIM VI INJ	\$0
TYSABRI INJ.	SP
TYVASO	SP
VALCHLOR GEL	SP
vancomycin cap	1
VAQTA INJ.	\$0
VARIVAX INJ.	\$0
VELCADE INJ.	SP
VOTRIENT TAB	SP
XALKORI CAP	SP
XELJANZ TAB	SP
XENAZINE TAB	SP
XENICAL CAP	3
XTANDI CAP	SP
YF-VAX INJ	\$0
ZELBORAF TAB	SP
ZOLINZA CAP	SP
ZORTRESS TAB	SP
ZOSTAVAX INJ.	\$0
ZYTIGA TAB	SP

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Covered CA Plan and Individual and Family Plan Formulary
Last Updated* 10/2/2014
RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall cost of the medication is reduced. Members may obtain tablet-splitting devices free of charge by contacting Customer Service.

RxCents Program Medications

ABILIFY TAB	AZILECT TAB	entecavir tab	olanzapine tab
pioglitazone tab	tolterodine tab	ULORIC TAB	

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**Covered CA Plan and Individual and Family Plan Formulary
Last Updated* 10/2/2014
Over-the-Counter (OTC)**

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

Over-the-Counter (OTC) Medications

ACCU-CHEK CALIBRATION LIQUID aspirin chew tab 81mg B-D PEN NEEDLE folic acid tab	ACCU-CHEK DIABETIC METER aspirin tab 325mg cetirizine syrup FREESTYLE (LITE/FREEDOM) DIABETIC METER HUMULIN N PEN LANCET KIT	ACCU-CHEK TEST STRIP aspirin tab 81mg CLINISTIX TEST STRIP FREESTYLE INSULIN SYRINGE iron susp. LANCETS	aspirin chew tab 75mg B-D INSULIN SYRINGE ferrous sulfate soln. FREESTYLE TEST STRIP KETOSTIX TEST STRIP NASACORT NASAL SPRAY (OTC) NOVOFINE PEN NEEDLE NOVOPEN JR PRECISION XTRA TEST STRIP
HUMULIN 70/30 PEN LANCET DEVICE	nicotine lozenge NOVOLIN N VIAL PRECISION INSULIN SYRINGE	nicotine patch NOVOLIN R VIAL PRECISION XTRA DIABETIC METER	
nicotine gum NOVOLIN 70/30 VIAL NOVOTWIST PEN NEEDLE			
pyridoxine tab 25mg, 50mg			

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Covered CA Plan and Individual and Family Plan Formulary
Last Updated* 10/2/2014
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ACTIMMUNE INJ.	adefovir tab	AFINITOR DISPERZ	AFINITOR TAB
AMPYRA TAB	ARANESP INJ.	AVONEX INJ.	BETHKIS NEB
BOSULIF TAB	calcitonin nasal spray	calcitriol inj.	capecitabine tab
CIMZIA INJ.	CIMZIA STARTER KIT	COPAXONE INJ.	desmopressin inj.
ENBREL INJ.	ENBREL SURECLICK INJ.	EPOGEN INJ.	etoposide cap
EXTAVIA INJ.	FORTEO INJ.	FUZEON INJ.	GAMASTAN S/D INJ.
GAMMAGARD INJ.	GILENYA CAP	GLEEVEC TAB	HEPSERA CAP
HIZENTRA INJ.	HUMIRA INJ.	HYCAMTIN CAP	ICLUSIG TAB
INCRELEX INJ.	INFERGEN INJ.	INLYTA TAB	INTRON-A INJ.
JAKAFI TAB	KALYDECO TAB	KINERET INJ.	KUVAN POWDER PACK
KUVAN TAB	LEUKINE INJ.	LYSODREN TAB	MIACALCIN INJ.
NEULASTA INJ.	NEUMEGA INJ.	NEUPOGEN INJ.	NEXAVAR TAB
NORDITROPIN INJ.	octreotide inj.	OLYSIO CAP	ORENCIA INJ.
ORENCIA SC	PEGASYS INJ.	PEG-INTRON INJ.	PROCRIT INJ.
PROMACTA TAB	PULMOZYME	REBETOL SOLN.	REBIF INJ.
REVLIMID CAP	ribavirin cap	ribavirin tab	SOVALDI TAB
SPRYCEL TAB	STIVARGA TAB	SUTENT CAP	TARCEVA TAB
TARGRETIN CAP	TARGRETIN GEL	TASIGNA CAP	TECFIDERA CAP
TECFIDERA STARTER PACK	temozolomide cap	THALOMID CAP	tobramycin neb
tretinoin cap	TYKERB TAB	VOTRIENT TAB	XALKORI CAP
XELJANZ TAB	XTANDI CAP	ZELBORAF TAB	ZOLINZA CAP
ZYTIGA TAB			

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Covered CA Plan and Individual and Family Plan Formulary
Last Updated* 10/2/2014
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ACTONEL TAB	Step Therapy requires trial of alendronate
ARANESP INJ.	Step Therapy requires trial of PROCRT
AXIRON SOLN.	Step Therapy requires trial of AndroGel
donepezil tab 23mg	QL = 1 tab/day; Step Therapy requires trial of donepezil 10mg
EXTAVIA INJ.	Step Therapy Requires failure of 2 of the 3 products: AVONEX, REBIF, COPAXONE
pyridoxine tab 25mg, 50mg	Covered if member taking isoniazid
REVELA PACKET	Step Therapy requires trial of calcium acetate
REVELA/SEVELAMER CARBONATE TAB	Step Therapy requires trial of calcium acetate
risedronate tab 150mg	Step Therapy requires trial of alendronate.
TRACLEER TAB	Step Therapy requires trial of LETAIRIS (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828
ULORIC TAB	Step Therapy requires failure of allopurinol

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Covered CA Plan and Individual and Family Plan Formulary
Smoking Cessation Agents
Last Updated* 10/2/2014

Drug Name	Tier # for Drug Copay
buproban tab	\$0
CHANTIX	\$0
nicotine gum	\$0
nicotine lozenge	\$0
nicotine patch	\$0
NICOTROL INHALER	\$0
NICOTROL NS	\$0

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Covered CA Plan and Individual and Family Plan Formulary
Last Updated* 10/2/2014
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY TAB	
ADACEL INJ.	QL=1 injections/lifetime
AFINITOR DISPERZ	QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months
AFINITOR TAB	QL= 1 tab/day; Limited to 2 x 15 day fills per month for first 3 months
AMPYRA TAB	QL = 2 tab/day
ANDRODERM	QL = 1 patch/day
ANDROGEL 1.62%	QL = 1 packet/day
ANDROGEL 25MG	QL = 1 packet/day
ANDROGEL 50MG	QL = 2 packet/day
ANDROGEL PUMP 1%	QL = 4 bottle/30 day
ANDROGEL PUMP 1.62%	QL = 2 bottle/30 day
BOOSTRIX INJ.	QL=1 injections/lifetime
buproban tab	Limited to 180 days/calendar year
butalbital/acetaminophen/caffeine tab	QL = 6 tab/day
butalbital/acetaminophen/caffeine/codeine cap	QL = 6 cap/day
butalbital/asa/caffeine/codeine cap	QL = 6 cap/day
butorphanol nasal soln.	QL = 1 bottle/fill, 2 fill/30 day
CELEBREX CAP	QL = 2 cap/day
CERVARIX INJ.	QL=3 injections/lifetime
CHANTIX	Limited to 180 days/calendar year
CIALIS TAB 2.5MG, 5MG	QL = 1 tab/day; BPH Only: Additional criteria required
clindamycin soln	Limited to 14 days supply per fill.
DIFICID TAB	QL = 20 tab/fill
donepezil ODT	QL = 1 tab/day
donepezil tab	QL = 2 tab/day
donepezil tab 23mg	QL = 1 tab/day; Step Therapy requires trial of donepezil 10mg
ENGERIX B INJ.	QL=3 injections/lifetime
enoxaparin inj.	QL = 17 day supply
EPIPEN INJ.	QL= 4 units/fill for member 18 and younger; QL= 2 units/fill for members older than 18
EPIPEN-JR INJ.	QL= 4 units/fill for member 18 and younger; QL= 2 units/fill for members older than 18
FLUBLOK INJ.	
FLUCELVAX INJ.	
FLULAVAL QUADRIVALENT INJ.	
FLUMIST NASAL	
FLUMIST QUADRIVALENT NASAL	
flunisolide nasal spray	QL = 2 bottle/fill
fluticasone nasal spray	QL = 2 bottle/fill
FLUVIRIN INJ.	
FLUVIRIN PF INJ.	
FLUZONE HIGH-DOSE PF INJ.	
FLUZONE INTRADERMAL INJ.	
FLUZONE QUADRIVALENT INJ.	
FLUZONE SPLIT INJ.	
FLUZONE SPLIT PF INJ.	

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Covered CA Plan and Individual and Family Plan Formulary Cont.
Last Updated* 10/2/2014
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FLUZONE SPLIT QUADRIVALENT INJ.	
GARDASIL INJ.	QL=3 injections/lifetime
GILENYA CAP	QL = 1 cap/day
GILOTRIF TAB	QL=1tab/day
granisetron tab	QL = 9 tab/fill
HAVRIX INJ.	QL=2 injections/lifetime
IMOVAX RABIES INJ (H.D.C.V.)	QL=3 injections/lifetime
IPOL INACTIVATED IPV	QL=3 injections/lifetime
IXIARO INJ.	QL=2 injections/lifetime
JAKAFI TAB	QL = 2 tab/day
KALYDECO TAB	QL = 2 tab/day
ketorolac tab	Limited to 5 days treatment
latanoprost ophth soln.	QL = 2.5ml/30 day
LUMIGAN OPHTH SOLN.	QL = 2.5ml/30 day
medroxyprogesterone inj.	QL=1 inj/90 days
MENACTRA INJ.	QL=1 injections/lifetime
MENOMUNE INJ.	QL=1 injections/lifetime
MENVEO INJ.	QL=1 injections/lifetime
MMR INJ.	QL=2 injections/lifetime
naratriptan tab	QL = 9 tab/fill, 2 fill/30 day
NASONEX	QL = 2 bottle/fill
nicotine gum	Limited to 180 days/calendar year
nicotine lozenge	Limited to 180 days/calendar year
nicotine patch	Limited to 180 days/calendar year
NICOTROL INHALER	Limited to 180 days/calendar year
NICOTROL NS	Limited to 180 days/calendar year
OLYSIO CAP	QL= 1 cap/day
phentermine cap	QL = 1 cap/day
phentermine tab	QL = 1 tab/day
PNEUMOVAX INJ.	Covered for members 65 years old and older; Limited to 1 vaccine per lifetime
RECOMBIVAX HB INJ.	QL=3 injections/lifetime
REGANEX GEL	QL = 2 x 15gm tubes/fill
RELENZA DISKHALER	QL = 20 unit/fill
REVLIMID CAP	QL = 1 cap/day
rizatriptan ODT	QL = 9 tab/fill, 2 fill/30 day
rizatriptan tab	QL = 9 tab/fill, 2 fill/30 day
SAVELLA TAB	QL = 2 tab/day
SIGNIFOR INJ.	QL= 2 vials/day; Only available through Accredo 1-866-591-9075, Fax 1-866-591-9094
SOVALDI TAB	QL=1tab/day
SPINOSAD SOLN.	QL = 1 bottle/fill
STIVARGA TAB	QL=4 tabs/day; Limited to 2x15 day fills per month for first 3 months
STRIBILD TAB	QL=1 tab/day
sumatriptan inj. 0.4mg/0.5ml	QL = 4 inj/fill, 2 fill/30 day
sumatriptan inj. 0.6mg/0.5ml	QL = 5 inj/fill, 2 fill/30 day

** OTC drugs are not a covered benefit.

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

**Covered CA Plan and Individual and Family Plan Formulary Cont.
Last Updated* 10/2/2014
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
sumatriptan tab	QL = 9 tab/fill, 2 fill/30 day
SUMATRIPTAN/ IMITREX NASAL SPRAY	QL = 6 sprays/fill, 2 fills/30 days
TAMIFLU CAP	QL = 10 cap/fill
TAMIFLU CAP 30MG	QL = 30 cap/fill
TAMIFLU SUSP. 12MG/ML	QL = 125ml/fill
TAMIFLU SUSP. 6MG/ML	QL = 250ml/fill
TETANUS/DIPHThERIA INJ.	QL=1 injections/lifetime
TIVICAY TAB	QL=2tabs/day
TRAVATAN (Z) OPHTH SOLN.	QL = 5 ml/30 day
triamcinolone nasal spray	QL = 2 bottle/fill
TWINRIX INJ.	QL=3 injections/lifetime
TYPHIM VI INJ	QL=1 injections/lifetime
VALCHLOR GEL	QL= 4 tubes/month
vancomycin cap	QL = 56 cap/fill
VAQTA INJ.	QL=2 injections/lifetime
VARIVAX INJ.	QL=2 injections/lifetime
VENTOLIN HFA	QL= 2 inhalers per fill, 2 fills/30 days
VERAMYST NASAL	QL = 2 bottle/fill
VIMPAT TAB	QL = 2 tab/day
VIVOTIF CAP	QL=4 caps/fill; Limited to 1 fill every 5 years
VOLTAREN GEL	QL = 5 tubes/fill
XELJANZ TAB	QL= 2 tab/day
XENICAL CAP	QL = 3 cap/day
XTANDI CAP	QL= 4 cap/ day; Limited to 2x15 day fills per month for first 3 months
YF-VAX INJ	QL=1 injections/lifetime
zolpidem tab 10mg	Male QL= 1 tab/day; Female QL= 0.5 tab/day
zolpidem tab 5mg	QL= 1 tab/day
ZOSTAVAX INJ.	Members 60 years old and older are covered at \$0 with no PA; Members 59 years old and younger require RX written by Members Prescriber. QL = 1 injection/lifetime

** OTC drugs are not a covered benefit.

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