



Plan Year 2018

Valley Health Plan Pharmacy Information

Covered California Plan
and
Individual & Family Plan



GENERAL INFORMATION

Valley Health Plan (VHP) Members have prescription drug coverage. VHP contracts with Navitus Health Solutions, a pharmacy benefit management (PBM) company to administer the prescription drug benefit and process claims. This document supplements your Combined Evidence of Coverage and Disclosure Form (EOC) handbook. Under this supplemental pharmacy benefit document, a member may receive the benefits described below, subject to all terms, conditions, exclusions, and limitations described in the EOC.

Except for certain mandatory specialty prescriptions, a member may get covered outpatient prescription drug benefits from any Plan Pharmacy. Only prescription(s) for emergent or urgent care services will be covered at an out-of-network pharmacy when a Plan Pharmacy is not available. Visit www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444 (toll-free)** to find a list of Plan Pharmacies.

Members should always present their VHP ID card to the Plan Pharmacy. Ask the pharmacy staff to let you know if something is not covered. A copay/coinsurance may be charged for covered benefits as listed in your EOC. If the retail price for a prescription drug is less than your copayment, the retail price should be charged.

COVERED OUTPATIENT FORMULARY DRUGS INCLUDE:

Tier	Definition
0	Birth Control and Health Care Reform Act Drugs
1	a. Most generic and low-cost preferred brands.
2	1. Non-preferred generic drugs; 2. Preferred brand name drugs; and 3. Any other drugs recommended by the plan’s pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy.
3	1. Non-preferred brand name drugs or; 2. Drugs that are recommended by P&T committee based on drug safety, efficacy and cost or; 3. Generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	1. Drugs that are biologics and drugs that the Food and Drug Administration (FDA) or drug manufacturer requires to be distributed through specialty pharmacies; 2. Drugs that require the enrollee to have special training or clinical monitoring; 3. Drugs that cost the health plan (net of rebates) more than six hundred dollars (\$600) net of rebates for a one-month supply.

The FDA has strict standards for identity, strength, quality, purity, and potency before approving a generic drug. When available, the pharmacy is required to switch a brand name drug to the equal generic drug. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use.

If the prescriber believes a member needs the brand name drug, they must send the PBM a Prescription Drug Prior Authorization or Step Therapy Exception Request form as well as attestation the FDA MedWatch form was submitted to the FDA. If the brand name drug is determined to be medically necessary, the member will be able to get the drug.

For more pharmacy information, visit www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444 (toll-free)**.

PRESCRIPTION DRUG PRIOR AUTHORIZATION (PA) FORM

A prescriber must fill out a Prescription Drug Prior Authorization or Step Therapy Exception Request form for a member to get a drug that is not on the formulary. The form will be reviewed by a pharmacist and/or a physician and approval will be based on established medical criteria and/or medical necessity. A list of formulary drugs and medical criteria are available at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

PHARMACY MEMBER PORTAL

Members have access to an online portal to view important pharmacy benefit information. Register at www.valleyhealthplan.org to get a User ID and password to access the following information:

- Claim Forms
 - Drug History
 - Drug Search (Information about drugs)
- Formulary (List of covered drugs)
 - Mail Order
- Pharmacy and Therapeutics (P&T) Committee Updates
 - Prescription Benefits
 - Specialty Pharmacy

If you have questions, please call VHP Member Services at **1.888.421.8444 (toll-free)**.

DRUG FORMULARY

VHP uses a drug formulary (list of covered drugs). Visit www.valleyhealthplan.org to view the VHP Drug Formulary or call VHP Member Services at **1.888.421.8444 (toll-free)** to ask for a printed copy.

- For Covered California Plan members, select the “**Covered California Plan Formulary**”
 - For Individual & Family Plan members, select the “**Individual & Family Plan Formulary**”

The VHP Drug Formulary is the list of prescription drugs that has been reviewed and selected by VHP Plan Providers on the VHP P&T Committee using professionally-recognized medical standards for medical, safety, and cost effectiveness. The formulary includes both FDA approved brand name and generic drugs. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use.

The P&T Committee members are actively practicing physicians, pharmacists, nurse practitioner(s), and/or nurse(s) from various specialties. The P&T Committee frequently consults with other physician subject matter experts to give additional input to the Committee. The formulary is updated quarterly after every P&T Committee meeting and a list of updates is available at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

FORMULARY CHANGES

The formulary can change when a new drug, new generic, or new formulation is available. If new adverse information about the safety or effectiveness of a drug is released, this can affect the formulary status. If VHP makes a negative change to the status of a formulary drug, the plan will notify affected members and providers. If VHP removes the drug from formulary, VHP will offer a formulary alternative(s) and will allow for at least 60 days of coverage before the change becomes effective. If the FDA recalls a drug on the formulary due to safety concern, VHP will remove the drug from the formulary and send notice to affected members and providers. To get updated information about the drugs that are covered by VHP, please visit our website www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444 (toll-free)**.

QUANTITY LIMITATION (QL) PROGRAM

Because of potential safety and utilization concerns, VHP has placed quantity limitations on some prescription drugs. Members are covered for up to the amount posted in the VHP Drug Formulary based on recognized standards of care and FDA-approved dosing guidelines. If a prescriber believes it is necessary to prescribe more than the QL amount posted on the list, he or she must submit a Prescription Drug Prior Authorization or Step Therapy Exception Request form to VHP’s PBM. A list of covered drugs with QL is available at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

STEP THERAPY (ST) PROGRAM

Selected formulary drugs require step therapy (ST). This means that a Member must try an alternative clinically equivalent formulary drug(s) first. VHP P&T Committee selects all drugs required for step therapy. There may be a situation where it may be medically necessary for a Member to receive certain medications without first trying an alternative drug. In these instances, your Provider may request a Prescription Drug Prior Authorization or Step Therapy Exception Request form by contacting Navitus Customer Service. The list of formulary drugs with step therapy can be changed by Valley Health Plan’s P&T Committee. An updated list of the formulary drugs with step therapy is available below.

NON-FORMULARY DRUGS

A member can ask for a drug that is not on the formulary by requesting a Prescription Drug Prior Authorization or Step Therapy Exception Request form to be sent to the provider by:

- Contacting VHP Member Services, or its designee, at **MemberServices@vhp.sccgov.org** or **1.888.421.8444 (toll-free)**; or
- Logging on to the pharmacy member portal at www.valleyhealthplan.org and filling out an online request.

The prescriber must completely fill out the Prescription Drug Prior Authorization or Step Therapy Exception Request form with information that supports the request for a drug not on formulary and submit to the PBM. The form will be reviewed and approved based on established medical criteria and/or medical necessity and the member and provider will receive communication with the decision.

- The Prescription Drug Prior Authorization or Step Therapy Exception Request form request will be turned around within 72 hours for nonurgent requests, and within 24 hours if exigent circumstances exist, upon receipt of a completed prior authorization request from a prescribing provider.
- “Exigent circumstances” exist when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

HOW DO I USE THE FORMULARY?

- **Alphabetical Listing:** The drug names are listed in alphabetical order.
- **Medical Conditions:** The drugs in the formulary are also grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat Hypertension are listed under the category, “Antihypertensives”.

The drugs in the Formulary are also grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list. For example, drugs used to treat Hypertension are listed under the category,”Antihypertensives.” Then look under the category name for your drug.

PHARMACY NETWORK

Members must get prescription drugs from a VHP Plan Pharmacy, including nationwide Walgreens, Safeway, Albertsons, Valley Health Center Pharmacies (VHC), and select local pharmacies. For a complete list of contracted pharmacies, please visit www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444 (toll-free)**.

COPAYS AND DEDUCTIBLES

Copays apply to formulary drugs prescribed by an authorized prescriber and dispensed by a Plan Pharmacy. Please see your Summary of Benefits and Coverage (SBC) for the copay amount for each tier.

Plan Retail Pharmacy	1 to 31 Day Supply	32 to 60 Day Supply	61 to 90 Day Supply
Tier 0 Retail	0 Copay	0 Copay	0 Copay
Tier 1 Retail	1 Copay	2 Copays	3 Copays
Tier 2 Retail	1 Copay	2 Copays	3 Copays
Tier 3 Retail	1 Copay	2 Copays	3 Copays
Tier 4 Retail	1 Copay	2 Copays	3 Copays

Novixus Mail Serivce Pharmacy	61 to 90 Day Supply
Tier 0 Mail	0 Copay
Tier 1 Mail	2 Copays
Tier 2 Mail	2 Copays
Tier 3 Mail	2 Copays
Tier 4 Mail	2 Copays

Some benefit plans have a deductible that applies to a covered prescription brand name or an overall deductible that is combined between medical care and covered prescription drugs. If the benefit plan includes a deductible, the member is responsible for paying all costs to meet the deductible each calendar year. Once the deductible is met, VHP will cover the prescription drugs at the applicable copayment.

MAINTENANCE DRUG

A maintenance drug is prescribed for a serious chronic illness or condition. The pharmacy can dispense up to a 90-day supply for formulary drugs that are listed on the Maintenance Drug List. For members starting a new brand maintenance drug, for the first fill the member can get a 30 day supply. For additional refills, the member can get up to a 90 day supply. You can find the list at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Not all drugs on the Maintenance Drug List may be covered on the Drug Formulary. Always refer to the formulary for a list of current covered drugs. Members can get the maintenance drug through the Plan Pharmacy or Plan mail service pharmacy administered by Novixus.

MAIL ORDER PHARMACY PRESCRIPTION DRUG PROGRAM

Members have the choice to get maintenance drugs for serious chronic conditions through the Plan mail service pharmacy administered by Novixus.

• HOW DO I ENROLL?

Members can enroll at www.Novixus.com or call **1.888.240.2211 (toll-free)**, Monday - Friday, 4am to 4pm PST, and Saturday, 6am to 10pm PST.

• HOW DO I RENEW OR START A NEW PRESCRIPTION?

Prescriptions should include (no form required):

- Member name
- Date of birth
- Phone number
- Shipping address

Members can send prescriptions directly to

NoviXus
PO Box 8004
Novi, MI 48376-8004

Physicians can prescribe by:

- Calling the NoviXus physician’s line at **1.877.269.1159 (toll-free)**
- Fax: **1.877.395.4836**
- e-Prescription: NCPDP# 2372528

• HOW WILL I KNOW WHEN IT IS TIME TO REFILL MY PRESCRIPTION OR WHEN NOVIXUS RECEIVES NEW PRESCRIPTIONS?

NoviXus’ interactive automated call system will call members:

- Upon receipt of a new prescription;
- When a prescription ships;
- Within 14 days of when your prescription is eligible for a refill (members will need to provide identification information for refills); and
- Five days after a prescription was due.

You may log in to www.Novixus.com to view order status and tracking information.

For questions about home delivery, call NoviXus at **1.888.240.2211 (toll-free)**, Monday - Friday, 4am to 4pm PST, and Saturday, 6am to 10pm PST. A pharmacist is on-call 24/7/365 days for after-hours emergencies.

For questions about your pharmacy benefit, please contact Navitus Customer Care at **1.866.333.2757 (toll-free)** or VHP Member Services at **1.888.421.8444 (toll-free)**.

MANDATORY SPECIALTY PHARMACY (MSP) DRUGS

Certain specialty formulary drugs are classified as MSP drugs by the VHP P&T Committee and must be provided exclusively through Santa Clara Valley Medical Center (SCVMC) Specialty Pharmacy or Diplomat Specialty Pharmacy. MSP drugs may require specialized delivery and administration on an ongoing basis. They are often for chronic conditions and involve complex care issues that need to be managed.

VHP has partnered with SCVMC Specialty Pharmacy and Diplomat Specialty Pharmacy to supply MSP drugs for our members. These specialty pharmacies have a dedicated team of pharmacists, specialty technicians, patient care coordinators and/or nurses are available to answer all of your therapy and drug support needs. The SCVMC Specialty Pharmacy and Diplomat Specialty team work in cooperation with your prescribers to coordinate your care for optimal outcomes. At SCVMC Specialty Pharmacy, members have the option of walking in to SCVMC Pharmacy, its VHC affiliates, or have the drug delivered to the member’s home, office, etc. At Diplomat, MSP drugs are dispensed through a mandatory mail order program, using free, discreet, delivery to the member’s home, office, or other location. Specialty drugs are available for a maximum of a 30-day supply.

For a list of MSP drugs, please visit www.valleyhealthplan.org or call VHP Member Services at **1.888.421.8444 (toll-free)**.

DIRECT MEMBER REIMBURSEMENT (DMR)

When preparing for travel, it is important to get any care, such as routine prescriptions for serious chronic conditions, before leaving the Network Service Area.

In an emergency, where a Plan Pharmacy cannot be reached, a reimbursement for prescriptions that have been filled and paid for can be requested. A claim form must be completed for review and approval under the guidelines of the EOC. Claim forms are available online at www.valleyhealthplan.org or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Specific information about the prescription, the reason for reimbursement request, and any proof of payment made by primary insurers is needed to submit a claim. Complete the appropriate claim form and mail it along with the original receipt to:

Navitus Health Solutions
Operations Division-Claims
P.O. Box 999
Appleton, WI 54912-0999

DISCRIMINATION IS AGAINST THE LAW

Valley Health Plan (VHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws. VHP does not exclude people or treat them differently because of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws.

Valley Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact VHP Member Service Department.

If you believe that VHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws, you can file a grievance with:

Valley Health Plan Member Services
2480 North First Street, Ste 200
San Jose, CA 95131
1.888.421.8444 (toll-free)
California Relay Service (CRS) 711 or the 800 CSR number from your modality
www.valleyhealthplan.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Valley Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

LANGUAGE ASSISTANCE

Valley Health Plan is required by federal law to provide the following information.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call **1.888.421.8444 (California Relay Service (CRS) 711)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.888.421.8444 (California Relay Service (CRS) 711)**.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1.888.421.8444 (California Relay Service (CRS) 711)**。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1.888.421.8444 (California Relay Service (CRS) 711)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1.888.421.8444 (California Relay Service (CRS) 711)**.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1.888.421.8444 (California Relay Service (CRS) 711)** 단순히 전화711)번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1.888.421.8444 (California Relay Service (CRS) 711)**.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1.888.421.8444 (California Relay Service(CRS)711)** まで、お電話にてご連絡ください。

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1.888.421.8444 (California Relay Service (CRS) 711)**.

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 4448.124.888.1 (رقم هاتف الصم والبكم: (California Relay Service)CRS(117).

Hindi: ध्यान दें: यदिआप हद्दी बोलते हैं तो आपके लएि मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1.888.421.8444 (California Relay Service (CRS) 711)** पर कॉल करें।

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1.888.421.8444 (California Relay Service (CRS) 711)**.

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີອ້າມໃຫ້ທ່ານ. ໂທສ **1.888.421.8444 (California Relay Service (CRS) 711)**.

Armenian: ՈւիշարՈւիԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ասպա ձեզ անվճար կարող են տրամադրվել լեզվակախն աջակցություն ծառայություններ: Զանգահարեք **1.888.421.8444 (California Relay Service (CRS) 711)**.

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្តល់ភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បរើអ្នក។ ចូរ ទូរស័ព្ទ**1.888.421.8444 (California Relay Service (CRS) 711)**។

Punjabi: ਧਿਆਨ ਦੇ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਰਤਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1.888.421.8444 (California Relay Service (CRS) 711)** ‘ਤੇ ਕਾਲ ਕਰੋ।



Search Tip:

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

Covered CA/Individual and Family Plan (Exchange) Formulary**Alphabetical Index**

Last Updated 11/1/2017

Drug Name	Special Code	Tier	Category
8-MOP CAP	-	4	DERMATOLOGICALS
abacavir/lamivudine tab (EPZICOM equiv)	-	4	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	4	ANTIVIRALS
acamprosate calcium DR tab (CAMPRAL equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCU-CHECK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
acitretin cap (SORIATANE equiv)	-	4	DERMATOLOGICALS
ACTEMRA IV INJ	M	4	ANALGESICS - ANTI-INFLAMMATORY
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir susp (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0	TOXOIDS
ADAGEN INJ	M	4	BIOLOGICALS MISC
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION (Acne Only – members age 35 or older require Prior Authorization)	PA	3	DERMATOLOGICALS
adefovir dipivoxil tab (HEPSERA equiv)	MSP	4	ANTIVIRALS
ADVAIR DISKUS INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AEROCHAMBER	OTC	1	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES

INF NC =Not Covered

MSP Infertility

QL Mandatory Specialty Pharmacy Program

SMKG Quantity Limit

VAC Smoking Cessation

VAC Vaccine Program

LD

OTC

RS

SP

¢

generic =small letters

Limited Distribution

Over-the-Counter

Restricted to Specialist

Available through Specialty Pharmacy Program

RxCENTS

M

PA

SF

ST

BRANDS =CAPITAL LETTERS

Medical Benefit

Prior Authorization

Limited to Two 15 Day Fills per Month for the First 3 M

Step Therapy

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

Covered CA/Individual and Family Plan (Exchange) Formulary Cont.
Alphabetical Index
Last Updated 11/1/2017

Drug Name	Special Code	Tier	Category
ALBENZA TAB	-	4	ANTHELMINTICS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	1	DERMATOLOGICALS
ALDURAZYME INJ	M	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALOCRIL OPTH SOLN	-	3	OPHTHALMIC AGENTS
alosetron tab (LOTRONEX equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
amantadine cap (SYMMETREL equiv)	-	2	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
AMCINONIDE LOTION	PA	3	DERMATOLOGICALS
AMCINONIDE OINT	PA	3	DERMATOLOGICALS
amifostine inj	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
amikacin inj	M	4	AMINOGLYCOSIDES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	2	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
AMMONIUM CHLORIDE INJ	M	4	MINERALS & ELECTROLYTES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
AMOXAPINE TAB	-	2	ANTIDEPRESSANTS

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

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amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE CHEW TAB	-	3	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine ER cap (ADDERALL XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AMPICILLIN CAP	-	1	PENICILLINS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin/sulbactam inj (UNASYN equiv)	M	4	PENICILLINS
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	SP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	4	ANTIPARKINSON AGENTS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
APTIVUS CAP	-	4	ANTIVIRALS
APTIVUS SOLN	-	4	ANTIVIRALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
aripiprazole tab (ABILIFY equiv) (QL= 2 tabs/day)	QL-¢	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARNUITY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC

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

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Drug Name	Special Code	Tier	Category
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/dipyridamole cap (AGGRENOLX equiv)	-	3	HEMATOLOGICAL AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
ATGAM INJ	M	4	ASSORTED CLASSES
atomoxetine cap (STRATTERA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	4	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	2	ANTIMALARIALS
ATRIPLA TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
atropine sulfate inj	M	4	ULCER DRUGS
ATROVENT HFA INHALER	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (QL= 1 tab/day)	MSP-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVONEX INJ	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	SP	1	ASSORTED CLASSES
azelastine nasal spray (ASTELIN, ASTEPRO equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
aztreonam inj (AZACTAM equiv)	M	4	ANTI-INFECTIVE AGENTS - MISC.
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
baclofen tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
B-D INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D INSULIN SYRINGE SAFETY-LOK	OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benztropine tab	-	1	ANTIPARKINSON AGENTS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
bethanechol tab (URECHOLINE equiv)	-	2	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	MSP-PA	4	AMINOGLYCOSIDES

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

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bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	\$0	CONTRACEPTIVES
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BILTRICIDE TAB	-	4	ANTHELMINTICS
BIMATOPROST OPTH SOLN, LUMIGAN OPTH SOLN (QL= 2.5ml/ 30 days)	QL	3	OPHTHALMIC AGENTS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BOSULIF TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	M	4	NEUROMUSCULAR AGENTS
BREO ELLIPTA INHALER	-	3	ASTHMA AND BRONCHODILATOR AGENTS
BRILINTA TAB	PA	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln (ALPHAGAN P equiv)	-	2	OPHTHALMIC AGENTS
bromfenac ophth soln (BROMDAY equiv)	-	2	OPHTHALMIC AGENTS
BROMFENAC OPTH SOLN 0.09% (ONCE DAILY)	-	2	OPHTHALMIC AGENTS
BROMFENAC OPTH SOLN 0.09% (TWICE DAILY)	-	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
budesonide inh susp (PULMICORT equiv)	-	3	ASTHMA AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	3	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUPRENORPHINE PATCH, BUTRANS PATCH	-	3	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	1	ANTI-ANXIETY AGENTS
busulfan inj	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BUSULFEX INJ	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
butoxalol/acetaminophen/caffeine tab (FIORICET equiv) (QL= 6 tabs/day)	QL	1	ANALGESICS - NONNARCOTIC
butoxalol/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL= 6 caps/day)	QL	2	ANALGESICS - OPIOID
BYDUREON INJ	PA	3	ANTIDIABETICS
BYDUREON PEN INJ	PA	3	ANTIDIABETICS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcipotriene cream (DOVONEX CREAM equiv)	-	3	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	3	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTRON equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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calcitriol inj (CALCIJEX equiv)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CANASA SUPP	-	4	GASTROINTESTINAL AGENTS - MISC.
capecitabine tab (XELODA equiv)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
CARAFATE SUSP	-	2	ULCER DRUGS
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	3	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	4	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	3	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	2	ANTIPARKINSON AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTI-INFECTIVE AGENTS - MISC.
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefazolin inj	M	4	CEPHALOSPORINS
CEFAZOLIN INJ	M	4	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefepime inj (MAXIPIME equiv)	M	4	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	3	CEPHALOSPORINS
CEFOTAXIME INJ	M	4	CEPHALOSPORINS
cefoxitin inj	M	4	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
ceftazidime inj (FORTAZ equiv)	M	4	CEPHALOSPORINS
ceftriaxone inj (ROCEPHIN equiv)	M	4	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEREZYME INJ	M	4	HEMATOPOIETIC AGENTS
CERVICAL CAP (QL= 1 cap/365 days)	QL	\$0	MEDICAL DEVICES AND SUPPLIES
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
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CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	3	ANTIDOTES
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	2	DIURETICS
chlorpromazine tab (THORAZINE equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORTHALIDONE TAB	-	1	DIURETICS
cholecalciferol cap 50000 unit	OTC	1	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	2	ANTIHYPERLIPIDEMICS
cidofovir inj (VISTIDE equiv)	M	4	ANTIVIRALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
cimetidine soln (TAGAMET equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/28 days)	MSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
CIPROFLOXACIN 100MG TAB	-	2	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
ciprofloxacin 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	-	2	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	2	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	2	MACROLIDES
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	2	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	2	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv) (Limited to 14 days supply per fill.)	QL	2	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)	PA	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	3	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	PA	3	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	4	ANTIDEPRESSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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codeine sulfate tab	-	1	ANALGESICS - OPIOID
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
colestipol tab (COLESTID equiv)	-	2	ANTIHYPERTENSIVES
COMBIVENT INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMPLERA TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
CONTRACEPTIVE FILM (QL= 12 boxes/30 days)	OTC-QL	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM (QL= 12 cans/30 days)	OTC-QL	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL (QL= 12 tubes/30 days)	OTC-QL	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP (QL= 12 boxes/30 days)	OTC-QL	\$0	VAGINAL PRODUCTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
COSENTYX INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CREON CAP	-	2	DIGESTIVE AIDS
CRINONE GEL	PA	3	VAGINAL PRODUCTS
CRIVAN CAP	-	4	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
cryselle tab (OGESTREL equiv)	-	\$0	CONTRACEPTIVES
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CYCLOPHOSPHAMIDE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	PA	4	ANTIMYCOBACTERIAL AGENTS
cyclosporine cap (SANDIMMUNE equiv)	-	4	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
danazol cap (DANOCRINE equiv)	-	3	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTIMALARIALS
DELZICOL CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DENAVIR CREAM	-	4	DERMATOLOGICALS
DEPEN TITRATAB	-	2	ASSORTED CLASSES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DESCOVY TAB	PA	4	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
desmopressin acetate inj (DDAVP equiv)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

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desmopressin acetate nasal spray (DDAVP equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desoximetasone cream (TOPICORT CREAM equiv)	-	3	DERMATOLOGICALS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
DEXAMETHASONE OPTH SOLN	-	2	OPHTHALMIC AGENTS
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DIAPHRAGM (QL= 1 diaphragm/365 days)	QL	\$0	MEDICAL DEVICES AND SUPPLIES
diazepam tab (VALIUM equiv)	-	1	ANTI-ANXIETY AGENTS
DICLEGIS TAB (QL= 4 tabs/day)	PA-QL	3	ANTIEMETICS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
DIFFERIN OTC GEL 0.1% (QL= 45gm/fill; Acne Only – members age 35 or older require Prior Authorization)	OTC-PA-QL	1	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill)	PA-QL	3	MACROLIDES
DIFLORASONE CREAM	-	1	DERMATOLOGICALS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	3	MIGRAINE PRODUCTS
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	4	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	1	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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divalproex ER tab (DEPAKOTE ER equiv)	-	2	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
dofetilide cap (TIKOSYN equiv)	-	3	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/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	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DORIBAX INJ	M	4	ANTI-INFECTIVE AGENTS - MISC.
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxercalciferol cap (HECTOROL equiv)	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
dronabinol cap (MARINOL equiv)	PA	3	ANTIEMETICS
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	2	DERMATOLOGICALS
DUAVEE TAB	PA	3	ESTROGENS
DULERA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	1	ANTIDEPRESSANTS
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
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	3	VAGINAL PRODUCTS
ENGERIX-B INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS

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entecavir tab (BARACLUDE equiv)	-	3	ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
EPANED PREMIXED SOLN (Covered for members age 12 or younger)	-	3	ANTIHYPERTENSIVES
EPCLUSA TAB (QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751)	MSP-PA-QL	4	ANTIVIRALS
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 4 inj/fill for member 18 and younger; QL= 2 inj/fill for members older than 18)	QL	3	VASOPRESSORS
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 4 inj/fill for member 18 and younger; QL= 2 inj/fill for members older than 18)	QL	3	VASOPRESSORS
EPIVIR HBV SOLN	-	4	ANTIVIRALS
EPOGEN INJ	MSP	4	HEMATOPOIETIC AGENTS
EQUETRO CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOLOID MESYLATES TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	3	MIGRAINE PRODUCTS
ERYPED SUSP	-	2	MACROLIDES
ERY-TAB	-	3	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1	MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	1	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	1	MACROLIDES
ERYTHROMYCIN TAB (all forms except PCE)	-	2	MACROLIDES
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
ESTRACE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
ethacrynic tab (EDECRIN equiv)	SP	4	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONSULSANTS
ethosuximide soln (ZARONTIN equiv)	-	2	ANTICONSULSANTS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	MSP	4	ANTINEOPLASTICS
EURAX CREAM	-	3	DERMATOLOGICALS
EXELON SOLN	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	MSP	4	ANTIDOTES

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EXTAVIA INJ	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ezetimibe tab (ZETIA equiv)	-	1	ANTHYPERLIPIDEMICS
FABRAZYME INJ	M	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	SP	4	FLUOROQUINOLONES
famotidine susp (PEPCID equiv)	-	1	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FARXIGA TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
felbamate susp (FELBATOL equiv)	-	4	ANTICONSULSANTS
felbamate tab (FELBATOL equiv)	-	4	ANTICONSULSANTS
FEMALE CONDOMS (QL= 24 condoms/30 days)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	2	ANTHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	3	ANTHYPERLIPIDEMICS
fentanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FINACEA GEL	-	3	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	1	MOUTH/THROAT/DENTAL AGENTS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLOVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	1	ANTIFUNGALS
fludarabine inj	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	2	DERMATOLOGICALS

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fluocinonide cream 0.1% (VANOS CREAM equiv)	-	3	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	2	DERMATOLOGICALS
fluocinonide soln	-	2	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	4	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	4	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURBIPROFEN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	1	ASTHMA/BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	\$0	ANTIHYPERTENSIVES
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN INJ (QL= 2 injections/365 days)	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUZONE SPLIT QUAD INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FORTEO INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	4	ANTIVIRALS
FOSCARNET INJ	M	4	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
FRAGMIN INJ	-	4	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES

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

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FREESTYLE LITE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	¢	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GAMASTAN S/D INJ	MSP-PA	3	PASSIVE IMMUNIZING AGENTS
GAMMAGARD INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR CAP	SP	4	ANTIVIRALS
GARDASIL 9 INJ	VAC	\$0	VACCINES
gatifloxacin ophth soln (ZYMADID equiv)	-	2	OPHTHALMIC AGENTS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERTENSIVES
GENOTROPIN INJ	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP (QL= 1 cap/day)	MSP-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredio 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatiramer inj 20mg/ml (COPAXONE equiv)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	SP	4	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 INJ	-	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
glycopyrrolate tab (ROBINUL equiv)	-	1	ULCER DRUGS
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1	ANTIEMETICS
GRANIX INJ	MSP	4	HEMATOPOIETIC AGENTS

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

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griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	3	ANTIFUNGALS
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
halobetasol propionate cream (ULTRAVATE equiv)	PA	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	PA	2	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB (QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751)	MSP-PA-QL	4	ANTIVIRALS
HAVRIX INJ, VAQTA INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0	VACCINES
HAVRIX/VAQTA INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0	VACCINES
HEXALEN CAP	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
HUMIRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HYCAMTIN CAP	MSP-PA	4	ANTINEOPLASTICS
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	3	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	3	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	1	DERMATOLOGICALS
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	2	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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imatinib tab (GLEEVEC equiv)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipenem/cilastatin inj (PRIMAXIN equiv)	M	4	ANTI-INFECTIVE AGENTS - MISC.
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	3	DERMATOLOGICALS
IMOVAX RABIES INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0	VACCINES
INCRELEX INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ	MSP	4	ANTIVIRALS
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTELENCE TAB	-	4	ANTIVIRALS
INTRON-A INJ	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVANZ INJ	M	4	ANTI-INFECTIVE AGENTS - MISC.
INVIRASE CAP	-	4	ANTIVIRALS
INVIRASE TAB	-	4	ANTIVIRALS
IPOL INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTI-HYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISONIAZID SYRUP	-	3	ANTI-MYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTI-MYCOBACTERIAL AGENTS
ISOSORBIDE DINITRATE ER TAB	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap (ACCU-TANE equiv)	-	3	DERMATOLOGICALS
itraconazole cap (SPORANOX equiv)	PA	3	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	1	ANTHELMINTICS
IXIARO INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0	VACCINES
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	PA-QL-¢	3	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
JENTADUETO TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS

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

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Drug Name	Special Code	Tier	Category
JENTADUETO XR TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) (3 copays per Rx)	-	\$0	CONTRACEPTIVES
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
KALETRA TAB	-	4	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KANAMYCIN INJ	M	4	AMINOGLYCOSIDES
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
ketoprofen cap (ORUDIS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	MSP-PA	4	AMINOGLYCOSIDES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
lactulose soln	-	1	LAXATIVES
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	4	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONSULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONSULSANTS
LANCET DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANSOPRAZOLE SUSP	-	2	ULCER DRUGS
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
leflunomide tab (ARAVA equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LETAIRIS TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	SP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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leucovorin calcium inj	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN TAB	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	SP	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	MSP	4	HEMATOPOIETIC AGENTS
LEVEMIR FLEXTouch INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
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)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXIVA SUSP	-	4	ANTIVIRALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine oint	-	2	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine viscous soln	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
lincomycin inj (LINCOCIN equiv)	M	4	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	PA	3	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	PA	2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LONSURF TAB	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lopinavir/ritonavir soln (KALETRA equiv)	-	4	ANTIVIRALS
lorazepam tab (ATIVAN equiv)	-	1	ANTI-ANXIETY AGENTS
LORZONE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYRICA CAP	-	3	ANTICONVULSANTS
LYRICA SOLN	-	3	ANTICONVULSANTS

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LYSODREN TAB	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
magnesium sulfate inj	M	4	MINERALS & ELECTROLYTES
MARPLAN TAB	-	3	ANTIDEPRESSANTS
MATULANE CAP	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mebendazole chew tab (VERMOX equiv)	-	3	ANTHELMINTICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefloquine tab (LARIAM equiv)	-	1	ANTIMALARIALS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melphalan inj (ALKERAN equiv)	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine sol (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0	VACCINES
MENOMUNE INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0	VACCINES
MENVEO INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0	VACCINES
MEPHYTON TAB	-	3	VITAMINS
mercaptopurine tab (PURINETHOL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj (MERREM equiv)	M	4	ANTI-INFECTIVE AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	4	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
METAPROTERENOL SYRUP	-	1	ASTHMA AND BRONCHODILATOR AGENTS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
METHADONE SOLN	-	2	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methenamine mandelate tab	-	2	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 INJ	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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methoxsalen cap (OXSORALEN ULTRA equiv)	SP	4	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap (ANDROID, TESTRED equiv)	-	1	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	1	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
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 lotion (METROLOTION equiv)	-	2	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	2	VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	2	ANTIARRHYTHMICS
MIACALCIN INJ	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
midodrine tab 10mg (PROAMATINE equiv)	-	2	VASOPRESSORS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	2	GOUT AGENTS
mitoxantrone inj	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
M-M-R II INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ASTHMA AND BRONCHODILATOR AGENTS

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

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montelukast tab (SINGULAIR equiv)	-	1	ASTHMA AND BRONCHODILATOR AGENTS
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOXEZA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2	OPHTHALMIC AGENTS
MULTAQ TAB	-	3	ANTIARRHYTHMICS
mupirocin cream (BACTROBAN equiv)	-	2	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
mycophenolate DR tab (MYFORTIC equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYTELASE TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naftillin inj	M	4	PENICILLINS
nalbuphine inj	M	4	ANALGESICS - OPIOID
naloxone inj	-	1	ANTIDOTES
NALOXONE INJ (QL= 2 inj/fill)	--QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	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 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	2	ANTIDOTES
NEBUPENT NEB SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
necon tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
necon tab 1-50 (NORYNIL equiv)	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	2	OPHTHALMIC AGENTS
NEULASTA INJ	MSP	4	HEMATOPOIETIC AGENTS
NEUMEGA INJ	MSP	4	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	MSP	4	HEMATOPOIETIC AGENTS
NEVIRAPINE SUSP	-	4	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
niacin ER tab (NIASPAN equiv)	-	3	ANTIHYPERTENSIVES
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	3	URINARY ANTI-INFECTIVES
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	2	PROGESTINS
NORPACE CR CAP	-	3	ANTIARRHYTHMICS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
NORVIR CAP	-	3	ANTIVIRALS
NORVIR SOLN	-	3	ANTIVIRALS
NORVIR TAB	-	3	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN INJ	OTC	1	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOPEN JR INJ	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NUVARING	-	\$0	CONTRACEPTIVES
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	2	DERMATOLOGICALS
nystatin/triamcinolone oint	-	2	DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	4	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODEFSEY TAB	-	4	ANTIVIRALS
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	2	OTIC AGENTS

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ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ORENCIA CLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA INJ	M	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORFADIN CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
orphenadrine citrate inj	M	4	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	3	ANTIVIRALS
OSMOPREP TAB	-	3	LAXATIVES
OSPHENA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxacillin inj	M	4	PENICILLINS
oxandrolone tab (OXANDRIN equiv)	-	2	ANDROGENS-ANABOLIC
oxandrolone tab 10mg (OXANDRIN equiv)	-	4	ANDROGENS-ANABOLIC
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone tab (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv)	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
paricalcitol cap 1mcg (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	1	AMINOGLYCOSIDES
paroxetine ER tab (PAXIL CR equiv)	-	3	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
peg 3350/electrolytes soln (COLYTE equiv)	-	1	LAXATIVES
PEGASYS INJ	MSP	4	ANTIVIRALS
PEGASYS INJ KIT	MSP	4	ANTIVIRALS
PEG-INTRON INJ	MSP	4	ANTIVIRALS
PENICILLIN G PROCAIN INJ	M	4	PENICILLINS
PENICILLIN G SODIUM INJ	M	4	PENICILLINS
penicillin GK inj	M	4	PENICILLINS
PENICILLIN VK SOLN	-	1	PENICILLINS
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS

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PENTASA CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	2	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	4	ANTI-HYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenytoin cap (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin chew tab (DILANTIN 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
pimozide tab (ORAP equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pioglitazone tab (ACTOS equiv)	-	1	ANTI-DIABETICS
piperacillin/tazobactam inj (ZOSYN equiv)	M	4	PENICILLINS
PLASMA-LYTE SOLN	M	4	MINERALS & ELECTROLYTES
PLEGRIDY INJ	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PNEUMOVAX INJ (QL= 1 vaccine/lifetime; Restricted to members age 65 and older)	QL-VAC	\$0	VACCINES
podofilox soln (CONDYLOX equiv)	-	1	DERMATOLOGICALS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POMALYST CAP	-	4	ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	2	MINERALS & ELECTROLYTES
potassium chloride inj	M	4	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
PRALUENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	ANTI-HYPERLIPIDEMICS
pramipexole tab (MIRAPEX equiv)	-	1	ANTI-PARKINSON AGENTS
PRAMOSONE CREAM 1%	-	3	DERMATOLOGICALS
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTI-HYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	1	ANTI-HYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
prednisolone ophth soln (PRED FORTE equiv)	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN	-	1	OPHTHALMIC AGENTS

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

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Drug Name	Special Code	Tier	Category
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE SOLN	-	1	CORTICOSTEROIDS
PREDNISONE TAB	-	1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	3	ESTROGENS
PREVNAR 13 INJ (QL= 1 vaccine/lifetime; Restricted to members age 65 and older)	QL-VAC	\$0	VACCINES
PREZCOBIX TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
PREZISTA TAB	-	4	ANTIVIRALS
PRIFTIN TAB	-	3	ANTIMYCOBACTERIAL AGENTS
PRIMAQUINE TAB	-	2	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	MSP	4	HEMATOPOIETIC AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
PROLEUKIN INJ	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA/XGEVA INJ	M	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
promethazine supp (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
propafenone ER cap (RYTHMOL SR equiv)	-	4	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propylthiouracil tab	-	1	THYROID AGENTS
protriptyline tab (VIVACTIL equiv)	-	2	ANTIDEPRESSANTS
PULMOZYME INH SOLN	MSP	4	RESPIRATORY AGENTS - MISC.
pyrazinamide tab	-	2	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinidine gluconate CR tab	-	4	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	2	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	3	ANTIMALARIALS
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
RANEXA TAB	-	3	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine cap 300mg	-	2	ULCER DRUGS

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

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ranitidine syrup (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1	ULCER DRUGS
RAPAMUNE SOLN	-	4	ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	¢	3	ANTIPARKINSON AGENTS
RASUVO INJ	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
REBETOL SOLN	MSP	4	ANTIVIRALS
REBIF INJ	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RECOMBIVAX-HB INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0	VACCINES
REGRANEX GEL (QL= 30 grams/fill)	QL	4	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	MSP-PA-QL	4	ANTIHYPERTENSIVES
RESTASIS OPTH EMULSION (QL= 2 vials/day; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3	OPHTHALMIC AGENTS
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	4	ASSORTED CLASSES
REYATAZ CAP	-	4	ANTIVIRALS
REYATAZ POWDER PACK	-	4	ANTIVIRALS
ribavirin cap (REBETOL equiv)	MSP	2	ANTIVIRALS
ribavirin tab (COPEGUS equiv)	MSP	2	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	3	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
rimantadine tab (FLUMADINE equiv)	-	1	ANTIVIRALS
risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate.)	ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITUXAN INJ	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
salicylic acid shampoo (SALEX equiv)	-	1	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SANDIMMUNE SOLN 100MG/ML	-	4	ASSORTED CLASSES
SANTYL OINT	-	2	DERMATOLOGICALS
SAVELLA PAK	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
SELZENTRY SOLN	-	4	ANTIVIRALS
SELZENTRY TAB	-	4	ANTIVIRALS
SENSIPAR TAB	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB (Step Therapy requires trial of calcium acetate.)	ST	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (REVALA equiv) (Step Therapy requires trial of calcium acetate.)	ST	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv) (Step Therapy requires trial of calcium acetate.)	ST	3	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab (REVATIO equiv)	PA	2	CARDIOVASCULAR AGENTS - MISC.
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERTENSIVES
sirolimus tab (RAPAMUNE equiv)	-	3	ASSORTED CLASSES
SIVEXTRO TAB (QL= 6 tabs/fill)	PA-QL	4	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride 0.9% irr soln	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	M	4	MINERALS & ELECTROLYTES
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium phenylbutyrate powder (BUPHENYL equiv)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	3	DERMATOLOGICALS
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	3	BETA BLOCKERS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPRYCEL TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	MINERALS & ELECTROLYTES
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STREPTOMYCIN INJ	M	4	AMINOGLYCOSIDES
STRIBILD TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBOXONE SL FILM	-	3	ANALGESICS - OPIOID
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	3	SULFONAMIDES
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUTENT CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNAREL NASAL SOLN	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
TABLOID TAB	SP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	2	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	3	DERMATOLOGICALS
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	3	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

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TARCEVA TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	MSP-PA	4	DERMATOLOGICALS
TASIGNA CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
temozolomide cap (TEMODAR equiv)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine cream	OTC	1	DERMATOLOGICALS
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 6ml/day; Step Therapy requires trial of Androgel)	QL-ST	4	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	MSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
THALOMID CAP	MSP-PA	4	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYMOGLOBULIN INJ	M	4	ASSORTED CLASSES
tiagabine tab (GABITRIL equiv)	-	3	ANTICONVULSANTS
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TICLOPIDINE TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
TIMENTIN INJ	M	4	PENICILLINS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	2	BETA BLOCKERS
tizanidine cap (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPTH OINT	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv)	MSP-PA	4	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS

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tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TODAY SPONGE (QL= 12 sponges/30 days)	OTC-QL	\$0	VAGINAL PRODUCTS
tolterodine tab (DETROL equiv)	¢	2	URINARY ANTISPASMODICS
topiramate sprinkle cap (TOPAMAX equiv)	-	2	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TRACLEER TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tranexamic acid inj (CYKLOKAPRON equiv)	M	4	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	3	ANTIDEPRESSANTS
TRAVATAN Z OPTH SOLN (QL= 5ml/30 days)	QL	3	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
TRECTOR TAB	-	3	ANTIMYCOBACTERIAL AGENTS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	MSP	4	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
trilyte soln (NULYTELY equiv)	-	1	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	2	ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TRUVADA TAB	PA	4	ANTIVIRALS
TWINRIX INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0	VACCINES
TYGACIL INJ	M	4	ANTI-INFECTIVE AGENTS - MISC.
TYKERB TAB	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYPHIM VI INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0	VACCINES
TYSABRI INJ	M	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.

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

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Drug Name	Special Code	Tier	Category
TYZINE NASAL SOLN	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
UCERIS TAB	-	4	CORTICOSTEROIDS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	3	GOUT AGENTS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
urea cream 40% (CARMOL equiv)	-	1	DERMATOLOGICALS
urea cream 50% (KERALAC equiv)	-	1	DERMATOLOGICALS
ursodiol cap (ACTIGALL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	SP	4	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	SP	4	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	2	ANTI-INFECTIVE AGENTS - MISC.
VARIVAX INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0	VACCINES
vcf vaginal gel (CONCEPTROL equiv) (QL= 12 tubes/30 days)	OTC-QL	\$0	VAGINAL PRODUCTS
VECTICAL OINT	-	3	DERMATOLOGICALS
VELCADE INJ	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELTASSA POWDER	PA	3	ASSORTED CLASSES
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
verapamil SR cap (VERELAN SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VIBATIV INJ	M	4	ANTI-INFECTIVE AGENTS - MISC.
VICTOZA INJ	PA	3	ANTIDIABETICS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
VIRACEPT POWDER	-	4	ANTIVIRALS
VIRACEPT TAB	-	4	ANTIVIRALS
VIRAMUNE SUSP	-	4	ANTIVIRALS
VIREAD TAB (Step Therapy requires trial of entecavir)	ST	4	ANTIVIRALS
VISICOL TAB	-	3	LAXATIVES
vitamin b-6 tab 25mg	OTC	1	VITAMINS
vitamin b-6 tab 50mg	OTC	1	VITAMINS
vitamin D cap (Rx covered Only)	-	1	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS

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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
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VIVOTIF CAP (QL= 4 caps/fill; Limited to 1 fill every 5 years)	QL-VAC	\$0	VACCINES
VOTRIENT TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYVANSE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
XALKORI CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	4	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
XTAMPZA ER CAP (QL= 120 tabs/30 days)	QL	2	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES
YF-VAX INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0	VACCINES
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANOSAR INJ	M	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZARXIO INJ	MSP	4	HEMATOPOIETIC AGENTS
ZELBORAF TAB	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEPATIER TAB (QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751)	MSP-PA-QL	4	ANTIVIRALS
ziprasidone cap (GEODON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPTH GEL	-	3	OPHTHALMIC AGENTS
ZOLINZA CAP	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONSULSANTS
ZORTRESS TAB	PA	4	ASSORTED CLASSES
ZOSTAVAX INJ (QL= 1 vaccine/lifetime; Covered for members age 50 or older)	QL-VAC	\$0	VACCINES
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 250MG (QL= 4 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG (QL= 2 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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SMKG	Quantity Limit	SP	Restricted to Specialist	ST	Limited to Two 15 Day Fills per Month for the First 3 Months
VAC	Smoking Cessation	¢	Available through Specialty Pharmacy Program		Step Therapy
	Vaccine Program		RxCENTS		

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
amphetamine ER cap (ADDERALL XR equiv)	-	2
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	3
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
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA equiv)	-	2
STIMULANTS - MISC.		
methylphenidate CD cap (METADATE CD equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
METHYLPHENIDATE ER TAB	-	2
methylphenidate soln (METHYLIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	1
amikacin inj	M	4
BETHKIS NEB SOLN	MSP-PA	4
KANAMYCIN INJ	M	4
KITABIS PAK NEB SOLN	MSP-PA	4
STREPTOMYCIN INJ	M	4
tobramycin neb soln (TOBI equiv)	MSP-PA	4
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	4
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ	MSP-PA	4
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
HUMIRA PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA IV INJ	M	4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1

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INF	NC =Not Covered	LD	generic =small letters	M	BRANDS =CAPITAL LETTERS
MSP	Infertility	OTC	Limited Distribution	PA	Medical Benefit
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SMKG	Quantity Limit	SP	Restricted to Specialist	ST	Limited to Two 15 Day Fills per Month for the First 3 Months
VAC	Smoking Cessation	¢	Available through Specialty Pharmacy Program		Step Therapy
	Vaccine Program		RxCENTS		

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx covered Only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
ketoprofen cap (ORUDIS equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
nabumetone tab (RELAFFIN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
NAPROXEN SUSP	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	2
naproxen sodium tab (ANAPROX equiv)	-	2
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	2
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	4
ORENCIA INJ	M	4
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	MSP-PA-QL	4
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	MSP-PA-QL	4
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	MSP-PA-QL	4
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	MSP-PA-QL	4
ENBREL INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	4
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	4
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	4
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen/caffeine tab (FIORICET equiv) (QL= 6 tabs/day)	QL	1
SALICYLATES		
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
ASPIRIN TAB 81MG (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
salsalate tab (DISALCID equiv)	-	2
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl patch (DURAGESIC equiv)	-	2
methadone soln	-	2
oxycodone tab (ROXICODONE equiv)	-	2
XTAMPZA ER CAP (QL= 120 tabs/30 days)	QL	2
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
butorbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL= 6 caps/day)	QL	2
OPIOID PARTIAL AGONISTS		
buprenorphine SL tab (SUBUTEX equiv)	-	2
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2
BUPRENORPHINE PATCH, BUTRANS PATCH	-	3
SUBOXONE SL FILM	-	3
nalbuphine inj	M	4
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	2
oxandrolone tab 10mg (OXANDRIN equiv)	-	4
ANDROGENS		
methyltestosterone cap (ANDROID, TESTRED equiv)	-	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDROXY TAB	-	2
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3
danazol cap (DANOCRINE equiv)	-	3
METHITEST TAB	-	3
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	3
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	3
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	3
testosterone soln (AXIRON equiv) (QL= 6ml/day; Step Therapy requires trial of Androgel)	QL-ST	4
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		

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ANORECTAL AGENTS Cont.		
hydrocortisone enema (CORTENEMA equiv)	-	3
RECTAL COMBINATIONS		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	3
ANTHELMINTICS		
ANTHELMINTICS		
ivermectin tab (STROMEKTOL equiv)	-	1
mebendazole chew tab (VERMOX equiv)	-	3
ALBENZA TAB	-	4
BILTRICIDE TAB	-	4
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	3
NITRATES		
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
ISOSORBIDE DINITRATE ER TAB	-	2
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	2
isosorbide dinitrate SL tab	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
BENZODIAZEPINES		
diazepam tab (VALIUM equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
disopyramide ER cap (NORPACE CR equiv)	-	1
quinidine sulfate tab	-	1
QUINIDINE SULFATE TAB	-	2
NORPACE CR CAP	-	3
quinidine gluconate CR tab	-	4
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap (MEXITIL equiv)	-	2
ANTIARRHYTHMICS TYPE I-C		

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ANTIARRHYTHMICS Cont.		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	4
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	2
dofetilide cap (TIKOSYN equiv)	-	3
MULTAQ TAB	-	3
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	2
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
INCRUSE ELLIPTA INHALER	-	2
ATROVENT HFA INHALER	-	3
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
STEROID INHALANTS		
ARNUIITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
FLOVENT DISKUS INHALER	-	2
FLOVENT HFA INHALER	-	2
budesonide inh susp (PULMICORT equiv)	-	3
SYMPATHOMIMETICS		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	1
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	2
ANORO ELLIPTA INHALER	-	2
STIOLTO INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	2
ADVAIR DISKUS INHALER	-	3
ADVAIR HFA INHALER	-	3
albuterol sulfate tab	-	3
BREO ELLIPTA INHALER	-	3
COMBIVENT INHALER	-	3
DULERA INHALER	-	3

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SEREVENT DISKUS INHALER	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
XANTHINES		
aminophylline tab	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
FRAGMIN INJ	-	4
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	1
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL 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 ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	2
topiramate sprinkle cap (TOPAMAX equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	3
LYRICA CAP	-	3
LYRICA SOLN	-	3
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	4
felbamate tab (FELBATOL equiv)	-	4
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	3
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4

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ANTICONVULSANTS Cont.		
HYDANTOINS		
phenytoin chew tab (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
phenytoin cap (DILANTIN equiv)	-	2
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	2
ethosuximide soln (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
divalproex ER tab (DEPAKOTE ER equiv)	-	2
divalproex sprinkle cap (DEPAKOTE equiv)	-	2
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	3
tranylcypromine tab (PARNATE equiv)	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
paroxetine ER tab (PAXIL CR equiv)	-	3
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1

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ANTIDEPRESSANTS Cont.		
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
AMOXAPINE TAB	-	2
desipramine tab (NORPRAMIN equiv)	-	2
protriptyline tab (VIVACTIL equiv)	-	2
trimipramine cap (SURMONTIL equiv)	-	2
clomipramine cap (ANAFRANIL equiv)	-	4
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
ANTIDIABETIC COMBINATIONS		
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
JANUMET TAB (QL= 2 tabs/day)	PA-QL	3
JANUMET XR TAB (QL= 2 tabs/day)	PA-QL	3
JENTADUETO TAB (QL= 2 tabs/day)	PA-QL	3
JENTADUETO XR TAB (QL= 2 tabs/day)	PA-QL	3
SYNJARDY TAB (QL= 2 tabs/day)	PA-QL	3
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	PA-QL	3
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	PA-QL	3
XIGDUO XR TAB (QL= 1 tab/day)	PA-QL	3
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	PA-QL	3
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	2
GLUCAGON INJ KIT	-	2
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	PA-QL-¢	3
TRADJENTA TAB (QL= 1 tab/day)	PA-QL	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON INJ	PA	3
BYDUREON PEN INJ	PA	3
VICTOZA INJ	PA	3
INSULIN		
NOVOLIN INJ	OTC	1
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXTOUCH INJ	-	2

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ANTIDIABETICS Cont.		
LEVEMIR INJ	-	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA INJ	-	2
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	PA-QL	3
JARDIANCE TAB (QL= 1 tab/day)	PA-QL	3
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
ANTIDIARRHEALS		
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
ANTIDOTES		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	3
EXJADE TAB	MSP	4
OPIOID ANTAGONISTS		
naloxone inj	-	1
naltrexone tab (REVIA equiv)	-	1
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	2
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
NALOXONE INJ (QL= 2 inj/fill)	QL	2
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1
ondansetron soln (ZOFTRAN equiv)	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
ANTIEMETICS - ANTICHOLINERGIC		

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ANTIEMETICS Cont.		
meclizine tab (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
ANTIEMETICS - MISCELLANEOUS		
DICLEGIS TAB (QL= 4 tabs/day)	PA-QL	3
dronabinol cap (MARINOL equiv)	PA	3
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	1
griseofulvin susp (GRIFULVIN equiv)	-	1
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	3
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	3
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
diphenhydramine inj (BENADRYL equiv)	-	1
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	1
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
ANTIHISTAMINES - PIPERIDINES		
cycloheptadine syrup	-	1
cycloheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2
cholestyramine powder (QUESTRAN equiv)	-	2
colestipol tab (COLESTID equiv)	-	2
FIBRIC ACID DERIVATIVES		
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	2
fenofibric acid DR cap (TRILIPIX equiv)	-	3
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
fluvastatin cap (LESCOL equiv)	-	\$0

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ANTIHYPERTENSIVES Cont.		
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	1
atorvastatin tab 80mg (LIPITOR equiv)	-	1
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	3
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
REPATHA INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	MSP-PA-QL	4
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
EPANED PREMIXED SOLN (Covered for members age 12 or younger)	-	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	4
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
ANTIHYPERTENSIVE COMBINATIONS		
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1

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ANTI-INFECTIVE AGENTS - MISC.		
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metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
VANCOMYCIN SOLN KIT	-	2
FIRST METRONIDAZOLE SUSP	-	3
NEBUPENT NEB SOLN	-	3
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	PA-QL	3
aztreonam inj (AZACTAM equiv)	M	4
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	4
VIBATIV INJ	M	4
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	4
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
ANTIPROTOZOAL AGENTS		
ALINIA TAB	-	2
ALINIA SUSP	-	3
atovaquone susp (MEPRON equiv)	-	4
CARBAPENEMS		
DORIBAX INJ	M	4
imipenem/cilastatin inj (PRIMAXIN equiv)	M	4
INVANZ INJ	M	4
meropenem inj (MERREM equiv)	M	4
GLYCYLCYCLINES		
TYGACIL INJ	M	4
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv) (Limited to 14 days supply per fill.)	QL	2
lincomycin inj (LINCOCIN equiv)	M	4
OXAZOLIDINONES		
linezolid tab (ZYVOX equiv)	PA	3
SIVEXTRO TAB (QL= 6 tabs/fill)	PA-QL	4
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
mefloquine tab (LARIAM equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	2
PRIMAQUINE TAB	-	2

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DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
quinine sulfate cap (QUALAQUIN equiv)	-	3
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
GUANIDINE TAB	-	3
MYTELASE TAB	-	3
pyridostigmine CR tab (MESTINON equiv)	-	3
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	3
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid tab	-	1
rifampin cap (RIFADIN equiv)	-	1
pyrazinamide tab	-	2
ISONIAZID SYRUP	-	3
PRIFTIN TAB	-	3
rifabutin cap (MYCOBUTIN equiv)	-	3
TRECTOR TAB	-	3
CYCLOSERINE CAP	PA	4
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	MSP	4
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	MSP	4
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	MSP-PA	4
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide tab (CYTOXAN equiv)	-	1
CYCLOPHOSPHAMIDE CAP	-	3
LEUKERAN TAB	SP	3
AFINITOR TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4
busulfan inj	M	4
BUSULFEX INJ	M	4
GLEOSTINE/LOMUSTINE CAP	SP	4
HEXALEN CAP	SP	4
melphalan inj (ALKERAN equiv)	M	4
temozolomide cap (TEMODAR equiv)	MSP-PA	4
ZANOSAR INJ	M	4
ANTIMETABOLITES		
mercaptopurine tab (PURINETHOL equiv)	-	1
methotrexate inj	-	1

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
methotrexate tab (Trexall equiv)	-	1
METHOTREXATE INJ	-	2
capecitabine tab (XELODA equiv)	MSP	4
fludarabine inj	M	4
TABLOID TAB	SP	4
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	M	4
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
anastrozole tab (ARIMIDEX equiv)	SP	1
bicalutamide tab (CASODEX equiv)	-	1
flutamide cap (EULEXIN equiv)	-	1
letrozole tab (FEMARA equiv)	SP	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	3
exemestane tab (AROMASIN equiv)	-	3
LYSODREN TAB	MSP	4
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	4
ZYTIGA TAB 250MG (QL= 4 tabs/day)	MSP-PA-QL-SF	4
ZYTIGA TAB 500MG (QL= 2 tabs/day)	MSP-PA-QL-SF	4
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	4
ANTINEOPLASTIC ANTIBIOTICS		
mitoxantrone inj	M	4
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days)	MSP-PA-QL	4
LONSURF TAB	MSP-PA	4
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day)	MSP-PA-QL-SF	4
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	4
BOSULIF TAB	MSP-PA-SF	4
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	4
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	4
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	4
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4
imatinib tab (GLEEVEC equiv)	MSP-PA-SF	4
IMBRUVICA CAP (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	4

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	4
KISQALI TAB (QL= 63 tabs/28 days)	MSP-PA-QL	4
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
NEXAVAR TAB	MSP-PA-SF	4
NINLARO CAP	MSP-PA	4
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	4
SPRYCEL TAB	MSP-PA-SF	4
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4
SUTENT CAP	MSP-PA-SF	4
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
TARCEVA TAB	MSP-PA-SF	4
TASIGNA CAP	MSP-PA-SF	4
TYKERB TAB	MSP-PA	4
VELCADE INJ	M	4
VOTRIENT TAB	MSP-PA-SF	4
XALKORI CAP	MSP-PA-SF	4
ZELBORAF TAB	MSP-PA-SF	4
ZOLINZA CAP	MSP-PA-SF	4
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	4
bexarotene cap (TARGRETIN equiv)	MSP-PA-SF	4
INTRON-A INJ	MSP	4
MATULANE CAP	SP	4
PROLEUKIN INJ	SP	4
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
amifostine inj	M	4
LEUCOVORIN CALCIUM INJ	M	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	4
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
ANTIPARKINSON DOPAMINERGICS		
amantadine syrup (SYMMETREL equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine cap (SYMMETREL equiv)	-	2

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	Vaccine Program		RxCENTS		

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
carbidopa/levodopa ODT (PARCOPA equiv)	-	2
carbidopa/levodopa tab (SINEMET equiv)	-	2
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	3
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	4
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	¢	3
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON equiv)	-	2
EQUETRO CAP	-	3
BENZISOXAZOLES		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
risperidone ODT (RISPERDAL M equiv)	-	2
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
clozapine tab (CLOZARIL equiv)	-	1
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2
CLOZAPINE ODT, FAZACLO ODT	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
PHENOTHIAZINES		
fluphenazine tab (PROLIXIN equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	2
prochlorperazine supp (COMPAZINE equiv)	-	2
chlorpromazine tab (THORAZINE equiv)	-	3
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv) (QL= 2 tabs/day)	QL-¢	1

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	Vaccine Program		RxCENTS		

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTIVIRALS		
ANTIRETROVIRALS		
lamivudine soln (EPIVIR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	2
NORVIR CAP	-	3
NORVIR SOLN	-	3
NORVIR TAB	-	3
abacavir/lamivudine tab (EPZICOM equiv)	-	4
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	4
APTIVUS CAP	-	4
APTIVUS SOLN	-	4
ATRIPLA TAB (QL= 1 tab/day)	QL	4
COMPLERA TAB (QL= 1 tab/day)	QL	4
CRIVAN CAP	-	4
DESCOVY TAB	PA	4
fosamprenavir tab (LEXIVA equiv)	-	4
GENVOYA TAB (QL= 1 tab/day)	QL	4
INTELENCE TAB	-	4
INVIRASE CAP	-	4
INVIRASE TAB	-	4
KALETRA TAB	-	4
lamivudine/zidovudine tab (COMBIVIR equiv)	-	4
LEXIVA SUSP	-	4
lopinavir/ritonavir soln (KALETRA equiv)	-	4
NEVIRAPINE SUSP	-	4
ODEFSEY TAB	-	4
PREZCOBIX TAB (QL= 1 tab/day)	QL	4
PREZISTA TAB	-	4
REYATAZ CAP	-	4
REYATAZ POWDER PACK	-	4
SELZENTRY SOLN	-	4
SELZENTRY TAB	-	4
STRIBILD TAB (QL= 1 tab/day)	QL	4
TRIUMEQ TAB (QL= 1 tab/day)	QL	4
TRUVADA TAB	PA	4
VIRACEPT POWDER	-	4
VIRACEPT TAB	-	4
VIRAMUNE SUSP	-	4
VIREAD TAB (Step Therapy requires trial of entecavir)	ST	4
CMV AGENTS		
cidofovir inj (VISTIDE equiv)	M	4
FOSCARNET INJ	M	4
GANCICLOVIR CAP	SP	4

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	Vaccine Program		RxCENTS		

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
valganciclovir soln (VALCYTE equiv)	SP	4
valganciclovir tab (VALCYTE equiv)	SP	4
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
ribavirin cap (REBETOL equiv)	MSP	2
ribavirin tab (COPEGUS equiv)	MSP	2
entecavir tab (BARACLUDE equiv)	-	3
adefovir dipivoxil tab (HEPSERA equiv)	MSP	4
EPCLUSA TAB (QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751)	MSP-PA-QL	4
EPIVIR HBV SOLN	-	4
HARVONI TAB (QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751)	MSP-PA-QL	4
INFERGEN INJ	MSP	4
PEGASYS INJ	MSP	4
PEGASYS INJ KIT	MSP	4
PEG-INTRON INJ	MSP	4
REBETOL SOLN	MSP	4
ZEPATIER TAB (QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751)	MSP-PA-QL	4
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	2
INFLUENZA AGENTS		
rimantadine tab (FLUMADINE equiv)	-	1
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	3
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	3

ASSORTED CLASSES

CHELATING AGENTS

DEPEN TITRATAB	-	2
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IMMUNOMODULATORS

REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	4
THALOMID CAP	MSP-PA	4

IMMUNOSUPPRESSIVE AGENTS

azathioprine tab (IMURAN equiv)	SP	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
cyclosporine modified cap (NEORAL equiv)	-	2
cyclosporine modified soln (NEORAL equiv)	-	2
mycophenolate DR tab (MYFORTIC equiv)	-	2
tacrolimus cap (PROGRAF equiv)	-	2
sirolimus tab (RAPAMUNE equiv)	-	3
ATGAM INJ	M	4
cyclosporine cap (SANDIMMUNE equiv)	-	4

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ASSORTED CLASSES Cont.		
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	4
RAPAMUNE SOLN	-	4
SANDIMMUNE SOLN 100MG/ML	-	4
THYMOGLOBULIN INJ	M	4
ZORTRESS TAB	PA	4
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	3
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BETA BLOCKERS NON-SELECTIVE		
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	2
sotalol tab (BETAPACE equiv)	-	3
BIOLOGICALS MISC		
BIOLOGICALS MISC		
ADAGEN INJ	M	4
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	2
nifedipine cap (PROCARDIA equiv)	-	2
nifedipine ER tab (ADALAT CC equiv)	-	2
verapamil SR cap (VERELAN SR equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	3
CARDIOTONICS		
CARDIAC GLYCOSIDES		
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DrugName	Special Code	Tier
CARDIOTONICS Cont.		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	3
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TRACLEER TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab (REVATIO equiv)	PA	2
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
cefazolin inj	M	4
CEFAZOLIN INJ	M	4
CEPHALOSPORINS - 2ND GENERATION		
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	2
cefaclor cap (CECLOR equiv)	-	3
cefoxitin inj	M	4
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
cefixime susp (SUPRAX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SUPRAX TAB	-	3
CEFOTAXIME INJ	M	4
ceftazidime inj (FORTAZ equiv)	M	4
ceftriaxone inj (ROCEPHIN equiv)	M	4
CEPHALOSPORINS - 4TH GENERATION		
cefepime inj (MAXIPIME equiv)	M	4
CONTRACEPTIVES		

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

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
COMBINATION CONTRACEPTIVES - ORAL		
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
BEYAZ TAB	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab (OGESTREL equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) (3 copays per Rx)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0
necon tab (ORTHO-NOVUM equiv)	-	\$0
necon tab 1-50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
dexamethasone elixir	-	1
DEXAMETHASONE TAB	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisolone syrup (PRELONE equiv)	-	1
PREDNISON SOLN	-	1
PREDNISON TAB	-	1
prednisone tab (DELTASONE equiv)	-	1

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	Vaccine Program		RxCENTS		

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CORTICOSTEROIDS Cont.		
CORTISONE ACETATE TAB	-	2
budesonide SR cap (ENTOCORT EC equiv)	-	3
UCERIS TAB	-	4
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin topical soln (CLEOCIN-T equiv)	-	1
DIFFERIN OTC GEL 0.1% (QL= 45gm/fill; Acne Only – members age 35 or older require Prior Authorization)	OTC-PA-QL	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	1
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
clindamycin gel (CLEOCIN GEL equiv)	-	2
clindamycin lotion (CLEOCIN- T equiv)	-	2
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
ADAPALENE LOTION (Acne Only – members age 35 or older require Prior Authorization)	PA	3
isotretinoin cap (ACCUTANE equiv)	-	3
SODIUM SULFACETAMIDE/SULFUR LOTION	-	3
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	3
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
mupirocin cream (BACTROBAN equiv)	-	2
ANTIFUNGALS - TOPICAL		
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
terbinafine cream	OTC	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
nystatin/triamcinolone cream	-	2
nystatin/triamcinolone oint	-	2
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1

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DERMATOLOGICALS Cont.		
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	2
FLUOROURACIL SOLN	-	2
FLUOROPLEX CREAM	-	4
FLUOROURACIL CREAM 0.5%	-	4
TARGRETIN GEL	MSP-PA	4
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv)	-	3
calcipotriene soln (DOVONEX SOLN equiv)	-	3
VECTICAL OINT	-	3
8-MOP CAP	-	4
acitretin cap (SORIATANE equiv)	-	4
COSENTYX INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
methoxsalen cap (OXSORALEN ULTRA equiv)	SP	4
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2
ANTIVIRALS - TOPICAL		
DENAVIR CREAM	-	4
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
alclometasone oint (ACLOVATE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
DIFLORASONE CREAM	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide gel	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2
clobetasol propionate cream (TEMOVATE equiv)	PA	2
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INF NC =Not Covered MSP Infertility QL Mandatory Specialty Pharmacy Program SMKG Quantity Limit VAC Smoking Cessation Vaccine Program	LD generic =small letters OTC Limited Distribution RS Over-the-Counter SP Restricted to Specialist Available through Specialty Pharmacy Program ¢ RxCENTS	M BRANDS =CAPITAL LETTERS PA Medical Benefit SF Prior Authorization ST Limited to Two 15 Day Fills per Month for the First 3 M Step Therapy

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DERMATOLOGICALS Cont.		
fluocinonide cream 0.05% (LIDEX equiv)	-	2
fluocinonide oint	-	2
fluocinonide soln	-	2
halobetasol propionate cream (ULTRAVATE equiv)	PA	2
halobetasol propionate oint (ULTRAVATE equiv)	PA	2
AMCINONIDE LOTION	PA	3
AMCINONIDE OINT	PA	3
clobetasol propionate gel (TEMOVATE GEL equiv)	PA	3
clobetasol propionate oint (TEMOVATE equiv)	PA	3
desoximetasone cream (TOPICORT CREAM equiv)	-	3
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	3
PRAMOSONE CREAM 1%	-	3
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 40% (CARMOL equiv)	-	1
urea cream 50% (KERALAC equiv)	-	1
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
ENZYMES - TOPICAL		
SANTYL OINT	-	2
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	3
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREAM	-	3
tacrolimus oint (PROTOPIC OINT equiv)	-	3
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln (CONDYLOX equiv)	-	1
salicylic acid shampoo (SALEX equiv)	-	1
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine oint	-	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
MISC. TOPICAL		
DRYSOL SOLN	-	2
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	2
FINACEA GEL	-	3
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
EURAX CREAM	-	3
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30 grams/fill)	QL	4
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE INSULINX TEST STRIP	OTC	2
FREESTYLE PRECISION NEO TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
DIURETIC COMBINATIONS		
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECRIN equiv)	SP	4
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	1

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DrugName	Special Code	Tier
DIURETICS Cont.		
CHLORTHALIDONE TAB	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
CHLOROTHIAZIDE TAB 250MG	-	2
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
ALENDRONATE TAB 40MG	-	2
risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate.)	ST	2
PROLIA/XGEVA INJ	M	4
CALCIUM REGULATORS - MISC.		
calcitonin nasal spray (MIACALCIN equiv)	-	1
FORTEO INJ	MSP	4
MIACALCIN INJ	MSP	4
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONES		
GENOTROPIN INJ	MSP-PA	4
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	3
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	MSP	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	4
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
paricalcitol cap 1mcg (ZEMPLAR equiv)	-	2
SENSIPAR TAB	-	2
ALDURAZYME INJ	M	4
calcitriol inj (CALCIJEX equiv)	MSP	4
doxercalciferol cap (HECTOROL equiv)	-	4
FABRAZYME INJ	M	4
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
ORFADIN CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
paricalcitol cap (ZEMPLAR equiv)	-	4
sodium phenylbutyrate powder (BUPHENYL equiv)	MSP-PA	4
sodium phenylbutyrate tab (BUPHENYL equiv)	MSP-PA	4
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4
POSTERIOR PITUITARY HORMONES		
desmopressin acetate tab (DDAVP equiv)	-	1
desmopressin nasal soln (DDAVP equiv)	-	1
desmopressin acetate nasal spray (DDAVP equiv)	-	3

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
desmopressin acetate inj (DDAVP equiv)	MSP	4
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	MSP	4
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
DUAVEE TAB	PA	3
PREMPHASE TAB, PREMPRO TAB	-	3
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin susp (CIPRO equiv)	-	1
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
CIPROFLOXACIN 100MG TAB	-	2
FACTIVE TAB	SP	4
GASTROINTESTINAL AGENTS - MISC.		
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	4
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	2
ursodiol tab (URSO (FORTE) equiv)	-	2
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	1
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
APRISO CAP	-	3
mesalamine enema (ROWASA equiv)	-	3
PENTASA CAP	-	3
CANASA SUPP	-	4

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GASTROINTESTINAL AGENTS - MISC. Cont.		
CIMZIA INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
CIMZIA STARTER INJ KIT (QL= 1 kit/28 days)	MSP-PA-QL	4
DELZICOL CAP	-	4
mesalamine DR tab (LIALDA equiv)	-	4
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP	PA	2
alosetron tab (LOTROXEX equiv)	-	3
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
PHOSLYRA SOLN	-	2
SEVELAMER CARBONATE TAB (Step Therapy requires trial of calcium acetate.)	ST	3
sevelamer powder pak (REVALA equiv) (Step Therapy requires trial of calcium acetate.)	ST	3
sevelamer tab (RENVELA TAB equiv) (Step Therapy requires trial of calcium acetate.)	ST	3
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
sodium citrate/citric acid soln (BICITRA equiv)	-	1
potassium citrate CR tab (UROKIT-K TAB equiv)	-	2
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	4
GENITOURINARY IRRIGANTS		
sodium chloride 0.9% irr soln	-	1
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
GOUT AGENTS		
allopurinol tab (ZYLORIM equiv)	-	1
MITIGARE CAP	-	2
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	3
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1

HEMATOLOGICAL AGENTS - MISC.

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

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**Covered CA/Individual and Family Plan (Exchange) Formulary
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DrugName	Special Code	Tier
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
ticlopidine tab (TICLID equiv)	-	1
TICLOPIDINE TAB	-	2
aspirin/dipyridamole cap (AGGRENEX equiv)	-	3
BRILINTA TAB	PA	3
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ	M	4
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
COBALAMINS		
cyanocobalamin inj	-	1
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ	MSP-PA	4
EPOGEN INJ	MSP	4
GRANIX INJ	MSP	4
LEUKINE INJ	MSP	4
NEULASTA INJ	MSP	4
NEUMEGA INJ	MSP	4
NEUPOGEN INJ	MSP	4
PROCRIT INJ	MSP	4
ZARXIO INJ	MSP	4
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv)	-	2
tranexamic acid inj (CYKLOKAPRON equiv)	M	4
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	1

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
zaleplon cap (SONATA equiv)	-	1
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	1
LAXATIVES		
LAXATIVE COMBINATIONS		
peg 3350/electrolytes soln (COLYTE equiv)	-	1
trilyte soln (NULYTELY equiv)	-	1
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
SALINE LAXATIVES		
OSMOPREP TAB	-	3
VISICOL TAB	-	3
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
CLARITHROMYCIN		
CLARITHROMYCIN SUSP	-	2
clarithromycin susp (BIAXIN equiv)	-	2
clarithromycin tab (BIAXIN equiv)	-	2
ERYTHROMYCINS		
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	1
erythromycin stearate tab	-	1
ERYPED SUSP	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2
ERYTHROMYCIN TAB (all forms except PCE)	-	2
ERY-TAB	-	3
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill)	PA-QL	3
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP (QL= 1 cap/365 days)	QL	\$0
DIAPHRAGM (QL= 1 diaphragm/365 days)	QL	\$0
FEMALE CONDOMS (QL= 24 condoms/30 days)	OTC-QL	\$0
DIABETIC SUPPLIES		
ACCU-CHECK GUIDE CARE METER	OTC	\$0
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0

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MEDICAL DEVICES AND SUPPLIES Cont.		
LANCET DEVICE	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	1
B-D INSULIN SYRINGE SAFETY-LOK	OTC	1
B-D PEN NEEDLE	OTC	1
FREESTYLE INSULIN SYRINGE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOPEN JR INJ	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
PRECISION INSULIN SYRINGE	OTC	1
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	1
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	3
ERGOMAR SL TAB	-	3
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	-	4
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
rizatriptan ODT (MAXALT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
MINERALS & ELECTROLYTES		
CHLORIDE		
AMMONIUM CHLORIDE INJ	M	4
ELECTROLYTE MIXTURES		
PLASMA-LYTE SOLN	M	4
FLUORIDE		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
IODINE PRODUCTS		
SSKI SOLN	-	2
MAGNESIUM		
magnesium sulfate inj	M	4

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MINERALS & ELECTROLYTES Cont.		
POTASSIUM		
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (KLOR-CON equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1
POTASSIUM CHLORIDE ER TAB	-	2
potassium chloride inj	M	4
SODIUM		
sodium chloride inj	M	4
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
FIRST MOUTHWASH BLM	-	1
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
tizanidine cap (ZANAFLEX equiv)	-	2
LORZONE TAB	-	3
orphenadrine citrate inj	M	4
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
azelastine nasal spray (ASTELIN, ASTEPRO equiv)	-	1
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL STEROIDS		

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DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE NASAL SOLN	-	3
NEUROMUSCULAR AGENTS		
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	M	4
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol ophth soln (COSOPT equiv)	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
METIPRANOLOL OPTH SOLN	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
CYCLOPLEGIC MYDRIATICS		
tropicamide ophth soln (MYDRIACYL equiv)	-	1
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln (ALPHAGAN P equiv)	-	2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPTH OINT	-	2
gatifloxacin ophth soln (Zymaxid equiv)	-	2
MOXEZA OPTH SOLN	-	2
moxifloxacin ophth soln (VIGAMOX OPTH SOLN equiv)	-	2
ZIRGAN OPTH GEL	-	3
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPTH EMULSION (QL= 2 vials/day; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1

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OPHTHALMIC AGENTS Cont.		
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
prednisolone ophth soln (PRED FORTE equiv)	-	1
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
DEXAMETHASONE OPTH SOLN	-	2
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	2
TOBRADEX OPTH OINT	-	3
OPHTHALMICS - MISC.		
cromolyn ophth soln (CROLOM equiv)	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
FLURBIPROFEN OPTH SOLN	-	1
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
bromfenac ophth soln (BROMDAY equiv)	-	2
BROMFENAC OPTH SOLN 0.09% (ONCE DAILY)	-	2
BROMFENAC OPTH SOLN 0.09% (TWICE DAILY)	-	2
ALOCRIOL OPTH SOLN	-	3
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
BIMATOPROST OPTH SOLN, LUMIGAN OPTH SOLN (QL= 2.5ml/ 30 days)	QL	3
TRAVATAN Z OPTH SOLN (QL= 5ml/30 days)	QL	3
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	2
OTIC COMBINATIONS		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2
fluocinolone otic oil (DERMOTIC equiv)	-	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
GAMASTAN S/D INJ	MSP-PA	3
GAMMAGARD INJ	MSP-PA	4
HIZENTRA INJ	MSP-PA	4
PENICILLINS		
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PENICILLINS Cont.																																						
AMINOPENICILLINS																																						
amoxicillin cap (TRIMOX equiv)	-	1																																				
amoxicillin chew tab (AMOXIL equiv)	-	1																																				
AMOXICILLIN CHEW TAB 250MG	-	1																																				
amoxicillin susp (TRIMOX equiv)	-	1																																				
amoxicillin tab (AMOXIL equiv)	-	1																																				
AMPICILLIN CAP	-	1																																				
ampicillin cap (PRINCIPEN equiv)	-	1																																				
ampicillin susp (PRINCIPEN equiv)	-	1																																				
NATURAL PENICILLINS																																						
PENICILLIN VK SOLN	-	1																																				
penicillin vk soln (VEETIDS equiv)	-	1																																				
penicillin vk tab (VEETIDS equiv)	-	1																																				
PENICILLIN G PROCAIN INJ	M	4																																				
PENICILLIN G SODIUM INJ	M	4																																				
penicillin GK inj	M	4																																				
PENICILLIN COMBINATIONS																																						
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1																																				
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2																																				
AMOXICILLIN/CLAVULANATE CHEW TAB	-	3																																				
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	3																																				
ampicillin/sulbactam inj (UNASYN equiv)	M	4																																				
piperacillin/tazobactam inj (ZOSYN equiv)	M	4																																				
TIMENTIN INJ	M	4																																				
PENICILLINASE-RESISTANT PENICILLINS																																						
dicloxacillin cap (DYNAPEN equiv)	-	1																																				
nafcillin inj	M	4																																				
oxacillin inj	M	4																																				
PROGESTINS																																						
PROGESTINS																																						
medroxyprogesterone tab (PROVERA equiv)	-	1																																				
norethindrone tab (AYGESTIN equiv)	-	2																																				
progesterone cap (PROMETRIUM equiv)	-	2																																				
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.																																						
AGENTS FOR CHEMICAL DEPENDENCY																																						
disulfiram tab (ANTABUSE equiv)	-	2																																				
acamprosate calcium DR tab (CAMPRAL equiv)	-	3																																				
ANTIDEMENTIA AGENTS																																						
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1																																				
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1																																				
memantine sol (NAMENDA equiv)	-	1																																				
memantine tab (NAMENDA equiv)	-	1																																				
galantamine ER cap (RAZADYNE ER equiv)	-	2																																				
GALANTAMINE SOLN	-	2																																				
galantamine tab (RAZADYNE equiv)	¢	2																																				
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	Vaccine Program		RxCENTS																																			

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**Covered CA/Individual and Family Plan (Exchange) Formulary
Category/Class**

Last Updated* 11/1/2017

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
rivastigmine cap (EXELON equiv)	-	2
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3
EXELON SOLN	-	3
rivastigmine patch (EXELON equiv)	-	3
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	3
SAVELLA TAB (QL= 2 tabs/day)	QL	3
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	MSP-PA	4
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB (QL= 2 tabs/day)	MSP-PA-QL	3
AUBAGIO TAB (QL= 1 tab/day)	MSP-QL	4
AVONEX INJ	MSP	4
EXTAVIA INJ	MSP	4
GILENYA CAP (QL= 1 cap/day)	MSP-QL	4
glatiramer inj 20mg/ml (COPAXONE equiv)	MSP	4
PLEGRIDY INJ	MSP	4
PLEGRIDY PEN INJ	MSP	4
REBIF INJ	MSP	4
TECFIDERA CAP	MSP	4
TECFIDERA STARTER PACK	MSP	4
TYSABRI INJ	M	4
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES TAB	-	3
ergoloid mesylates tab (HYDERGINE equiv)	-	3
pimozide tab (ORAP equiv)	-	3
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-SF	4
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	4
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4
PULMOZYME INH SOLN	MSP	4
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	3
TETRACYCLINES		

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

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

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**Covered CA/Individual and Family Plan (Exchange) Formulary
Category/Class**

Last Updated* 11/1/2017

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
TETRACYCLINES		
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 (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline tab (DYNACIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
tetracycline cap	-	3
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/BOOSTRIX INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0
TETANUS/DIPHTHERIA TOXOID INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab (ROBINUL equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
methscopolamine tab (PAMINE equiv)	-	3
atropine sulfate inj	M	4
H-2 ANTAGONISTS		
cimetidine soln (TAGAMET equiv)	-	1
cimetidine tab (TAGAMET equiv)	-	1
famotidine susp (PEPCID equiv)	-	1
famotidine tab (PEPCID equiv)	-	1
ranitidine cap (ZANTAC equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
ranitidine cap 300mg	-	2
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE SUSP	-	2
PROTON PUMP INHIBITORS		
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1

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

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**Covered CA/Individual and Family Plan (Exchange) Formulary
Category/Class**

Last Updated* 11/1/2017

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
LANSOPRAZOLE SUSP	-	2
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
methenamine mandelate tab	-	2
nitrofurantoin susp (FURADANTIN equiv)	-	3
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
tolterodine tab (DETROL equiv)	¢	2
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	2
VACCINES		
BACTERIAL VACCINES		
MENACTRA INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0
MENOMUNE INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0
MENVEO INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0
PNEUMOVAX INJ (QL= 1 vaccine/lifetime; Restricted to members age 65 and older)	QL-VAC	\$0
PREVNAR 13 INJ (QL= 1 vaccine/lifetime; Restricted to members age 65 and older)	QL-VAC	\$0
TYPHIM VI INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0
VIVOTIF CAP (QL= 4 caps/fill; Limited to 1 fill every 5 years)	QL-VAC	\$0
VIRAL VACCINES		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
ENGRIX-B INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0
ENGRIX-B INJ, RECOMBIVAX-HB INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0
FLUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN INJ (QL= 2 injections/365 days)	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUAD INJ	VAC	\$0
FLUZONE SPLIT QUAD INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0
GARDASIL 9 INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0

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

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**Covered CA/Individual and Family Plan (Exchange) Formulary
Category/Class**

Last Updated* 11/1/2017

DrugName	Special Code	Tier
VACCINES Cont.		
HAVRIX/VAQTA INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0
IMOVAX RABIES INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0
IPOL INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0
IXIARO INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0
M-M-R II INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0
RECOMBIVAX-HB INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0
TWINRIX INJ (QL= 3 vaccines/lifetime)	QL-VAC	\$0
VARIVAX INJ (QL= 2 vaccines/lifetime)	QL-VAC	\$0
YF-VAX INJ (QL= 1 vaccine/lifetime)	QL-VAC	\$0
ZOSTAVAX INJ (QL= 1 vaccine/lifetime; Covered for members age 50 or older)	QL-VAC	\$0

VAGINAL PRODUCTS

SPERMICIDES

CONTRACEPTIVE FILM (QL= 12 boxes/30 days)	OTC-QL	\$0
CONTRACEPTIVE FOAM (QL= 12 cans/30 days)	OTC-QL	\$0
CONTRACEPTIVE GEL (QL= 12 tubes/30 days)	OTC-QL	\$0
CONTRACEPTIVE SUPP (QL= 12 boxes/30 days)	OTC-QL	\$0
TODAY SPONGE (QL= 12 sponges/30 days)	OTC-QL	\$0
vcf vaginal gel (CONCEPTROL equiv) (QL= 12 tubes/30 days)	OTC-QL	\$0

VAGINAL ANTI-INFECTIVES

clindamycin vaginal cream (CLEOCIN equiv)	-	1
terconazole cream (TERAZOL equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	2
terconazole supp (TERAZOL equiv)	-	2

VAGINAL ESTROGENS

ESTRACE VAGINAL CREAM	-	3
ESTRING (3 copays per Rx)	-	3
PREMARIN VAGINAL CREAM	-	3

VAGINAL PROGESTINS

CRINONE GEL	PA	3
ENDOMETRIN INSERT	PA	3

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 4 inj/fill for member 18 and younger; QL= 2 inj/fill for members older than 18)	QL	3
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 4 inj/fill for member 18 and younger; QL= 2 inj/fill for members older than 18)	QL	3

VASOPRESSORS

midodrine tab (PROAMATINE equiv)	-	1
midodrine tab 10mg (PROAMATINE equiv)	-	2

VITAMINS

OIL SOLUBLE VITAMINS

vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
cholecalciferol cap 50000 unit	OTC	1
vitamin D cap (Rx covered Only)	-	1
MEPHYTON TAB	-	3

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	Vaccine Program		RxCENTS		

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**Covered CA/Individual and Family Plan (Exchange) Formulary
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Last Updated* 11/1/2017

DrugName	Special Code	Tier
VITAMINS Cont.		
WATER SOLUBLE VITAMINS		
vitamin b-6 tab 25mg	OTC	1
vitamin b-6 tab 50mg	OTC	1

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

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Covered CA/Individual and Family Plan (Exchange) Formulary
Prior Authorization Drug List
Last Updated* 11/1/2017

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)
adapalene cream	2
ADAPALENE LOTION	3
AFINITOR DISPERZ	4
AFINITOR TAB	4
ALECENSA CAP	4
AMCINONIDE LOTION	3
AMCINONIDE OINT	3
AMPYRA TAB	3
ANDRODERM PATCH	3
ANDROGEL 1.62% 1.25GM	3
ANDROGEL 1.62% 2.5GM	3
ANDROGEL PUMP 1.62%	3
ARANESP INJ	4
BETHKIS NEB SOLN	4
bexarotene cap	4
BOSULIF TAB	4
BRILINTA TAB	3
BYDUREON INJ	3
BYDUREON PEN INJ	3
CAPRELSA TAB	4
CAYSTON INH SOLN	4
CIMZIA INJ	4
CIMZIA STARTER INJ KIT	4
clobetasol propionate cream	2
clobetasol propionate gel	3
clobetasol propionate oint	3
COSENTYX INJ	4
COTELLIC TAB	4
CRINONE GEL	3
CYCLOSERINE CAP	4
CYSTAGON CAP	4
DARAPRIM TAB	4
DESCOVY TAB	4
DICLEGIS TAB	3
DIFFERIN OTC GEL 0.1%	1
DIFICID TAB	3
dronabinol cap	3
DUAVEE TAB	3
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL MINI INJ	4
ENBREL SURECLICK INJ 50MG	4

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Covered CA/Individual and Family Plan (Exchange) Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2017

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)
ENDOMETRIN INSERT	3
ENTRESTO TAB	3
EPCLUSA TAB	4
FARXIGA TAB	3
FARYDAK CAP	4
GAMASTAN S/D INJ	3
GAMMAGARD INJ	4
GENOTROPIN INJ	4
GILOTRIF TAB	4
halobetasol propionate cream	2
halobetasol propionate oint	2
HARVONI TAB	4
HIZENTRA INJ	4
HUMIRA INJ	4
HUMIRA PEN INJ	4
HYCAMTIN CAP	4
IBRANCE CAP	4
ICLUSIG TAB	4
imatinib tab	4
IMBRUVICA CAP	4
INLYTA TAB	4
IRESSA TAB	4
itraconazole cap	3
JAKAFI TAB	4
JANUMET TAB	3
JANUMET XR TAB	3
JANUVIA TAB	3
JARDIANCE TAB	3
JENTADUETO TAB	3
JENTADUETO XR TAB	3
KALYDECO PAK	4
KALYDECO TAB	4
KINERET INJ	4
KISQALI PAK	4
KISQALI TAB	4
KITABIS PAK NEB SOLN	4
KUVAN POWDER PACK	4
KUVAN TAB	4
LENVIMA CAP	4
LETAIRIS TAB	4
linezolid tab	3
LINZESS CAP	2

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Covered CA/Individual and Family Plan (Exchange) Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2017

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)
LONSURF TAB	4
modafinil tab	2
MOVANTIK TAB	2
NEXAVAR TAB	4
NINLARO CAP	4
OCALIVA TAB	4
OPSUMIT TAB	4
ORENCIA CLICK INJ	4
ORENCIA SC INJ 125MG/ML	4
ORENCIA SC INJ 50MG/0.4ML	4
ORENCIA SC INJ 87.5MG/0.7ML	4
ORFADIN CAP	4
ORKAMBI TAB	4
phentermine cap	1
phentermine tab	1
PRALUENT INJ	4
RASUVO INJ	4
REPATHA INJ	4
REPATHA PUSHTRONEX INJ	4
REVLIMID CAP	4
RUBRACA TAB	4
SABRIL TAB	4
SIGNIFOR INJ	4
sildenafil tab	2
SIVEXTRO TAB	4
sodium phenylbutyrate powder	4
sodium phenylbutyrate tab	4
SOMAVERT INJ	4
SPRYCEL TAB	4
STIVARGA TAB	4
STRENSIQ INJ	4
SUTENT CAP	4
SYNJARDY TAB	3
SYNJARDY XR TAB 10-1000MG, 25-1000MG	3
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	3
TAGRISSO TAB	4
TARCEVA TAB	4
TARGRETIN GEL	4
TASIGNA CAP	4
temozolomide cap	4
testosterone gel 1% 25mg	3
testosterone gel 1% 50mg	3

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Covered CA/Individual and Family Plan (Exchange) Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2017

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)
testosterone gel 1% pump	3
TESTOSTERONE GEL PUMP	3
tetrabenazine tab	4
THALOMID CAP	4
tobramycin neb soln	4
TRACLEER TAB	4
TRADJENTA TAB	3
tretinoin cream	2
tretinoin gel	2
TRUVADA TAB	4
TYKERB TAB	4
TYVASO INH SOLN	4
UPTRAVI TAB	4
VALCHLOR GEL	4
vancomycin cap	3
VELTASSA POWDER	3
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VICTOZA INJ	3
vigabatrin powder pack	4
VOTRIENT TAB	4
XALKORI CAP	4
XELJANZ TAB	4
XIFAXAN TAB 550MG	4
XIGDUO XR TAB	3
XIGDUO XR TAB 5-1000MG	3
XTANDI CAP	4
ZELBORAF TAB	4
ZEPATIER TAB	4
ZOLINZA CAP	4
ZORTRESS TAB	4
ZYDELIG TAB	4
ZYTIGA TAB 250MG	4
ZYTIGA TAB 500MG	4

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Covered CA/Individual and Family Plan (Exchange) Formulary
Last Updated* 11/1/2017
RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

aripiprazole tab	galantamine tab	JANUVIA TAB	OCALIVA TAB
rasagiline tab	tolterodine tab	ULORIC TAB	

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Covered CA/Individual and Family Plan (Exchange) Formulary
Last Updated* 11/1/2017
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

ACCU-CHECK GUIDE CARE METER	ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE TEST STRIP
ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	AEROCHAMBER
aspirin chew tab 81mg	aspirin ec tab 325mg	aspirin ec tab 81mg	aspirin tab 325mg
ASPIRIN TAB 81MG	B-D INSULIN SYRINGE	B-D INSULIN SYRINGE	B-D PEN NEEDLE
		SAFETY-LOK	
cholecalciferol cap 50000 unit	CLINISTIX TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM
CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%	FEMALE CONDOMS
ferrous sulfate elixir	FERROUS SULFATE LIQUII	ferrous sulfate soln	FERROUS SULFATE SYRUP
			FREESTYLE INSULIN SYRINGE
folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE LITE TEST STRIP
FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER	IRON SUSP
FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	
KETOSTIX	LANCET DEVICE	LANCET KIT	LANCETS
levonorgestrel tab	meclizine tab	nicotine gum	nicotine lozenge
nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN INJ	NOVOPEN JR INJ
NOVOTWIST PEN NEEDLE	PRECISION INSULIN SYRINGE	PRECISION XTRA METER	PRECISION XTRA TEST STRIP
	TODAY SPONGE	vcf vaginal gel	vitamin b-6 tab 25mg
terbinafine cream	vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT
vitamin b-6 tab 50mg			

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Covered CA/Individual and Family Plan (Exchange) Formulary
Last Updated* 11/1/2017
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 dipivoxil tab	AFINITOR DISPERZ	AFINITOR TAB
ALECENSA CAP	AMPYRA TAB	APOKYN INJ	ARANESP INJ
AUBAGIO TAB	AVONEX INJ	BETHKIS NEB SOLN	bexarotene cap
BOSULIF TAB	calcitriol inj	capecitabine tab	CAPRELSA TAB
CAYSTON INH SOLN	CIMZIA INJ	CIMZIA STARTER INJ KIT	COSENTYX INJ
COTELLIC TAB	CYSTAGON CAP	DARAPRIM TAB	desmopressin acetate inj
ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG
EPCLUSA TAB	EPOGEN INJ	etoposide cap	EXJADE TAB
EXTAVIA INJ	FARYDAK CAP	FORTEO INJ	GAMASTAN S/D INJ
GAMMAGARD INJ	GENOTROPIN INJ	GILENYA CAP	GILOTRIF TAB
glatiramer inj 20mg/ml	GRANIX INJ	HARVONI TAB	HIZENTRA INJ
HUMIRA INJ	HUMIRA PEN INJ	HYCANTIN CAP	IBRANCE CAP
ICLUSIG TAB	imatinib tab	IMBRUVICA CAP	INCRELEX INJ
INFERGEN INJ	INLYTA TAB	INTRON-A INJ	IRESSA TAB
JAKAFI TAB	KALYDECO PAK	KALYDECO TAB	KINERET INJ
KISQALI PAK	KISQALI TAB	KITABIS PAK NEB SOLN	KUVAN POWDER PACK
KUVAN TAB	LENVIMA CAP	LETAIRIS TAB	LEUKINE INJ
LONSURF TAB	LYSODREN TAB	MIACALCIN INJ	NEULASTA INJ
NEUMEGA INJ	NEUPOGEN INJ	NEXAVAR TAB	NINLARO CAP
OCALIVA TAB	octreotide inj	OPSUMIT TAB	ORENCIA CLICK INJ
ORENCIA SC INJ 125MG/ML	ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML	ORFADIN CAP
ORKAMBI TAB	PEGASYS INJ	PEGASYS INJ KIT	PEG-INTRON INJ
PLEGRIDY INJ	PLEGRIDY PEN INJ	PRALUENT INJ	PROCRIT INJ
PULMOZYME INH SOLN	RASUVO INJ	REBETOL SOLN	REBIF INJ
REPATHA INJ	REPATHA PUSHTRONEX INJ	REVLIMID CAP	ribavirin cap
ribavirin tab	RUBRACA TAB	SABRIL TAB	SIGNIFOR INJ
sodium phenylbutyrate powder	sodium phenylbutyrate tab	SOMAVERT INJ	SPRYCEL TAB
STIVARGA TAB	STRENSIQ INJ	SUTENT CAP	TAGRISSO TAB
TARCEVA TAB	TARGRETIN GEL	TASIGNA CAP	TECFIDERA CAP
TECFIDERA STARTER PACK	temozolomide cap	tetrabenazine tab	THALOMID CAP
tobramycin neb soln	TRACLEER TAB	tretinoin cap	TYKERB TAB
TYVASO INH SOLN	UPTRAVI TAB	VALCHLOR GEL	VENCLEXTA STARTER PACK

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VENCLEXTA TAB
XELJANZ TAB
ZEPATIER TAB
ZYTIGA TAB 500MG

vigabatrin powder pack
XTANDI CAP
ZOLINZA CAP

VOTRIENT TAB
ZARXIO INJ
ZYDELIG TAB

XALKORI CAP
ZELBORAF TAB
ZYTIGA TAB 250MG

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Covered CA/Individual and Family Plan (Exchange) Formulary
Last Updated* 11/1/2017
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
APIDRA INJ	Step Therapy requires trial of NOVOLOG
APIDRA SOLOSTAR INJ	Step Therapy requires trial of NOVOLOG
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
risedronate tab	Step Therapy requires trial of alendronate.
SEVELAMER CARBONATE TAB	Step Therapy requires trial of calcium acetate.
sevelamer powder pak	Step Therapy requires trial of calcium acetate.
sevelamer tab	Step Therapy requires trial of calcium acetate.
testosterone soln	QL= 6ml/day; Step Therapy requires trial of Androgel
ULORIC TAB	Step Therapy requires trial of allopurinol
VIREAD TAB	Step Therapy requires trial of entecavir

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Covered CA/Individual and Family Plan (Exchange) Formulary
Smoking Cessation Agents
Last Updated* 11/1/2017

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

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Covered CA/Individual and Family Plan (Exchange) Formulary
Last Updated* 11/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ADACEL/BOOSTRIX INJ	QL= 1 vaccine/lifetime
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
ALECENSA CAP	QL= 8 caps/day
AMPYRA TAB	QL= 2 tabs/day
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
aripiprazole tab	QL= 2 tabs/day
ATRIPLA TAB	QL= 1 tab/day
AUBAGIO TAB	QL= 1 tab/day
BIMATOPROST OPTH SOLN, LUMIGAN OPTH SOLN	QL= 2.5ml/ 30 days
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen/caffeine tab	QL= 6 tabs/day
butalbital/aspirin/caffeine/codeine cap	QL= 6 caps/day
celecoxib cap	QL= 2 caps/day
CERVICAL CAP	QL= 1 cap/365 days
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/28 days
clindamycin soln	Limited to 14 days supply per fill.
COMPLERA TAB	QL= 1 tab/day
CONTRACEPTIVE FILM	QL= 12 boxes/30 days
CONTRACEPTIVE FOAM	QL= 12 cans/30 days
CONTRACEPTIVE GEL	QL= 12 tubes/30 days
CONTRACEPTIVE SUPP	QL= 12 boxes/30 days
COSENTYX INJ	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DIAPHRAGM	QL= 1 diaphragm/365 days
DICLEGIS TAB	QL= 4 tabs/day
diclofenac gel 1%	QL= 5 tubes/fill
DIFFERIN OTC GEL 0.1%	QL= 45gm/fill; Acne Only – members age 35 or older require Prior Authorization
DIFICID TAB	QL= 20 tabs/fill
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
duloxetine EC cap	QL= 2 caps/day
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days

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Covered CA/Individual and Family Plan (Exchange) Formulary Cont.
Last Updated* 11/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENGRIX-B INJ	QL= 3 vaccines/lifetime
ENGRIX-B INJ, RECOMBIVAX-HB INJ	QL= 3 vaccines/lifetime
enoxaparin inj	QL= 17 days supply
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB	QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 4 inj/fill for member 18 and younger; QL= 2 inj/fill for members older than 18
EPINEPHRINE PEN INJ 0.3MG (MYLAN)	QL= 4 inj/fill for member 18 and younger; QL= 2 inj/fill for members older than 18
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days
FEMALE CONDOMS	QL= 24 condoms/30 days
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
GENVOYA TAB	QL= 1 tab/day
GILENYA CAP	QL= 1 cap/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
granisetron tab	QL= 9 tabs/fill
HARVONI TAB	QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751
HAVRIX INJ, VAQTA INJ	QL= 2 vaccines/lifetime
HAVRIX/VAQTA INJ	QL= 2 vaccines/lifetime
HUMIRA INJ	QL= 2 inj/28 days
HUMIRA PEN INJ	QL= 2 inj/28 days
IBRANCE CAP	QL= 21 caps/28 days
IMBRUVICA CAP	QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMOVAX RABIES INJ	QL= 3 vaccines/lifetime
INLYTA TAB	QL= 8 tabs/day
IPOLE INJ	QL= 3 vaccines/lifetime
IXIARO INJ	QL= 2 vaccines/lifetime
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644
KISQALI PAK	QL= 91 tabs/28 days

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Covered CA/Individual and Family Plan (Exchange) Formulary Cont.
Last Updated* 11/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KISQALI TAB	QL= 63 tabs/28 days
latanoprost ophth soln	QL= 2.5ml/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
lidocaine patch	QL= 3 patches/day
medroxyprogesterone inj	QL= 1 inj/90 days
MENACTRA INJ	QL= 1 vaccine/lifetime
MENOMUNE INJ	QL= 1 vaccine/lifetime
MENVEO INJ	QL= 1 vaccine/lifetime
M-M-R II INJ	QL= 2 vaccines/lifetime
modafinil tab	QL= 2 tabs/day
NALOXONE INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NARCAN NASAL SPRAY	QL= 2 sprays/fill
nicotine gum	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
OICALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORKAMBI TAB	QL= 4 tabs/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
phentermine cap	QL= 1 cap/day
phentermine tab	QL= 1 tab/day
PNEUMOVAX INJ	QL= 1 vaccine/lifetime; Restricted to members age 65 and older
PRALUENT INJ	QL= 2 inj/28 days
PREVNAR 13 INJ	QL= 1 vaccine/lifetime; Restricted to members age 65 and older
PREZCOBIX TAB	QL= 1 tab/day
RECOMBIVAX-HB INJ	QL= 3 vaccines/lifetime
REGRANEX GEL	QL= 30 grams/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RESTASIS OPHTH EMULSION	QL= 2 vials/day; Restricted to Ophthalmology or Optometry Specialist
REVLIMID CAP	QL= 1 cap/day
rizatriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
rizatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779

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Covered CA/Individual and Family Plan (Exchange) Formulary Cont.
Last Updated* 11/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL= 6 tabs/fill
SPINOSAD SUSP	QL= 1 bottle/fill
STIVARGA TAB	QL= 4 tabs/day
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAMIFLU SUSP 6MG/ML	QL= 250ml/fill
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone soln	QL= 6ml/day; Step Therapy requires trial of Androgel
TETANUS/DIPHTHERIA TOXOID INJ	QL= 1 vaccine/lifetime
TODAY SPONGE	QL= 12 sponges/30 days
TRACLEER TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z OPHTH SOLN	QL= 5ml/30 days
TRIUMEQ TAB	QL= 1 tab/day
TWINRIX INJ	QL= 3 vaccines/lifetime
TYPHIM VI INJ	QL= 1 vaccine/lifetime
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
vancomycin cap	QL= 56 caps/fill
VARIVAX INJ	QL= 2 vaccines/lifetime
vcf vaginal gel	QL= 12 tubes/30 days
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VIVOTIF CAP	QL= 4 caps/fill; Limited to 1 fill every 5 years
XELJANZ TAB	QL= 2 tabs/day
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA
XIGDUO XR TAB	QL= 1 tab/day

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Covered CA/Individual and Family Plan (Exchange) Formulary Cont.
Last Updated* 11/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XTAMPZA ER CAP	QL= 120 tabs/30 days
XTANDI CAP	QL= 4 caps/day
YF-VAX INJ	QL= 1 vaccine/lifetime
ZEPATIER TAB	QL= 1 tab/day; Medication must be filled at VMC Pharmacy 408-977-3542 and Fax 408-793-2751
zolpidem tab 10mg	Male QL= 1 tab/day; Female QL= 0.5 tab/day
zolpidem tab 5mg	QL= 1 tab/day
ZOSTAVAX INJ	QL= 1 vaccine/lifetime; Covered for members age 50 or older
ZYTIGA TAB 250MG	QL= 4 tabs/day
ZYTIGA TAB 500MG	QL= 2 tabs/day

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