

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. 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.

MercyCare Select 4-Tier Commercial Formulary
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
8-MOP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	2	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2	ANTIVIRALS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTI-DIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
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/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
acitretin cap (SORIATANE equiv)	PA	2	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL INJ (QL= 4 vials/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN (QL= 2 bottles/fill)	--QL	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	EXC	TOXOIDS
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE GEL equiv)	-	NC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ	-	NC	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
adefovir dipivoxil tab (HEPSERA equiv)	-	2	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADMELOG INJ, INSULIN LISPRO INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	-	NC	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AGGRENEX CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
AIMOVIJ INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE SOLN	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	-	NC	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	2	ANTIHYPERTENSIVES
ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALLEGRA ODT	OTC	NC	ANTIHISTAMINES
ALLEGRA SUSP	OTC	NC	ANTIHISTAMINES
ALLEGRA TAB	OTC	NC	ANTIHISTAMINES
ALLEGRA-D 12-HOUR TAB	OTC	NC	COUGH/COLD/ALLERGY
ALLEGRA-D 24-HOUR TAB	OTC	NC	COUGH/COLD/ALLERGY
ALLEGRA-D TAB	OTC	NC	COUGH/COLD/ALLERGY
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTI-ANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	NC	ANTI-ANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTI-ANXIETY AGENTS
ALREX OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	NC	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIER NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	PA	3	DERMATOLOGICALS
AMCINONIDE OINT	PA	3	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	NC	HEMOSTATICS
AMICAR SYRUP	-	NC	HEMOSTATICS
AMICAR TAB	-	NC	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	NC	HEMOSTATICS
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP, LUBIPROSTONE CAP	PA	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	NC	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	NC	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	NC	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	3	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
AMPHETAMINE ER SUSP, DYANAVAL XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	3	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	PA-QL	3	ANTIEMETICS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTENSIO XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS
APTIVUS SOLN	-	2	ANTIVIRALS
ARAKODA TAB	-	3	ANTIMALARIALS
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER (QL= 1 inhaler/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
arformoterol tartrate neb soln (BROVANA equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	S	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
ASMANEX HFA INHALER (QL= 1 inhaler/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/fill)	QL	1	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
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	2	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA CAP equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
atorvastatin tab 40mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURALGAN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
AURYXIA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ	-	NC	VASOPRESSORS
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	3	ANTIDIABETICS
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVASTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
AVONEX INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVSOLA INJ	M	M	GASTROINTESTINAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AXIRON SOLN	-	NC	ANDROGENS-ANABOLIC
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
AZILECT TAB	-	NC	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
AZOR TAB	-	NC	ANTIHYPERTENSIVES
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
BACITRACIN OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen intrathecal inj (BACLOFEN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	3	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	-	NC	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN	-	NC	ANTIVIRALS
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I	-	NC	ANTIDIABETICS
BAXDELA TAB	-	NC	FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
BENAZEPRIL/HCT TAB	-	2	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	2	ANTHELMINTICS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benzphetamine tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benztropine tab	-	1	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BEPREVE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BERINERT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv) (Only available through Anovo Specialty Pharmacy 844-288-5007)	LD	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	2	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	DERMATOLOGICALS
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
BIKTARVY TAB	-	2	ANTIVIRALS
BILTRICIDE TAB	-	NC	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL--	EXC	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 tubes/fill)	QL	3	OPHTHALMIC AGENTS
BORTEZOMIB INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	M--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	NC	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	NC	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	2	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BROVEX PEB LIQUID	OTC	NC	COUGH/COLD/ALLERGY
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (OTC Only)	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
BUDESONIDE/FORMOTEROL INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	2	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (QL= 30 days supply/fill)	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	ANTIAXIETY AGENTS
butalbital/acetaminophen cap	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv)	-	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine cap (FIORICET equiv)	-	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv)	-	1	ANALGESICS - OPIOID
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	1	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	1	ANALGESICS - NONNARCOTIC
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
BUTISOL ELIXIR	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
BUTISOL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2	ANALGESICS - OPIOID
BUTRANS PATCH	-	NC	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days)	QL	3	ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	NC	ANTIVIRALS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv) (QL= 1 tube/30 days)	PA-QL	2	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint (QL= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv) (QL= 1 tube/30 days)	PA-QL	2	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT (QL= 100gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
capecitabine tab (XELODA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3	ANALGESICS - OPIOID
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	3	ANTIHISTAMINES
carbinoxamine soln (PALGIC equiv)	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CAROSPIR SUSP	-	NC	DIURETICS
CARTEOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CATAPRES-TTS PATCH	-	NC	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	S	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	NC	CEPHALOSPORINS
CEFACLOR CAP	-	3	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefaclor susp (CEFACLOR equiv)	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	NC	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN CAP	-	NC	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cetirizine cap (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
cetirizine syrup (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	1	COUGH/COLD/ALLERGY
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (QL= 30 days supply/fill)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (QL= 30 days supply/fill)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	2	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	S	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CIBINQO TAB	-	NC	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT (QL= 2 tubes/fill)	QL	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	NC	ANTIVIRALS
CIMETIDINE SOLN	-	1	ULCER DRUGS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CIPRO SUSP 5%	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	NC	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX REDITAB	-	NC	ANTIHISTAMINES
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	2	MACROLIDES

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CAP	OTC	NC	ANTIHISTAMINES
CLARITIN CHEW TAB	OTC	NC	ANTIHISTAMINES
CLARITIN REDITAB	OTC	NC	ANTIHISTAMINES
CLARITIN SYRUP	OTC	NC	ANTIHISTAMINES
CLARITIN TAB	OTC	NC	ANTIHISTAMINES
CLARITIN-D TAB	OTC	NC	COUGH/COLD/ALLERGY
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv) (QL= 50gm/fill)	QL	3	DERMATOLOGICALS
clobetasol foam (OLUX equiv) (QL= 50gm/fill)	QL	2	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv) (QL= 59ml/fill)	QL	3	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/fill)	QL	2	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv) (QL= 45gm/fill)	QL	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv) (QL= 45gm/fill)	QL	2	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv) (QL= 50ml/fill)	QL	2	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv) (QL= 118ml/fill)	QL	2	DERMATOLOGICALS
clobetasol spray (CLOBEX SPRAY equiv) (QL= 59ml/fill)	QL	2	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	PA	3	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	3	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	3	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIpsychOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIpsychOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIpsychOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIpsychOTICS/ANTIMANIC AGENTS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTION AGENTS - MISC.
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
COMBIGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT INHALER (QL= 1 inhaler/fill)	QL	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S	ANTI-NEOPLASTIC AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	2	ANTIVIRALS
CONCEPT DHA CAP	-	3	MULTIVITAMINS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
COPIKTRA CAP	-	NC	ANTI-NEOPLASTIC AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
CORLANOR SOLN	-	NC	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
CORTANE-B AQUEOUS OTIC SOLN	-	NC	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	NC	CORTICOSTEROIDS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORZIDE TAB 80-5MG	-	NC	ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days)	QL	\$0	VACCINES
CREON CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTHYPERLIPIDEMICS
CRESTOR TAB 20MG	-	NC	ANTHYPERLIPIDEMICS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIVAN CAP	-	2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR (QL= 1 kit/year)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide cap (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	--MSP	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv)	-	NC	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYMBALTA CAP	-	NC	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTADANE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN	-	NC	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	S	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB	-	NC	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	QL-RS	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB (QL= 1 tab/day)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
darifenacin SR tab (ENABLEX equiv)	-	2	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DAYVIGO TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
deferasirox granules packet (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 180mg (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	S	ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB	-	NC	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DEMSER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENGAXIA SUSP	VAC	EXC	VACCINES
DEPACON INJ	-	NC	ANTICONSULTANTS
DEPAKENE SYRUP	-	NC	ANTICONSULTANTS
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	EXC	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DESCOVY TAB	PA	\$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv) (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
DESLORATADINE ODT	-	NC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	PA	3	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	2	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	2	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	NC	DERMATOLOGICALS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	S	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	S	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	NC	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIAXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	3	ANTIDIABETICS
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 2 tubes/30 days)	QL	3	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium soln 2% (PENNSAID SOLN equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	1	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	NC	ANTIVIRALS
DIETHYLPROPION ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN OTC GEL 0.1%	OTC	1	DERMATOLOGICALS
DIFICID SUSP	-	NC	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
DIGOXIN SOLN	-	1	CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill, 2 fills/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	MIGRAINE PRODUCTS
DILANTIN CAP 30MG (QL= 3 caps/day)	QL	3	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR 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 tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIPENTUM CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIDIARRHEAL/PROBIOTIC AGENTS
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)	-	2	ANTIARRHYTHMICS
DISULFIRAM TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONSULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONSULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONSULSANTS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	PA	2	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOMETUSS-DMX LIQ	-	NC	COUGH/COLD/ALLERGY
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)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTLET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days)	QL	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (QL= 45g/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab 100mg (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 50mg, 75mg (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ASSORTED CLASSES
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)	-	3	CONTRACEPTIVES
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	NC	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	NC	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUAVEE TAB	-	2	ESTROGENS
DUETACT TAB	-	NC	ANTIDIABETICS
DULERA INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	DERMATOLOGICALS
DURAVENT PE TAB	-	NC	COUGH/COLD/ALLERGY
DUROLANE INJ	M	M	MUSCULOSKELETAL THERAPY AGENTS
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	NC	DIURETICS
DYSPORT INJ	M	M	NEUROMUSCULAR AGENTS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv) (QL= 30gm/fill)	QL	1	DERMATOLOGICALS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB	-	2	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	2	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	2	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2	ANTIVIRALS
EFFIENT TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONSULTANTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	NC	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	3	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	PA	3	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	2	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
EMTRIVA CAP	-	NC	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	NC	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv)	-	NC	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
ENBREL INJ 50MG (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (QL= 6 packets/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
enoixaparin inj (LOVENOX equiv)	-	2	ANTICOAGULANTS
enoxaparin inj (LOVENOX equiv)	-	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSPRYNG INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	NC	ASSORTED CLASSES
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	S	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	1	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	1	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1	VASOPRESSORS
EPIPEN (JR) INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIVIR HBV SOLN	-	2	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	-	2	ANTIHYPERTENSIVES
EPOGEN INJ	-	2	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
EPROSARTAN TAB	-	NC	ANTIHYPERTENSIVES
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EPZICOM TAB	-	NC	ANTIVIRALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
erlotinib tab (TARCEVA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	2	DERMATOLOGICALS
ERYPED SUSP	-	NC	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	2	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	3	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG	-	NC	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG	-	NC	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	OTC	3	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
estradiol cream (ESTRACE equiv)	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
ethacrynic tab (EDECIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	2	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EUFLEXXA INJ, SUPARTZ INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EUFLEXXA INJ, SUPARTZ INJ, SYNVISCO ONE INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EURAX CREAM	-	2	DERMATOLOGICALS
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	MSP-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	2	ANTIVIRALS
EVRYSDI SOLN	-	NC	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	3	ANTIHYPERTENSIVES
EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EZALLOR SPRINKLE CAP	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	3	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	2	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	1	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	S	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 2 tabs/day)	PA-QL	S	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	NC	ANTIMALARIALS
FARESTON TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTI-DIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	2	GOUT AGENTS
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL TAB	-	NC	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMHRT TAB	-	NC	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTI-HYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTI-HYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTI-HYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTI-HYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTI-HYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTI-HYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTI-HYPERLIPIDEMICS
fenopropfen calcium tab	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3	ANALGESICS - OPIOID
fantanyl patch 100mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 12mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 25mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
fantanyl patch 50mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 75mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	NC	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	S	ANTIDOTES
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
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 (FERROUS SULFATE equiv) (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
fexofenadine susp (ALLEGRA equiv)	OTC	NC	ANTIHISTAMINES
fexofenadine tab (ALLEGRA equiv)	OTC	1	ANTIHISTAMINES
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	1	COUGH/COLD/ALLERGY
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	1	COUGH/COLD/ALLERGY
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	ANTICONVULSANTS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	S	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST ATENOLOL SOLN	-	3	BETA BLOCKERS
FIRST METOPROLOL ORAL SOLN	-	3	BETA BLOCKERS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FIRST-VANCOMYCIN SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN	-	2	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	PA	3	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEQSUVY SUSP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP	-	NC	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER (QL= 2 inhalers/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
fluocinonide cream 0.1%	-	NC	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv) (QL= 40g/fill)	QL	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	3	DERMATOLOGICALS
FLUOROURACIL SOLN (QL= 10ml/fill)	QL	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	\$0	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluoxetine tab 60mg	-	1	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
flurbiprofen ophth soln (OCUFEN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
FLURBIPROFEN OPHTH SOLN	QL--	2	OPHTHALMIC AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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 lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERTENSIVES
fluvastatin ER tab (LESCOL XL equiv)	-	3	ANTIHYPERTENSIVES
FLUVIRIN INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUVIRIN PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
fluvoxamine ER cap (LUVOX CR equiv)	-	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT (QL= 2 tubes/fill)	QL	3	OPHTHALMIC AGENTS
FOCALIN XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
FOLAGENT DHA CAP	-	NC	MULTIVITAMINS
FOLAMED DHA CAP	-	NC	MULTIVITAMINS
FOLBEE PLUS CZ TAB	-	NC	MULTIVITAMINS
folbee tab	-	NC	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folvite-d tab (GENICIN VITA-D equiv)	-	NC	HEMATOPOIETIC AGENTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
FORTEO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	2	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3	MIGRAINE PRODUCTS
FULPHILA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GALAFOLD CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	-	2	ANTIVIRALS
gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
gavilyte-h kit	-	3	LAXATIVES
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
GEL-ONE INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GELSYN-3 INJ	M	M	MUSCULOSKELETAL THERAPY AGENTS
gemfibrozil tab (LOPID equiv)	-	1	ANTHYPERLIPIDEMICS
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv) (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVISC 850 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
GENVOYA TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN	-	NC	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON INJ KIT	-	NC	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copy)	QL	\$0	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
GRALISE STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	PA	2	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
GUANENDRUX GEL	-	NC	DERMATOLOGICALS
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALFLYTELY BOWEL PREP KIT	-	3	LAXATIVES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
halobetasol propionate cream (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI PELLETT PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HDC DM SYRUP	-	NC	COUGH/COLD/ALLERGY
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
HEMADY TAB	-	NC	CORTICOSTEROIDS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	HEMATOLOGICAL AGENTS - MISC.
HEPSERA TAB	-	NC	ANTIVIRALS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCEPTIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERZUMA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
HOMATROPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
HUMIRA INJ 10MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	NC	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN N INJ	OTC	NC	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ	OTC	NC	ANTIDIABETICS
HUMULIN R INJ U-500	PA	S	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	PA	S	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYALGAN INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYCAMTIN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	NC	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
HYDROCODONE BITARTRATE ER CAP	-	NC	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	1	COUGH/COLD/ALLERGY
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv) (QL= 2 tabs/day)	QL	1	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYCHLOROQUINE TAB	-	NC	ANTIMALARIALS
HYDROXYCHLOROQUINE TAB 100MG (QL= 1 tab/day)	QL	2	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANKXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANKXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANKXIETY AGENTS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMOVIS INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
hyoscyamine inj (LEVSIN equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYQVIA INJ	-	NC	PASSIVE IMMUNIZING AGENTS
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (RX only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	-	NC	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 1gm (VASCEPA equiv)	-	NC	ANTIHYPERLIPIDEMICS
IDHIFA TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLECTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTINEOPLASTICS
INVEGA HAFYERA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
INVIRASE TAB	-	2	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	NC	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	3	ANTIMYCOBACTERIAL AGENTS
ISONIAZID TAB	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
ISOXSUPRINE TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISTALOL OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3	ANTIFUNGALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	PA	2	ANTHELMINTICS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	2	ANTIVIRALS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
june1 FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
june1 tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KADIAN CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
KADIAN CAP	QL--	NC	ANALGESICS - OPIOID
KALETRA SOLN	-	NC	ANTIVIRALS
KALETRA TAB	-	NC	ANTIVIRALS
KALYDECO PAK	-	NC	RESPIRATORY AGENTS - MISC.
KALYDECO TAB	-	NC	RESPIRATORY AGENTS - MISC.
KANJINTI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP	-	NC	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
KETEK TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	NC	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill)	OTC-QL	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
KEVZARA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (Only available through Biologics 800-850-4306)	LD-PA	S	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES
KLOXXADO NASAL SPRAY	-	\$0	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	S	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	NC	MINERALS & ELECTROLYTES
KRINTAFEL TAB	-	2	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
K-TAB	-	1	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERTENSIVES
KYNMOBI FILM	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv)	PA	1	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	1	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
LACTIC ACID LOTION	-	1	DERMATOLOGICALS
lactulose soln	-	1	LAXATIVES
LAMICTAL CHEW TAB 2MG	-	2	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3	ANTICONVULSANTS

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
	generic = small letters				BRANDS = CAPITAL LETTERS

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LAMPIT TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv) (Rx Only)	-	2	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ, INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	S	MISCELLANEOUS THERAPEUTIC CLASSE
LENVIMA CAP (QL= 3 caps/day; Only available through Accredio 800-803-2523)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	NC	ANTIHYPERTENSIVES
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill)	PA-QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	3	BETA BLOCKERS
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 (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	1	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	1	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEXETTE FOAM	-	NC	DERMATOLOGICALS
LEXIVA SUSP	-	2	ANTIVIRALS
LEXIVA TAB	-	NC	ANTIVIRALS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE GEL	-	2	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine oint/transparent dressing kit	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 2 patches/day)	QL	3	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LINDANE LOTION	-	3	DERMATOLOGICALS
LINDANE SHAMPOO	-	3	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S	ANTI-INFECTIVE AGENTS - MISC.

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
LINZESS CAP (QL= 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
lithium carbonate cap (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
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	3	ANTIHYPERLIPIDEMICS
LIVMARLI SOLN	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB	-	NC	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
loestrin 21 tab	-	NC	CONTRACEPTIVES
loestrin tab	-	NC	CONTRACEPTIVES
lohist liquid (DECON-A equiv)	OTC	NC	COUGH/COLD/ALLERGY
LOKELMA PAK	PA	3	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	1	ANTIDIARRHEALS
loperamide soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	2	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	2	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	NC	ANTIHISTAMINES
loratadine chew tab (CLARITIN equiv)	OTC	NC	ANTIHISTAMINES
loratadine ODT (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	1	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	1	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	1	ANTIANSXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANSXIETY AGENTS
LORBRENA TAB 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIANSXIETY AGENTS
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
LOTEMAX OPHTH GEL (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH GEL	QL--	NC	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERTENSIVES
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUCEMYRA TAB (QL= 96 tabs/7 days)	MSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUPKYNIS CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	NC	ANTICONVULSANTS
LYRICA CAP 225MG	-	NC	ANTICONVULSANTS
LYRICA CAP 300MG	-	NC	ANTICONVULSANTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
LYVISPAN GRANULE PACKET	-	NC	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACRODANTIN CAP 25MG	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MALARONE TAB	-	NC	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	2	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTIVIRALS
MAXIDEX OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
MAYZENT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MECLIZINE 50MG TAB	-	NC	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
MEGACE ES SUSP	-	NC	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENEST TAB	-	3	ESTROGENS
MENOSTAR PATCH	-	NC	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MEPERIDINE TAB	-	NC	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	NC	ANTIANKXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR cap (DELZICOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	--MSP	S	GASTROINTESTINAL AGENTS - MISC.

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
mesalamine kit (ROWASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTINEOPLASTICS
METAFOLBIC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv) (QL= 4 tabs/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG (QL= 4 tabs/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	3	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	-	NC	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOXSALEN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB 72MG	-	NC	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	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METZOZLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole gel 1%	-	NC	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	2	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	2	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
mibelas chew tab (MINASTRIN equiv)	-	NC	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv)	-	NC	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
MINIVELLE PATCH 0.025MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.0375MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.05MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.075MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.1MG	-	NC	ESTROGENS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	OTC	3	LAXATIVES
MIRAPEX ER TAB	-	NC	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP, COLCHICINE CAP	-	NC	GOUT AGENTS
modafinil tab (PROVIGIL equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONOVISC INJ, ORTHOVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTEGRITY TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
MOUNJARO INJ	-	NC	ANTIDIABETICS
MOVANTIK TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	NC	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	NC	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	NC	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MVASI INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYDAYIS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYLERAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS
MYOBLOC INJ	-	NC	NEUROMUSCULAR AGENTS
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	NC	ANTIHYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	2	DERMATOLOGICALS
NAFTIFINE CREAM	-	3	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	3	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv)	-	\$0	ANTIDOTES AND SPECIFIC ANTAGONISTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
naloxone inj	-	\$0	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ	-	\$0	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVia equiv)	-	1	ANTIDOTES
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN CR TAB 750MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB	-	NC	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS
nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONSULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	-	2	BETA BLOCKERS
NEBUPENT NEB SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
NECON TAB	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
neomycin/polymyxin/hydrocortisone otic susp (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/	QL	1	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	NC	MULTIVITAMINS
NEONATAL FE TAB	-	NC	MULTIVITAMINS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIPARKINSON AGENTS
NEURONTIN TAB 600MG	-	NC	ANTICONVULSANTS
NEURONTIN TAB 800MG	-	NC	ANTICONVULSANTS
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	2	ANTIVIRALS
NEVIRAPINE SUSP	-	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
NEXLETOL TAB	-	NC	ANTIHYPERLIPIDEMICS
NEXLIZET TAB	-	NC	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	-	EXC	CONTRACEPTIVES
NEXTSTELLIS TAB	-	3	CONTRACEPTIVES
niacin cap	OTC	\$0	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	\$0	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERLIPIDEMICS
niacin tab	OTC	\$0	VITAMINS
NIACIN TR TAB	OTC	\$0	VITAMINS
niacinamide tab	OTC	\$0	VITAMINS
NIACOR TAB	-	1	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	3	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (QL= 30 days supply/fill)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (QL= 30 days supply/fill)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (QL= 30 days supply/fill)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (QL= 30 days supply/fill)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (QL= 30 days supply/fill)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (QL= 30 days supply/fill)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	2	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	NC	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NIZATIDINE SOLN	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NIZORAL A-D SHAMPOO	OTC	NC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	3	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	NC	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
NOROXIN TAB	-	3	FLUOROQUINOLONES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	2	ANTIDEPRESSANTS
NORVIR CAP	-	2	ANTIVIRALS
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NORVIR TAB	-	NC	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N INJ	OTC	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	PA	2	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB (QL= 4 tabs/day)	QL	3	ANALGESICS - OPIOID
NUDEXTA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT	-	NC	MIGRAINE PRODUCTS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	\$0	CONTRACEPTIVES
NUZYRA TAB	-	NC	TETRACYCLINES
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ	-	NC	HEMATOPOIETIC AGENTS
OCALIVA TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	S	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
ODOMZO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGIVRI INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	3	ANTIDEPRESSANTS
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 5ml/30 days)	QL	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
OLUMIANT TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
omeprazole tab	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 INTRO KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS	-	EXC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS	-	EXC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONETOUCH DELICA LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA PLUS LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ONETOUCH METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO FLEX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO IQ METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO REFLECT METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ONEXTON GEL	-	NC	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGENTYS CAP	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONSOLIS FILM	PA	2	ANALGESICS - OPIOID
ONTRUZANT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	3	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
OPZELURA CREAM	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	PA	2	BIOLOGICALS MISC

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	NC	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2	ESTROGENS
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2	ANTIVIRALS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	3	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
oxandrolone tab	-	NC	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
oxazepam cap (SERAX equiv)	-	2	ANTIANKXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2	HEMATOPOIETIC AGENTS
OXBRYTA TAB (QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 4 caps/day)	QL	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (QL= 90ml/30 days)	QL	2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL= 1000ml/30days)	QL	2	ANALGESICS - OPIOID
oxycodone tab 10mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 15mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 20mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 30mg (ROXICODONE equiv) (QL= 2 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 5mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv) (QL= 4 tabs/day)	QL	3	ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	1	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2	ANTIDIABETICS
OZOBAX SOLN	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OZOBAX SOLN, BACLOFEN SOLN	PA	3	MUSCULOSKELETAL THERAPY AGENTS
PALFORZIA POWDER PACK	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	DIGESTIVE AIDS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
PANCRELIPASE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
pantoprazole sodium packet (PROTONIX equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	3	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	3	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv)	-	3	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PAXIL ORAL SUSP	-	NC	ANTIDEPRESSANTS
PAXLOVID TAB (QL= 20 tabs/fill)	QL	\$0	ANTIVIRALS
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0	ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP SOLN equiv)	-	3	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTIVIRALS
PEG-INTRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTIVIRALS
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	NC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 97.5mg (AZO equiv)	OTC	NC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHEXXI GEL	-	NC	VAGINAL AND RELATED PRODUCTS
PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	NC	VITAMINS
PICATO GEL	-	NC	DERMATOLOGICALS
PIFELTRO TAB	-	NC	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
pimecrolimus cream (ELIDEL equiv) (QL= 30g/fill; Covered for members 2 years or older)	QL	2	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLEGRIDY INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	NC	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride soln	-	NC	MINERALS & ELECTROLYTES

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
potassium citrate CR tab (UROKIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	2	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	2	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONVULSANTS
PRADAXA CAP	-	3	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	3	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	NC	DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	NC	DERMATOLOGICALS
PREDNICARBATE OIN	-	NC	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill)	--QL	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottle/ fill)	QL	1	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISONE SOLN	-	2	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREHEVBRIO SUSP	VAC	EXC	VACCINES
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	3	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	3	MULTIVITAMINS
PRENATAL 19 TAB	-	3	MULTIVITAMINS
PRENATAL VITAMIN (RX ONLY)	-	NC	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	NC	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTIMYCOBACTERIAL AGENTS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 20 INJ	VAC	EXC	VACCINES
PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTIVIRALS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PRILOSEC POWDER PACKET	-	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PROCYSBI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA POWDER (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	HEMATOPOIETIC AGENTS
PROMACTA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	2	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine soln (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	NC	MULTIVITAMINS
QUILLICHEW ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
rabeprazole EC tab (ACIPHEX equiv)	-	2	ULCER DRUGS
RADICAVA ORS SUSP	-	NC	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	PA	2	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC	ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	2	ANTIANGINAL AGENTS
RAPAMUNE SOLN	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
rasagiline tab (AZILECT equiv)	-	2	ANTIPARKINSON AGENTS
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTIVIRALS
REBIF INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGRANEX GEL (QL= 30gm/fill)	PA-QL	2	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB	-	NC	MIGRAINE PRODUCTS
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMEDIENT CAP	-	NC	MULTIVITAMINS
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ 10MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	NC	MULTIVITAMINS
RENFLEXIS INJ	M-MSP	M	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENVELA PAK	-	NC	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTI-DOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	S	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	PA	S	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK	-	2	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	MSP-PA-QL	S	MIGRAINE PRODUCTS
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIBAPAK TAB	-	NC	ANTIVIRALS
ribavirin cap (REBETOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC	ANTIVIRALS
RIDAURA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	3	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
RIOMET ER SUSP	-	NC	ANTIDIABETICS
RIOMET SOLN	-	NC	ANTIDIABETICS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
risedronate DR tab (ATELVIA equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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
ritonavir tab (NORVIR equiv)	-	2	ANTIVIRALS
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RITUXAN INJ HYCELA	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1	ANTIHYPERTENSIVES
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERTENSIVES
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERTENSIVES
ROSZET TAB	-	NC	ANTIHYPERTENSIVES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTICONVULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTIVIRALS
RUXIENCE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBELSUS TAB	-	NC	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	NC	ANTIHISTAMINES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
RYDAPT CAP (QL= 56 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL TAB	-	NC	ANTICONVULSANTS
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	3	DERMATOLOGICALS
SALEX SHAMPOO	-	NC	DERMATOLOGICALS
salicylic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SANCUSO PATCH (QL= 4 patches/fill)	PA-QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
SAPHRIS SL TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA TAB (QL= 2 tabs/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
seb-prev cream (OVACE CREAM equiv)	-	3	DERMATOLOGICALS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	OTC	NC	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
SELZENTRY SOLN	-	2	ANTIVIRALS
SELZENTRY TAB	-	2	ANTIVIRALS
SELZENTRY TAB	-	NC	ANTIVIRALS
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2	ANTIDIABETICS
SEMGLEE SOLN	-	NC	ANTIDIABETICS
SEMPREX-D CAP	-	NC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL XR TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (REVELA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
SIGNIFOR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP	-	NC	ANTIHYPERLIPIDEMICS
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv)	-	NC	ANTIHYPERLIPIDEMICS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
SINUVA NASAL IMPLANT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ASSORTED CLASSES
SIRTURO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	S	ANTI-INFECTIVE AGENTS - MISC.
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYRIZI INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	DERMATOLOGICALS
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	DERMATOLOGICALS
SKYTROFA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	3	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM HYALU INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
sodium sulfacetamide shampoo (OVACE equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTIVIRALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	PA-QL	2	ANTIDIABETICS
SOLOSEC GRANULES PACKET	-	NC	AMEBICIDES
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML	-	NC	BETA BLOCKERS
SOVALDI PELLETT PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	-	NC	ANTIFUNGALS
SPRAVATO NASAL SOLN	-	NC	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI ORAL SOLN	-	NC	COUGH/COLD/ALLERGY
STAMARIL INJ	-	NC	VACCINES
stavudine cap (ZERIT equiv)	-	1	ANTIVIRALS
STAVUDINE CAP	-	2	ANTIVIRALS
stavudine soln (ZERIT equiv)	-	2	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	DERMATOLOGICALS
STIMATE NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRENSIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	PA	2	ANALGESICS - OPIOID
SUCLEAR KIT	-	3	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucralfate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFICS
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC	DERMATOLOGICALS
sulfadiazine tab	-	3	SULFONAMIDES
SULFADIAZINE TAB	-	NC	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialty
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (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	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREMIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
sunitinib malate cap (SUTENT equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPARTZ FX INJ	M	M	MUSCULOSKELETAL THERAPY AGENTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN	-	3	LAXATIVES
SUSTIVA TAB	-	NC	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	NC	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	1	VASOPRESSORS
SYMLINPEN INJ	PA	3	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS
SYNAREL NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
TABRECTA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (PAH) (ADCIRCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	--LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
TALTZ INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	DERMATOLOGICALS
TALZENNA CAP 0.25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP	-	NC	ANTIVIRALS
TAMIFLU CAP 30MG	-	NC	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASIGNA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavorole soln (KERYDIN equiv)	-	NC	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv) (QL= 1 tube/30 days)	PA-QL	2	DERMATOLOGICALS
TAZORAC CREAM 0.05% (QL= 1 tube/30 days)	PA-QL	3	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGSEDI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKURNA HCT TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temozolomide cap (TEMODAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2	ANTIVIRALS
TEPMETKO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERIPARATIDE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	1	ANDROGENS-ANABOLIC
testosterone enathate im inj oil 200 mg/ml	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv)	PA-QL	NC	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv)	-	NC	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	NC	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv)	-	NC	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
THALITONE TAB	-	NC	DIURETICS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
THALOMID CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ASSORTED CLASSES
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE ER TAB	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TICOVAC INJ	VAC	EXC	VACCINES
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.25% (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	MSP-PA	S	GENITOURINARY AGENTS - MISCELLANEOUS
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL	-	NC	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	-	NC	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT (QL= 2 tubes/fill)	QL	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOLAK CREAM 4% (QL= 40g/fill)	QL	2	DERMATOLOGICALS
TOLAZAMIDE TAB	-	1	ANTIDIABETICS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
TOLVAPTAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS
TOPICORT OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
toremifene tab (FARESTON equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (Only available through Walgreens 888-347-3416)	LD-PA	S	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	3	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB	-	3	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	PA	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	NC	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
TRAZIMERA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRECATOR TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
EXC	NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RS	Restricted to Specialty
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
TREMFYA INJ (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv) (QL= 23gm/30 days)	PA-QL	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (QL= 23gm/30 days)	PA-QL	2	DERMATOLOGICALS
tretinoin gel 0.05% (QL= 45g/30 days)	PA-QL	3	DERMATOLOGICALS
tretinoin microsphere gel	-	NC	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	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
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
TRIAMINIC SYRUP	OTC	NC	COUGH/COLD/ALLERGY
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	NC	ANTHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
trifluridine ophth soln (VIROPTIC equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
TRIHXYPHENIDYL SOLN	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihxyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
TRILURON INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
TRIMETHOPRIM TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	3	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
TRIVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIZIVIR TAB	-	2	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day)	QL	2	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv) (QL= 2 tabs/day)	QL	1	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRULANCE TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days)	QL	2	ANTIDIABETICS
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 75MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUXIMA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWIRLA PATCH	-	3	CONTRACEPTIVES

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TYBLUME TAB	-	\$0	CONTRACEPTIVES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYRVAYA SOLN	-	NC	OPHTHALMIC AGENTS
TYVASO DPI POWDER	-	NC	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANORECTAL AGENTS
UCERIS TAB	-	NC	CORTICOSTEROIDS
U-CORT CREAM	-	2	DERMATOLOGICALS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
UREA EMULSION	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL	-	NC	DERMATOLOGICALS
VALCYTE SOLN	-	NC	ANTIVIRALS
valganciclovir soln (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIVIRALS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
valganciclovir tab (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
VALSARTAN ORAL SOLN	-	NC	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
VALTURNA TAB	-	3	ANTIHYPERTENSIVES
VANCOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VASCEPA CAP 0.5GM	-	NC	ANTIHYPERLIPIDEMICS
VASCEPA CAP 1GM	-	NC	ANTIHYPERLIPIDEMICS
vasoex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXELIS INJ	VAC	EXC	TOXOIDS
VAXNEUVANCE INJ	VAC	EXC	VACCINES
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2	ASSORTED CLASSES
VEMLIDY TAB	-	S	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAPAMIL CAP 100MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN PM ER CAP 100MG, 300MG	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB	-	NC	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP	-	NC	ANTIVIRALS
VIDEX SOLN	-	2	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	S	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	S	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	S	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VIIIBRYD STARTER KIT (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
VIIIBRYD TAB	-	NC	ANTIDEPRESSANTS
VIJOICE TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIIBRYD equiv) (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
VIRACEPT POWDER	-	2	ANTIVIRALS
VIRACEPT TAB	-	2	ANTIVIRALS
VIRAMUNE SUSP	-	NC	ANTIVIRALS
VIRAMUNE XR TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VISCO-3 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISICOL TAB	-	3	LAXATIVES
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	NC	MULTIVITAMINS
vitamin D cap (RX strength only)	-	1	VITAMINS
vitamin D cap 1000unit	OTC	\$0	VITAMINS
vitamin D cap 400unit	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITEKTA TAB	-	2	ANTIVIRALS
VITRAKVI CAP 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
VITRAKVI CAP 25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVELLE-DOT PATCH	-	NC	ESTROGENS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	VAC	EXC	VACCINES
VIZIMPRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	NC	ANTIVIRALS
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	OTC	NC	DERMATOLOGICALS
VONJO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTIVIRALS
VOTRIENT TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
VP-PNV-DHA CAP	-	3	MULTIVITAMINS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VTAMA CREAM	-	NC	DERMATOLOGICALS
VTOL SOLN	-	NC	ANALGESICS - NONNARCOTIC
VUITY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VYNDALM CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WEGOVY INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
WELCHOL PACK	-	NC	ANTIHYPERTENSIVES
WELCHOL TAB	-	NC	ANTIHYPERTENSIVES
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XADAGO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO SUSP	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	MSP-PA-QL	S	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	MSP-PA-QL	S	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	MSP-PA-QL	S	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	PA-QL-SP	2	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	PA-QL-SP	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	MSP-PA-QL	S	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	MSP-PA-QL	S	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	MSP-PA-QL	S	ANTICONVULSANTS
XELJANZ SOLN (QL= 10ml/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
XEMBIFY INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
XENLETA TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
XEOMIN INJ	M	M	NEUROMUSCULAR AGENTS
XEPI CREAM	-	NC	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIIDRA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOLAIR SYRINGE (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOSPATA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP	-	NC	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZBAC TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YAZ TAB, YASMIN 28 TAB	-	NC	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YODOXIN TAB	-	3	AMEBICIDES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZARXIO INJ	MSP	2	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	NC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPOSIA CAP (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT SOLN	-	NC	ANTIVIRALS
ZERVIAE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZIEXTENZO INJ	MSP	S	HEMATOPOIETIC AGENTS
ZILCAINE PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRABEV INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL--	NC	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv)	-	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZTALMY SUSP	-	NC	ANTICONVULSANTS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary Cont.
Alphabetical Index
Last Updated 7/1/2022

Drug Name	Special Code	Tier	Category
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYRTEC CAP	OTC	NC	ANTIHISTAMINES
ZYRTEC SYRUP	OTC	NC	ANTIHISTAMINES
ZYRTEC TAB	OTC	NC	ANTIHISTAMINES
ZYRTEC-D TAB	OTC	NC	COUGH/COLD/ALLERGY

	NC = Not Covered		generic = small letters		BRANDS = CAPITAL LETTERS
	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier			
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS					
AMPHETAMINES					
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1			
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1			
dextroamphetamine tab (DEXEDRINE equiv)	-	1			
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2			
VYVANSE CAP	-	2			
dextroamphetamine soln (PROCENTRA equiv)	-	3			
ADDERALL XR CAP	-	NC			
ADZENYS ER SUSP	-	NC			
ADZENYS XR TAB	-	NC			
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	-	NC			
amphetamine tab (EVEKEO equiv)	-	NC			
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC			
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC			
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC			
EVEKEO ODT	-	NC			
methamphetamine tab (DESOXYN equiv)	-	NC			
MYDAYIS CAP	-	NC			
VYVANSE CHEW TAB	-	NC			
ZENZEDI TAB	-	NC			
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC			
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC			
ANALEPTICS					
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2			
CAFCIT INJ	-	NC			
ANOREXIANTS NON-AMPHETAMINE					
phentermine cap (ADIPEX equiv)	-	1			
phentermine tab (ADIPEX equiv)	-	1			
BENZPHETAMINE TAB	-	NC			
DIETHYLPROPION ER TAB	-	NC			
diethylpropion tab	-	NC			
LOMAIRA TAB	-	NC			
PHENDIMETRAZINE ER TAB	-	NC			
phendimetrazine tab (BONTRIL PDM equiv)	-	NC			
PLENITY CAP	-	NC			
ANTI-OBESITY AGENTS					
IMCIVREE INJ	-	NC			
WEGOVY INJ	-	NC			
WEGOVY INJ 1.7MG/0.75ML	-	NC			
WEGOVY INJ 2.4MG/0.75ML	-	NC			
XENICAL CAP	-	NC			
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS					
guanfacine ER tab (INTUNIV equiv)	-	1			
atomoxetine cap (STRATTERA CAP equiv)	-	2			
clonidine ER tab (KAPVAY equiv)	-	2			
KAPVAY TAB	-	NC			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months </td> <td style="width: 33%; vertical-align: top;"> generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation </td> <td style="width: 33%; vertical-align: top;"> BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program </td> </tr> </table>			NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months	generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program
NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months	generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program			

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
QELBREE ER CAP	-	NC
STRATTERA CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv)	PA	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv)	PA	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
methylphenidate ER tab	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
methylphenidate chew tab (METHYLIN equiv)	-	3
APTENSIO XR CAP	-	NC
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
FOCALIN XR CAP	-	NC
methylphenidate ER cap (APTENSIO XR equiv)	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	3
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC
AMEBICIDES		
AMEBICIDES		
YODOXIN TAB	-	3
SOLOSEC GRANULES PACKET	-	NC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	3

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialty
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
AMINOGLYCOSIDES Cont.		
HUMATIN CAP	-	NC
TOBI PODHALER	-	NC
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	S
KITABIS PAK NEB SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
RINVOQ ER TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
XELJANZ SOLN (QL= 10ml/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
XELJANZ TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
XELJANZ XR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S

ANTIRHEUMATIC ANTIMETABOLITES

RHEUMATREX TAB	-	3
REDITREX INJ	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
HUMIRA INJ 10MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HUMIRA INJ 20MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HUMIRA INJ 40MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HUMIRA INJ 80MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
SIMPONI INJ 100MG (QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S

GOLD COMPOUNDS

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
RIDAURA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (Only available through Biologics 800-850-4306)	LD-PA	S
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	S
ACTEMRA SC INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
KEVZARA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (RX only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
KETOPROFEN ER CAP	-	3
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP	-	NC
FENOPROFEN TAB	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 750MG	-	NC
NAPROSYN EC TAB 500MG	-	NC
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC
oxaprozin tab (DAYPRO equiv)	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
TOLMETIN CAP	-	NC
tolmetin cap (TOLECTIN DS equiv)	-	NC
TOLMETIN TAB	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA STARTER PACK (QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
OTEZLA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S

PYRIMIDINE SYNTHESIS INHIBITORS

leflunomide tab (ARAVA equiv)	-	1
-------------------------------	---	---

SELECTIVE COSTIMULATION MODULATORS

ORENCIA CLICK INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ENBREL INJ 25MG (QL= 8 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ENBREL INJ 50MG (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ENBREL MINI INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

butalbital/acetaminophen tab (PHRENILIN equiv)	-	1
butalbital/acetaminophen/caffeine cap (FIORICET equiv)	-	1
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	1
butalbital/aspirin/caffeine cap (FIORINAL equiv)	-	1
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	1
ALLZITAL TAB	-	NC
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
VTOL SOLN	-	NC

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
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2

ANALGESICS - OPIOID

OPIOID AGONISTS

codeine sulfate tab	-	1
hydromorphone ER tab (EXALGO equiv) (QL= 2 tabs/day)	QL	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER cap (KADIAN equiv) (QL= 2 caps/day)	QL	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv) (QL= 4 caps/day)	QL	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
oxycodone tab 10mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1
oxycodone tab 15mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1
oxycodone tab 20mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1
oxycodone tab 30mg (ROXICODONE equiv) (QL= 2 tabs/day)	QL	1
oxycodone tab 5mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl patch 100mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 12mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 25mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 50mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 75mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2
MORPHINE SULFATE SUPP	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
ONSOLIS FILM	PA	2
oxycodone conc (ROXICODONE equiv) (QL= 90ml/30 days)	QL	2
oxycodone soln (ROXICODONE equiv) (QL= 1000ml/30days)	QL	2
SUBSYS SPRAY	PA	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
CODEINE SULFATE SOLN	-	3
EMBEDA CAP	-	3
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
KADIAN CAP (QL= 2 caps/day)	QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
NUCYNTA TAB (QL= 4 tabs/day)	QL	3
oxymorphone tab (OPANA equiv) (QL= 4 tabs/day)	QL	3
tramadol ER tab (ULTRAM ER equiv)	-	3
TRAMADOL HCL ER TAB	-	3
ARYMO ER TAB	-	NC
DSUVIA SL TAB	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
HYDROCODONE BITARTRATE ER CAP	-	NC
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
KADIAN CAP	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
MEPERIDINE TAB	-	NC
mepiridine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYMORPHONE ER TAB	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
RYBIX ODT	-	NC
TRAMADOL ER CAP	-	NC
tramadol hcl tab 100mg	-	NC
XTAMPZA ER CAP	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv)	-	1
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv)	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	2
CAPITAL/CODEINE SUSP	-	3
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREXIS CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
OPIOID PARTIAL AGONISTS		
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
ZUBSOLV SL TAB	-	2
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
BUTRANS PATCH	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL FILM	-	NC

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS		
oxandrolone tab	-	NC
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
TESTOSTERONE ENANTHATE INJ	-	1
testosterone enanthate im inj oil 200 mg/ml	-	1
danazol cap (DANOCRINE equiv)	-	2
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	3
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	3
AXIRON SOLN	-	NC
JATENZO CAP, TLANDO CAP	-	NC
METHITEST TAB	-	NC
methyltestosterone cap	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
testosterone gel 1% 25mg (ANDROGEL equiv)	-	NC
testosterone gel 1% pump (ANDROGEL equiv)	-	NC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv)	-	NC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv)	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
UCERIS RECTAL FOAM (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S

RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	NC
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB	PA	2
ivermectin tab (STROMEKTOL equiv)	PA	2
praziquantel tab (BILTRICIDE equiv)	-	3
ALBENZA TAB	-	NC
BILTRICIDE TAB	-	NC
EGATEN TAB	-	NC
EMVERM TAB	-	NC
albendazole tab (ALBENZA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
NITRATES		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
NITRO-BID OINT	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
NITROSTAT SL TAB	-	NC
ANTIANGIETY AGENTS		
ANTIANGIETY AGENTS - MISC.		

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTI-ANXIETY AGENTS Cont.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	NC
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
oxazepam cap (SERAX equiv)	-	2
clorazepate tab (TRANXENE-T equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	NC
LOREEV XR CAP	-	NC
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
QUINIDINE SULFATE ER TAB	-	3
QUINIDINE SULFATE TAB	-	NC
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	PA	2
MULTAQ TAB	-	2
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
NUCALA INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
XOLAIR SYRINGE (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
ANTI-INFLAMMATORY AGENTS		

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

EXC	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
M	NC/3P = Not Covered, Third Party Reviewer	INF	OTC	
PA	Plan Exclusion	MSP	RS	
SF	Medical Benefit	QL	SP	
	Prior Authorization	SMKG		
	Limited to two 15 day fills per month for first 3 months			

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER (QL= 1 inhaler/fill)	QL	2
INCRUSE ELLIPTA INHALER	-	2
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO TAB	-	NC
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB (QL= 1 tab/day)	QL	2
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER (QL= 1 inhaler/fill)	QL	1
ASMANEX INHALER (QL= 1 inhaler/fill)	QL	1
budesonide inh susp (PULMICORT equiv)	-	1
FLOVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	1
FLOVENT HFA INHALER (QL= 2 inhalers/fill)	QL	1
ALVESCO INHALER	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
ARMONAIR RESPICLICK	-	NC
FLUTICASONE HFA INHALER	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
ADVAIR DISKUS INHALER (QL= 1 inhaler/fill)	QL	2
ADVAIR HFA INHALER (QL= 1 inhaler/fill)	QL	2

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.																				
albuterol sulfate tab	-	2																		
ALBUTEROL TAB ER	-	2																		
ANORO ELLIPTA INHALER	-	2																		
arformoterol tartrate neb soln (BROVANA equiv)	-	2																		
BREO ELLIPTA INHALER (QL= 1 inhaler/fill)	QL	2																		
BREZTRI AEROSPHERE INHALER	-	2																		
COMBIVENT INHALER (QL= 1 inhaler/fill)	QL	2																		
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2																		
DULERA INHALER (QL= 1 inhaler/fill)	QL	2																		
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2																		
STIOLTO INHALER	-	2																		
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2																		
SYMBICORT INHALER	-	2																		
terbutaline sulfate tab (BRETHINE equiv)	-	2																		
TRELEGY ELLIPTA INHALER	-	2																		
VENTOLIN HFA INHALER (QL= 2 inhalers/fill)	QL	2																		
ARCAPTA NEOHALER (QL= 1 inhaler/fill)	QL	3																		
formoterol fumarate neb soln (PERFOROMIST equiv)	-	3																		
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill)	PA-QL	3																		
levabuterol neb soln (XOPENEX equiv)	-	3																		
METAPROTERENOL TAB	-	3																		
AIRDUO POWDER INHALER W/SENSOR	-	NC																		
AIRDUO RESPICLICK	-	NC																		
ALBUTEROL HFA INHALER	-	NC																		
albuterol HFA inhaler (PROAIR equiv)	-	NC																		
albuterol HFA inhaler (PROVENTIL equiv)	-	NC																		
BEVESPI AEROSPHERE INHALER	-	NC																		
BUDESONIDE/FORMOTEROL INHALER	-	NC																		
DUAKLIR INHALER	-	NC																		
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC																		
UTIBRON NEOHALER CAP	-	NC																		
XANTHINES																				
aminophylline tab	-	1																		
theophylline ER tab (UNIPHYL equiv)	-	1																		
theophylline soln	-	1																		
ELIXOPHYLLIN ELIXIR	-	2																		
THEOPHYLLINE ER TAB	-	2																		
LUFYLLIN TAB	-	3																		
ANTICOAGULANTS																				
COUMARIN ANTICOAGULANTS																				
warfarin tab (COUMADIN equiv)	-	1																		
DIRECT FACTOR XA INHIBITORS																				
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2																		
XARELTO STARTER PACK	-	2																		
XARELTO SUSP	-	2																		
XARELTO TAB	-	2																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="1"> <tbody> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </tbody> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoixaparin inj (LOVENOX equiv)	-	2
enoxaparin inj (LOVENOX equiv)	-	2
fondaparinux inj (ARIXTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
FRAGMIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
THROMBIN INHIBITORS		
PRADAXA CAP	-	3
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2
clonazepam ODT (KLONOPIN equiv)	-	3
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1
lacosamide oral solution (VIMPAT equiv)	PA	1
lacosamide tab (VIMPAT 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
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2
LAMICTAL CHEW TAB 2MG	-	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2
rufinamide susp (BANZEL equiv)	PA	2
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
APTIOM TAB	-	NC
BANZEL SUSP	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
ELEPSIA XR TAB	-	NC
LYRICA CAP	-	NC
LYRICA CAP 225MG	-	NC
LYRICA CAP 300MG	-	NC
NEURONTIN TAB 600MG	-	NC
NEURONTIN TAB 800MG	-	NC
OXTELLAR XR TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
ZTALMY SUSP	-	NC
DIACOMIT CAP (Only available through US Bioservices 888-518-7246)	LD-PA	S
DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)	LD-PA	S
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	S
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
rufinamide tab (BANZEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S

CARBAMATES

felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	PA-QL-SP	2
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	PA-QL-SP	2
FELBATOL TAB	-	NC
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	MSP-PA-QL	S

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	MSP-PA-QL	S
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	MSP-PA-QL	S
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	MSP-PA-QL	S
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	MSP-PA-QL	S
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	MSP-PA-QL	S
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
SABRIL TAB	-	NC
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	S
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	S
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	S
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 30MG (QL= 3 caps/day)	QL	3
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
DEPAKENE SYRUP	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
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
MAPROTILINE TAB	-	1
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	PA	3
NARDIL TAB	-	NC
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN	-	NC
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
fluoxetine cap (PROZAC equiv)	-	\$0
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab 60mg	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv)	-	2
paroxetine ER tab (PAXIL CR equiv)	-	3
paroxetine oral susp (PAXIL equiv)	-	3
CITALOPRAM CAP	-	NC
fluoxetine tab (PROZAC equiv)	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PAXIL ORAL SUSP	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
SEROTONIN MODULATORS		
trazodone tab (DESYREL equiv)	-	1
NEFAZODONE TAB (QL= 2 tabs/day)	QL	2
nefazodone tab 50mg, 250mg (QL= 2 tabs/day)	QL	2
OLEPTRO TAB	-	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
VIIBRYD STARTER KIT (QL= 1 tab/day)	PA-QL	3
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day)	PA-QL	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD TAB	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
CYMBALTA CAP	-	NC
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
venlafaxine ER tab	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
desipramine tab (NORPRAMIN equiv) (QL= 2 tabs/day)	QL	2
NORTRIPTYLINE SOLN	-	2
clomipramine cap (ANAFRANIL equiv)	PA	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (MIGLITOL equiv)	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	PA	3
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
SOLIQUA INJ (QL= 15ml/25 days)	PA-QL	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	2
ACTOPLUS MET XR TAB	-	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
metformin soln (RIOMET equiv)	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
METFORMIN TAB	-	NC
RIOMET ER SUSP	-	NC
RIOMET SOLN	-	NC
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2
diazoxide susp (PROGLYCEM equiv)	-	3
GLUCAGON INJ KIT	-	NC
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	S
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
TRULICITY INJ (QL= 4 pens/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ (QL= 1 pen/30 days)	QL	3
ADLYXIN INJ	-	NC
MOUNJARO INJ	-	NC
RYBELSUS TAB	-	NC
TANZEUM INJ	-	NC
INSULIN		
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ	-	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN 70/30 INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
ADMELOG INJ, INSULIN LISPRO INJ	-	NC
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
HUMALOG INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMULIN MIX INJ	OTC	NC

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
SEMGLEE SOLN	-	NC
HUMULIN R INJ U-500	PA	S
HUMULIN R U-500 KWIKPEN INJ	PA	S
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	3
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide soln (LOPERAMIDE equiv)	OTC	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv)	-	1
opium tincture	-	3

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
PAREGORIC TINCTURE	-	NC

ANTIDOTES

ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	S
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
EVZIO INJ	-	NC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS		
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
deferasirox granules packet (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
deferasirox tab (EXJADE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
deferasirox tab 180mg (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
deferasirox tab 90mg, 360mg (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	S
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC

OPIOID ANTAGONISTS		
KLOXXADO NASAL SPRAY	-	\$0
naloxone hcl nasal spray (NARCAN equiv)	-	\$0
naloxone inj	-	\$0
NALOXONE PREFILLED INJ	-	\$0
ZIMHI SOLN	-	2
EVZIO INJ	-	NC
NARCAN NASAL SPRAY	-	NC

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1
ondansetron soln (ZOFTRAN equiv)	-	1
ONDANSETRON TAB	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	PA-QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	PA-QL	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier			
ANTIEMETICS Cont.					
ANTIEMETICS - ANTICHOLINERGIC					
maldemar tab (SCOPACE equiv)	-	1			
meclizine tab (ANTIVERT equiv) (Rx Only)	-	1			
trimethobenzamide cap (TIGAN equiv)	-	1			
scopolamine patch (TRANSDERM-SCOP equiv)	-	2			
MECLIZINE 50MG TAB	-	NC			
TRANSDERM-SCOP PATCH	-	NC			
ANTIEMETICS - MISCELLANEOUS					
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2			
CESAMET CAP	-	3			
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC			
SYNDROS SOLN	-	NC			
dronabinol cap (MARINOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S			
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS					
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2			
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2			
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2			
EMEND SUSP	-	NC			
ANTIFUNGALS					
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)					
BREXAFEMME TAB	-	NC			
ANTIFUNGALS					
nystatin powder	-	1			
nystatin tab	-	1			
terbinafine tab (LAMISIL equiv)	-	1			
griseofulvin micro tab (GRIFULVIN V equiv)	-	2			
griseofulvin susp (GRIFULVIN equiv)	-	2			
griseofulvin tab (GRIS-PEG equiv)	-	2			
flucytosine cap (ANCOBON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S			
IMIDAZOLE-RELATED ANTIFUNGALS					
fluconazole susp (DIFLUCAN equiv)	-	1			
fluconazole tab (DIFLUCAN equiv)	-	1			
ketoconazole tab (NIZORAL equiv)	-	1			
itraconazole cap (SPORANOX equiv)	-	2			
NOXAFIL SUSP	PA	2			
itraconazole soln (SPORANOX equiv)	PA	3			
CRESEMBA CAP	-	NC			
NOXAFIL TAB	-	NC			
posaconazole DR tab (NOXAFIL equiv)	-	NC			
SPORANOX SOLN	-	NC			
TOLSURA CAP	-	NC			
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S			
 Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months </td> <td style="width: 33%; vertical-align: top;"> generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation </td> <td style="width: 33%; vertical-align: top;"> BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program </td> </tr> </table>			NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months	generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program
NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months	generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program			

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

chlorpheniramine ER cap	-	1
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
RYCLORA SOLN	-	NC

ANTIHISTAMINES - ETHANOLAMINES

diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
CARBINOXAMINE SOLN	-	3
carbinoxamine soln (PALGIC equiv)	-	3
carbinoxamine tab (PALGIC equiv)	-	3
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC

ANTIHISTAMINES - NON-SEDATING

cetirizine cap (ZYRTEC equiv)	OTC	1
cetirizine syrup (ZYRTEC equiv)	OTC	1
cetirizine tab (ZYRTEC equiv)	OTC	1
fexofenadine tab (ALLEGRA equiv)	OTC	1
levocetirizine soln (XYZAL equiv)	-	1
levocetirizine tab (XYZAL equiv)	-	1
loratadine ODT (CLARITIN equiv)	OTC	1
loratadine tab (CLARITIN equiv)	OTC	1
desloratadine tab (CLARINEX equiv)	PA	3
ALLEGRA ODT	OTC	NC
ALLEGRA SUSP	OTC	NC
ALLEGRA TAB	OTC	NC
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARITIN CAP	OTC	NC
CLARITIN CHEW TAB	OTC	NC
CLARITIN REDITAB	OTC	NC
CLARITIN SYRUP	OTC	NC
CLARITIN TAB	OTC	NC
DES Loratadine ODT	-	NC
fexofenadine susp (ALLEGRA equiv)	OTC	NC
loratadine cap (CLARITIN equiv)	OTC	NC
loratadine chew tab (CLARITIN equiv)	OTC	NC
ZYRTEC CAP	OTC	NC
ZYRTEC SYRUP	OTC	NC
ZYRTEC TAB	OTC	NC

ANTIHISTAMINES - PHENOTHIAZINES

promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
PROMETHEGAN SUPP	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERTENSIVES		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB	-	NC
ANTIHYPERTENSIVES - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
NEXLIZET TAB	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
icosapent ethyl cap 1gm (VASCEPA equiv)	-	NC
KYNAMRO INJ	-	NC
VASCEPA CAP 0.5GM	-	NC
VASCEPA CAP 1GM	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
TRICOR TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	1
atorvastatin tab 80mg (LIPITOR equiv)	-	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
fluvastatin cap (LESCOL equiv)	-	2
fluvastatin ER tab (LESCOL XL equiv)	-	3
LIVALO TAB	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
CRESTOR TAB 20MG	-	NC
EZALLOR SPRINKLE CAP	-	NC
FLOLIPID SUSP	-	NC
LESCOL XL TAB	-	NC
SIMCOR TAB	-	NC
SIMVASTATIN SUSP	-	NC
simvastatin tab 80mg (ZOCOR equiv)	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	1
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
captopril tab (CAPOTEN equiv)	-	2
QBRILIS SOLN (Prior Authorization required for members age 9 or older)	PA	3
enalapril maleate oral soln (EPANED equiv)	-	NC
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP	-	NC
metyrosine cap (DEMSER equiv)	-	NC
phenoxybenzamine cap (DIBENZYLININE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
ATACAND TAB	-	NC
EDARBI TAB	-	NC
EPROSARTAN TAB	-	NC
VALSARTAN ORAL SOLN	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
RESERPINE TAB	-	3
CATAPRES-TTS PATCH	-	NC
NEXICLON XR TAB	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1

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

	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
EXC	Plan Exclusion	INF	Limited Distribution
M	Medical Benefit	MSP	Over-the-Counter
PA	Prior Authorization	QL	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
BENAZEPRIL/HCT TAB	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
METOPROLOL/HYDROCHLOROTHIAZIDE TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
AMTURNIDE TAB	-	3
EXFORGE HCT TAB	-	3
TEKAMLO TAB	-	3
TEKURNA HCT TAB	-	3
VALTURNA TAB	-	3
amlodipine/olmesartan tab (AZOR equiv)	-	NC
AZOR TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
CORZIDE TAB 80-5MG	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMEYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKURNA equiv)	-	2
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPIRA equiv)	-	2
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1

ANTI-INFECTIVE AGENTS - MISC.

metronidazole tab (FLAGYL equiv)	-	1
----------------------------------	---	---

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL ER TAB	-	3
PRIMSOL SOLN	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	PA-QL	3
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
NEBUPENT NEB SOLN	-	NC
XIFAXAN TAB 550MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	NC
UTA CAP	-	NC
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2
ALINIA TAB	-	NC
LAMPIT TAB	-	NC
atovaquone susp (MEPRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
GLYCOPEPTIDES		
FIRST-VANCOMYCIN SOLN	-	1
FIRVANQ SOLN	-	2
VANCOGIN CAP	-	NC
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN INJ	-	NC
VANCOMYCIN SOLN	-	NC
vancomycin cap (VANCOGIN equiv) (QL= 56 caps/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	S

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
ANTI-INFECTIVE AGENTS - MISC. Cont.																				
OXAZOLIDINONES																				
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S																		
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	S																		
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	S																		
PLEUROMUTILINS																				
XENLETA TAB	-	NC																		
POLYMYXINS																				
colistimethate inj (COLY-MYCIN M equiv)	-	NC																		
URINARY ANTI-INFECTIVES																				
methenamine mandelate tab	-	1																		
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1																		
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1																		
methenamine hippurate tab (HIPREX equiv)	-	2																		
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3																		
MACRODANTIN CAP 25MG	-	NC																		
MONUROL GRANULE PACK	-	NC																		
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC																		
nitrofurantoin susp (FURADANTIN equiv)	-	NC																		
ANTIMALARIALS																				
ANTIMALARIAL COMBINATIONS																				
atovaquone/proguanil tab (MALARONE equiv)	-	1																		
FANSIDAR TAB	-	NC																		
MALARONE TAB	-	NC																		
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC																		
ANTIMALARIALS																				
chloroquine tab (ARALEN equiv)	-	1																		
hydroxychloroquine tab (PLAQUENIL equiv)	-	1																		
primaquine tab (PRIMAQUINE equiv)	-	1																		
HYDROXYCHLOROQUINE TAB 100MG (QL= 1 tab/day)	QL	2																		
KRINTAFEL TAB	-	2																		
mefloquine tab (LARIAM equiv)	-	2																		
ARAKODA TAB	-	3																		
HYDROXYCHLOROQUINE TAB	-	NC																		
QUALAQUIN CAP	-	NC																		
quinine sulfate cap (QUALAQUIN equiv)	-	NC																		
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S																		
ANTIMYASTHENIC/CHOLINERGIC AGENTS																				
ANTIMYASTHENIC/CHOLINERGIC AGENTS																				
pyridostigmine tab (MESTINON equiv)	-	1																		
PROSTIGMIN TAB	-	2																		
pyridostigmine CR tab (MESTINON equiv)	-	2																		
pyridostigmine soln (MESTINON equiv)	-	3																		
PYRIDOSTIGMINE TAB 30MG	-	NC																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	S

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
ANTIMYCOBACTERIAL AGENTS		
ISONIAZID TAB	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
rifampin cap (RIFADIN equiv)	-	2
ISONIAZID SYRUP	-	3
CYCLOSERINE CAP	-	NC
cycloserine cap (CYCLOSERINE CAP equiv)	-	NC
TRECTOR TAB	-	NC
rifabutin cap (MYCOBUTIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
SIRTURO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S

ANTINEOPLASTICS

ALKYLATING AGENTS		
ALFERON-N INJ	-	NC
HYCAMTIN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
INTRON-A INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
MESNEX TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
tretinoin cap (VESANOID equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
ZOLINZA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS		
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
melphalan tab (ALKERAN equiv)	-	2
CYCLOPHOSPHAMIDE CAP	-	NC
CYCLOPHOSPHAMIDE TAB	-	NC
cyclophosphamide cap (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
MYLERAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
temozolomide cap (TEMODAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S

ANTIMETABOLITES		
methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
ONUREG TAB	-	NC
PURIXAN SUSP	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TREXALL TAB	-	NC
XATMEP SOLN	-	NC
capecitabine tab (XELODA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
MVASI INJ	M	M
ZIRABEV INJ	M	M
AVASTIN INJ	-	NC
INLYTA TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ	M	M
TRUXIMA INJ	M	M
GAZYVA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
OGIVRI INJ	M	M
TRAZIMERA INJ	M	M
HERCEPTIN INJ	-	NC
HERZUMA INJ	-	NC
KANJINTI INJ	-	NC
ONTRUZANT INJ	-	NC
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S
ANTINEOPLASTIC - EGFR INHIBITORS		
TARCEVA TAB	-	NC
VIZIMPRO TAB	-	NC
erlotinib tab (TARCEVA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB	-	NC
ERIVEDGE CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA-SF	S
ODOMZO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	2
FLUTAMIDE CAP	-	2
flutamide cap (EULEXIN equiv)	-	2
toremifene tab (FARESTON equiv)	-	2
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
FARESTON TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
ORGOVYX TAB	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S
ERLEADA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	S
nilutamide tab (NILANDRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
NUBEQA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK	-	NC
ANTINEOPLASTIC COMBINATIONS		
HERCEPTIN HYLECTA INJ	-	NC
KISQALI PAK	-	NC
RITUXAN INJ HYCELA	-	NC
INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	S
ANTINEOPLASTIC ENZYME INHIBITORS		
BORTEZOMIB INJ	M	M
AFINITOR DISPERZ TAB	-	NC

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
BORTEZOMIB INJ	-	NC
COPIKTRA CAP	-	NC
FOTIVDA CAP	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
INREBIC CAP	-	NC
KISQALI TAB	-	NC
LORBRENA TAB 100MG	-	NC
LORBRENA TAB 25MG	-	NC
SCEMBLIX TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.25MG	-	NC
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	NC
TEPMETKO TAB	-	NC
TURALIO CAP	-	NC
TYKERB TAB	-	NC
VELCADE INJ	-	NC
VITRAKVI CAP 100MG	-	NC
VITRAKVI CAP 25MG	-	NC
VITRAKVI SOLN	-	NC
VONJO CAP	-	NC
XOSPATA TAB	-	NC
ALECENSA CAP (QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	S
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	S
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)	LD-PA-QL-SF	S
BOSULIF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
CABOMETYX TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	S
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S
COTELLIC TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
everolimus tab (AFINITOR equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	S
IBRANCE CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
IBRANCE TAB (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	S
IDHIFA TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
imatinib tab (GLEEVEC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
JAKAFI TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
lapatinib ditosylate tab (TYKERB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	S
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	S
MEKINIST TAB 0.5MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
MEKINIST TAB 2MG (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	S
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PIQRAY TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
RETEVMO CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
ROZLYTREK CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	S
RYDAPT CAP (QL= 56 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
sorafenib tosylate tab (NEXAVAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
SPRYCEL TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
STIVARGA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
sunitinib malate cap (SUTENT equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
TABRECTA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
TAFINLAR CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
TASIGNA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S
TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	S
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	S
TRUSELTIQ PACK 75MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	S
VERZENIO TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
VOTRIENT TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
XALKORI CAP (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S
ZELBORAF TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	S
ZYKADIA CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
ZYKADIA TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
BESREMI INJ	-	NC
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	S
bexarotene cap (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MITOTIC INHIBITORS		
ETOPOSIDE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
M	Plan Exclusion	INF	Limited Distribution
PA	Medical Benefit	MSP	Over-the-Counter
SF	Prior Authorization	QL	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program
		INF	
		MSP	
		QL	
		SMKG	

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.

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
pramipexole ER tab (MIRAPEX ER equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
MIRAPEX ER TAB	-	NC
RYTARY CAP	-	NC
NEUPRO PATCH (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	-	2
AZILECT TAB	-	NC
ZELAPAR ODT	-	NC
XADAGO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP	-	NC
ANTIPARKINSON DOPAMINERGICS		
CARBIDOPA/LEVODOPA ODT	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
INBRIJA INH POWDER	-	NC
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
OSMOLEX ER TAB	-	NC
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)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
EQUETRO CAP	-	2
LATUDA TAB (QL= 1 tab/day)	QL	2
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	3
INVEGA HAFYERA INJ	-	NC
FANAPT TAB (QL= 2 tabs/day)	PA-QL	S
FANAPT TITRATION PACK (QL= 2 tabs/day)	PA-QL	S
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
asenapine maleate SL tab (SAPHRIS equiv)	-	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
SAPHRIS SL TAB	-	NC
SECUADO PATCH	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
CHLORPROMAZINE CONC	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.																				
QUINOLINONE DERIVATIVES																				
aripiprazole tab (ABILIFY equiv)	-	1																		
aripiprazole soln (ABILIFY equiv)	-	3																		
ABILIFY MYCITE TAB	-	NC																		
aripiprazole ODT (ABILIFY equiv)	-	NC																		
REXULTI TAB	PA	S																		
THIOXANTHENES																				
thiothixene cap (NAVANE equiv)	-	1																		
ANTISEPTICS & DISINFECTANTS																				
ANTISEPTICS & DISINFECTANTS																				
HYLAMEND GEL FIRST AID	-	NC																		
CHLORINE ANTISEPTICS																				
PHISOHEX LIQUID	-	3																		
IODINE ANTISEPTICS																				
IODOFLEX PAD	-	NC																		
ANTIVIRALS																				
ANTIRETROVIRALS																				
DESCOVY TAB	PA	\$0																		
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0																		
didanosine DR cap (VIDEX EC equiv)	-	1																		
nevirapine tab (VIRAMUNE equiv)	-	1																		
stavudine cap (ZERIT equiv)	-	1																		
zidovudine tab (RETROVIR equiv)	-	1																		
abacavir soln (ZIAGEN equiv)	-	2																		
abacavir tab (ZIAGEN equiv)	-	2																		
abacavir/lamivudine tab (EPZICOM equiv)	-	2																		
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2																		
APTIVUS CAP	-	2																		
APTIVUS SOLN	-	2																		
atazanavir cap (REYATAZ equiv)	-	2																		
BIKTARVY TAB	-	2																		
COMPLERA TAB	-	2																		
CRIXIVAN CAP	-	2																		
DOVATO TAB	-	2																		
EDURANT TAB	-	2																		
efavirenz cap (SUSTIVA equiv)	-	2																		
efavirenz tab (SUSTIVA equiv)	-	2																		
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2																		
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2																		
emtricitabine cap (EMTRIVA equiv)	-	2																		
EMTRIVA SOLN	-	2																		
etravirine tab (INTELENCE equiv)	-	2																		
EVOTAZ TAB	-	2																		
fosamprenavir tab (LEXIVA equiv)	-	2																		
GENVOYA TAB (QL= 1 tab/day)	QL	2																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2
ISENTRESS (HD) TAB	-	2
ISENTRESS CHEW TAB	-	2
JULUCA TAB	-	2
lamivudine soln (EPIVIR equiv)	-	2
lamivudine tab (EPIVIR equiv)	-	2
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
LEXIVA SUSP	-	2
lopinavir/ritonavir soln (KALETRA equiv)	-	2
lopinavir/ritonavir tab (KALETRA equiv)	-	2
maraviroc tab (SELZENTRY equiv)	-	2
NEVIRAPINE ER TAB	-	2
NEVIRAPINE SUSP	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB (QL= 1 tab/day)	QL	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
ritonavir tab (NORVIR equiv)	-	2
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
STAVUDINE CAP	-	2
stavudine soln (ZERIT equiv)	-	2
STRIBILD TAB (QL= 1 tab/day)	QL	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2
TIVICAY PD TAB	-	2
TIVICAY TAB	-	2
TRIUMEQ PD TAB (QL= 1 tab/day)	QL	2
TRIUMEQ TAB (QL= 1 tab/day)	QL	2
TRIZIVIR TAB	-	2
VIDEX SOLN	-	2
VIRACEPT POWDER	-	2
VIRACEPT TAB	-	2
VIRAMUNE XR TAB	-	2
VIREAD TAB	-	2
VITEKTA TAB	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
ATRIPLA TAB	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
ANTIVIRALS Cont.																				
CABENUVA IM SUSP	-	NC																		
CIMDUO TAB	-	NC																		
DELSTRIGO TAB	-	NC																		
DIDANOSINE DR CAP, VIDEX EC CAP	-	NC																		
EMTRIVA CAP	-	NC																		
EPZICOM TAB	-	NC																		
ISENTRESS POWDER PACK	-	NC																		
KALETRA SOLN	-	NC																		
KALETRA TAB	-	NC																		
LEXIVA TAB	-	NC																		
NORVIR TAB	-	NC																		
PIFELTRO TAB	-	NC																		
SELZENTRY TAB	-	NC																		
SUSTIVA TAB	-	NC																		
SYMFI (LO) TAB	-	NC																		
TYBOST TAB	-	NC																		
VIRAMUNE SUSP	-	NC																		
VOCABRIA TAB	-	NC																		
ZERIT SOLN	-	NC																		
FUZEON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
ANTIVIRAL COMBINATIONS																				
PAXLOVID TAB (QL= 20 tabs/fill)	QL	\$0																		
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0																		
CMV AGENTS																				
GANCICLOVIR CAP	-	2																		
LIVTENCITY TAB	-	NC																		
VALCYTE SOLN	-	NC																		
PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S																		
valganciclovir soln (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S																		
valganciclovir tab (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S																		
HEPATITIS AGENTS																				
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1																		
adefovir dipivoxil tab (HEPSERA equiv)	-	2																		
EPIVIR HBV SOLN	-	2																		
BARACLUDE SOLN	-	NC																		
DAKLINZA TAB	-	NC																		
EPCLUSA PAK	-	NC																		
EPCLUSA TAB	-	NC																		
HARVONI PELLETT PAK	-	NC																		
HARVONI TAB	-	NC																		
HEPSERA TAB	-	NC																		
MODERIBA TAB	-	NC																		
OLYSIO CAP	-	NC																		
RIBAPAK TAB	-	NC																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
entecavir tab (BARACLUDE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
MAVYRET PAK (QL= 5 packs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
MAVYRET TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
PEGASYS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
PEG-INTRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
REBETOL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
ribavirin cap (REBETOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
ribavirin tab (COPEGUS equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
VEMLIDY TAB	-	S
VOSEVI TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	2
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3
TAMIFLU CAP	-	NC
TAMIFLU CAP 30MG	-	NC
MISC. ANTIVIRALS		
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	\$0

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
M	Plan Exclusion	INF	Limited Distribution
PA	Medical Benefit	MSP	Over-the-Counter
SF	Prior Authorization	QL	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program
		INF	
		MSP	
		QL	
		SMKG	

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
ANTIVIRALS Cont.																				
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS																				
ribavirin inh soln (VIRAZOLE equiv)	-	NC																		
ASSORTED CLASSES																				
CHELATING AGENTS																				
D-PENAMINE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
IMMUNOMODULATORS																				
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	S																		
THALOMID CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S																		
IMMUNOSUPPRESSIVE AGENTS																				
azathioprine tab (IMURAN equiv)	-	1																		
cyclosporine modified cap (NEORAL equiv)	-	1																		
mycophenolate mofetil cap (CELLCEPT equiv)	-	1																		
mycophenolate mofetil tab (CELLCEPT equiv)	-	1																		
tacrolimus cap (PROGRAF equiv)	-	1																		
cyclosporine modified soln (NEORAL equiv)	-	2																		
ENVARUSUS XR TAB	-	NC																		
cyclosporine cap (SANDIMMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
mycophenolate DR tab (MYFORTIC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
mycophenolate mofetil susp (CELLCEPT SUSP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
SANDIMMUNE SOLN 100MG/ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
sirolimus tab (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
POTASSIUM REMOVING RESINS																				
sodium polystyrene susp (SPS equiv)	-	1																		
sodium polystyrene powder (KAYEXALATE equiv)	-	2																		
VELTASSA POWDER	PA	2																		
BETA BLOCKERS																				
ALPHA-BETA BLOCKERS																				
carvedilol tab (COREG equiv)	-	1																		
labetalol tab (NORMODYNE equiv)	-	1																		
carvedilol phosphate ER cap (COREG CR equiv)	-	NC																		
COREG CR CAP	-	NC																		
BETA BLOCKERS CARDIO-SELECTIVE																				
acebutolol cap (SECTRAL equiv)	-	1																		
atenolol tab (TENORMIN equiv)	-	1																		
betaxolol tab (KERLONE equiv)	-	1																		
bisoprolol tab (ZEBETA equiv)	-	1																		
metoprolol ER tab (TOPROL XL equiv)	-	1																		
metoprolol tab (LOPRESSOR equiv)	-	1																		
nebivolol hcl tab (BYSTOLIC equiv)	-	2																		
FIRST ATENOLOL SOLN	-	3																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
FIRST METOPROLOL ORAL SOLN	-	3
KAPSPARGO CAP	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
SOTYLIZE SOLN 5MG/ML	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	PA	2
ORALAIR SL TAB	PA	2
RAGWITEK SL TAB	PA	2
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
CARDENE SR CAP	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
nicardipine cap (CARDENE equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class
Last Updated* 7/1/2022

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
KATERZIA SUSP	-	NC
NORLIQVA ORAL SOLN	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL CAP 100MG	-	NC
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC
nimodipine cap (NIMOTOP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
CARDIOTONICS		
CARDIAC GLYCOSIDES		
DIGOXIN SOLN	-	1
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN INJ	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP	-	NC
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
BIDIL TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC
IMPOTENCE AGENTS		
tadalafil tab 2.5mg, 5mg (CIALIS equiv)	-	EXC
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB	-	NC
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB	-	NC
REMODULIN INJ 10MG/ML	-	NC
REMODULIN INJ 1MG/ML	-	NC
REMODULIN INJ 2.5MG/ML	-	NC
REMODULIN INJ 5MG/ML	-	NC
treprostinil inj 10mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 1mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 2.5mg/ml (REMODULIN equiv)	-	NC
treprostinil inj 5mg/ml (REMODULIN equiv)	-	NC
TYVASO DPI POWDER	-	NC
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
M	Plan Exclusion	INF	Limited Distribution
PA	Medical Benefit	MSP	Over-the-Counter
SF	Prior Authorization	QL	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program
		OTC	
		RS	
		SP	
		OTC	
		RS	
		SP	

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																																				
CARDIOVASCULAR AGENTS - MISC. Cont.																																						
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)	LD-PA-QL	S																																				
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S																																				
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S																																				
TRACLEER TAB 32MG (Only available through Walgreens 888-347-3416)	LD-PA	S																																				
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS																																						
sildenafil tab 20mg (REVATIO equiv)	PA	1																																				
ADCIRCA TAB	-	NC																																				
REVATIO SUSP	-	NC																																				
sildenafil susp (REVATIO equiv)	-	NC																																				
tadalafil tab (PAH) (ADCIRCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S																																				
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST																																						
UPTRAVI INJ	-	NC																																				
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S																																				
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR																																						
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S																																				
SINUS NODE INHIBITORS																																						
CORLANOR TAB	PA	3																																				
CORLANOR SOLN	-	NC																																				
TRANSTHYRETIN STABILIZERS																																						
VYNDAMAX CAP (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S																																				
VYNDAQEL CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S																																				
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)																																						
VERQUVO TAB (QL= 1 tab/day)	PA-QL	2																																				
CEPHALOSPORINS																																						
CEPHALOSPORINS - 1ST GENERATION																																						
cefadroxil cap (DURICEF equiv)	-	1																																				
cefadroxil susp (DURICEF equiv)	-	1																																				
CEFADROXIL TAB	-	1																																				
cefadroxil tab (DURICEF equiv)	-	1																																				
cephalexin cap (KEFLEX equiv)	-	1																																				
cephalexin susp (KEFLEX equiv)	-	1																																				
CEPHALEXIN CAP	-	NC																																				
cephalexin cap 750mg (KEFLEX equiv)	-	NC																																				
CEPHALEXIN TAB	-	NC																																				
KEFLEX CAP 750MG	-	NC																																				
CEPHALOSPORINS - 2ND GENERATION																																						
cefprozil susp (CEFZIL equiv)	-	1																																				
cefprozil tab (CEFZIL equiv)	-	1																																				
cefuroxime susp (CEFTIN equiv)	-	1																																				
cefuroxime tab (CEFTIN equiv)	-	1																																				
CEFACLOR CAP	-	3																																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																																						
<table border="1"> <tr> <td>EXC</td> <td>NC = Not Covered NC/3P = Not Covered, Third Party Reviewer</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>M</td> <td>Plan Exclusion</td> <td>INF</td> <td>Limited Distribution</td> </tr> <tr> <td>PA</td> <td>Medical Benefit</td> <td>MSP</td> <td>Over-the-Counter</td> </tr> <tr> <td>SF</td> <td>Prior Authorization</td> <td>QL</td> <td>Restricted to Specialist</td> </tr> <tr> <td></td> <td>Limited to two 15 day fills per month for first 3 months</td> <td>SMKG</td> <td>Available through Specialty Pharmacy Program</td> </tr> <tr> <td></td> <td></td> <td>INF</td> <td>Infertility</td> </tr> <tr> <td></td> <td></td> <td>MSP</td> <td>Mandatory Specialty Pharmacy Program</td> </tr> <tr> <td></td> <td></td> <td>QL</td> <td>Quantity Limit</td> </tr> <tr> <td></td> <td></td> <td>SMKG</td> <td>Smoking Cessation</td> </tr> </table>			EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS	M	Plan Exclusion	INF	Limited Distribution	PA	Medical Benefit	MSP	Over-the-Counter	SF	Prior Authorization	QL	Restricted to Specialist		Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program			INF	Infertility			MSP	Mandatory Specialty Pharmacy Program			QL	Quantity Limit			SMKG	Smoking Cessation
EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS																																			
M	Plan Exclusion	INF	Limited Distribution																																			
PA	Medical Benefit	MSP	Over-the-Counter																																			
SF	Prior Authorization	QL	Restricted to Specialist																																			
	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program																																			
		INF	Infertility																																			
		MSP	Mandatory Specialty Pharmacy Program																																			
		QL	Quantity Limit																																			
		SMKG	Smoking Cessation																																			

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
cefaclor susp (CEFACLOR equiv)	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEDAX CAP	-	3
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPRAX equiv)	-	3
cefepodoxime proxetil susp (VANTIN equiv)	-	3
cefepodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
CEDAX SUSP	-	NC
CEFDITOREN TAB	-	NC

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0
NECON TAB	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
BALCOLTRA TAB	-	3
drosiprenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)	-	3
NEXTSTELLIS TAB	-	3
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	3
BEYAZ TAB	-	NC

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	NC
FALESSA KIT	-	NC
loestrin 21 tab	-	NC
loestrin tab	-	NC
mibelas chew tab (MINASTRIN equiv)	-	NC
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	NC
TAYTULLA CAP	-	NC
YAZ TAB, YASMIN 28 TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
zafemy patch (XULANE equiv)	-	\$0
TWIRLA PATCH	-	3
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
ANNOVERA RING (QL= 1 ring/year)	QL	3
eluryng vaginal ring (NUVARING equiv)	-	NC
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	EXC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ	-	EXC
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
SLYND TAB	-	3

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE SOLN	-	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	-	1
prednisolone syrup (PRELONE equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISOLONE ODT TAB	-	2
PREDNISONE SOLN	-	2

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
PREDNISOLONE SOLN	-	3
ALKINDI SPRINKLE CAP	-	NC
CORTEF TAB	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
HEMADY TAB	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
TARPEYO CAP	-	NC
UCERIS TAB	-	NC
budesonide ER tab (UCERIS equiv) (QL=1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1

COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
HYCODAN SYRUP	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	1
fenofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	1
fenofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	1
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	1
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	1
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	1
promethazine DM syrup	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3
NEOTUSS PLUS LIQUID	-	3
ALLEGRA-D 12-HOUR TAB	OTC	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
ALLEGRA-D 24-HOUR TAB	OTC	NC
ALLEGRA-D TAB	OTC	NC
BROVEX PEB LIQUID	OTC	NC
CLARINEX-D TAB	-	NC
CLARITIN-D TAB	OTC	NC
DOMETUSS-DMX LIQ	-	NC
DURAVENT PE TAB	-	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
lohist liquid (DECON-A equiv)	OTC	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
SEMPREX-D CAP	-	NC
TRIAMINIC SYRUP	OTC	NC
TUSSICAPS	-	NC
TUSSI-PRES LIQUID	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
ZYRTEC-D TAB	OTC	NC

EXPECTORANTS

potassium iodide oral soln (SSKI equiv)	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
SSKI ORAL SOLN	-	NC

MISC. RESPIRATORY INHALANTS

sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2

MUCOLYTICS

acetylcysteine soln (MUCOMYST equiv)	-	1
--------------------------------------	---	---

DERMATOLOGICALS

ACNE PRODUCTS

clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
DIFFERIN OTC GEL 0.1%	OTC	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
AVAR GEL	-	2
clindamycin/benzoyl peroxide gel (BENZAACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
EPIDUO FORTE GEL 0.3-2.5% (Acne Only – members age 35 or older require Prior Authorization)	PA	2

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ERY PAD	-	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
PRASCION RA CREAM	-	2
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2
tretinoin cream (RETIN-A CREAM equiv) (QL= 23gm/30 days)	PA-QL	2
tretinoin gel (RETIN-A GEL equiv) (QL= 23gm/30 days)	PA-QL	2
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
tretinoin gel 0.05% (QL= 45g/30 days)	PA-QL	3
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ADAPALENE SOLN	-	NC
adapalene cream (DIFFERIN equiv)	-	NC
adapalene gel (DIFFERIN equiv)	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	NC
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	NC
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE GEL equiv)	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLENIA PLUS SUSP	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DAPSONE GEL 7.5%	-	NC
EPIDUO GEL 0.1-2.5%	-	NC
EPSOLAY CREAM	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
isotretinoin cap 25mg (ABSORICA equiv)	-	NC
isotretinoin cap 35mg (ABSORICA equiv)	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC
SUMADEN XLT KIT	-	NC
tretinoin microsphere gel	-	NC
TRETIN-X CREAM	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
ZIANA GEL	-	NC
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv) (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv) (QL= 30gm/fill)	QL	1
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
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
naftifine cream (NAFTIN equiv)	-	2
EXELDERM SOLN	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
naftifine gel (NAFTIN equiv)	-	3
NAFTIN GEL	-	3
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
clotrimazole cream (LOTRIMIN AF equiv)	OTC	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
NIZORAL A-D SHAMPOO	OTC	NC
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC
ONYCHO-MED KIT	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
tavaborole soln (KERYDIN equiv)	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
DERMATOLOGICALS Cont.																				
ZOLPAK KIT	-	NC																		
ANTI-INFLAMMATORY AGENTS - TOPICAL																				
diclofenac gel 1% (VOLTAREN equiv) (QL= 2 tubes/30 days)	QL	3																		
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3																		
diclofenac sodium gel kit (VENNGEL equiv)	-	NC																		
diclofenac sodium soln (XRYLIX equiv)	-	NC																		
diclofenac sodium soln 2% (PENNSAID SOLN equiv)	-	NC																		
diclofenac soln 1.5% (PENNSAID equiv)	-	NC																		
DICLONA GEL	-	NC																		
DICLOTREX PAK	-	NC																		
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC																		
LICART PATCH	-	NC																		
NAPROXEN CREAM COMPOUND KIT	-	NC																		
PENNSAID SOLN	-	NC																		
REXAPHENAC CREAM	-	NC																		
VOLTAREN GEL	OTC	NC																		
VOPAC 5 CREAM	-	NC																		
VOPAC CREAM	-	NC																		
VOPAC GB CREAM	-	NC																		
XRYLIX PAK	-	NC																		
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL																				
fluorouracil cream (EFUDEX CREAM equiv) (QL= 40g/fill)	QL	1																		
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2																		
FLUOROURACIL SOLN (QL= 10ml/fill)	QL	2																		
TOLAK CREAM 4% (QL= 40g/fill)	QL	2																		
FLUOROURACIL CREAM 0.5%	-	3																		
CARAC CREAM	-	NC																		
FLUORAC CREAM	-	NC																		
FLUOROPLEX CREAM	-	NC																		
KLISYRI OINT	-	NC																		
PICATO GEL	-	NC																		
ROAOXIA GEL	-	NC																		
SOLARAVIX PAK	-	NC																		
TARGRETIN GEL	-	NC																		
VALCHLOR GEL	-	NC																		
bexarotene gel (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S																		
ANTIPRURITICS - TOPICAL																				
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (QL= 45g/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S																		
ANTIPSORIATICS																				
acitretin cap (SORIATANE equiv)	PA	2																		
calcipotriene cream (DOVONEX CREAM equiv) (QL= 1 tube/30 days)	PA-QL	2																		
calcipotriene oint (QL= 60gm/30 days)	PA-QL	2																		
calcipotriene soln (DOVONEX SOLN equiv) (QL= 1 tube/30 days)	PA-QL	2																		
tazarotene cream 0.1% (TAZORAC equiv) (QL= 1 tube/30 days)	PA-QL	2																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class
Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
TAZORAC CREAM 0.05% (QL= 1 tube/30 days)	PA-QL	3
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
SILIQ INJ	-	NC
TAZORAC GEL	-	NC
VTAMA CREAM	-	NC
8-MOP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
CALCITRIOL OINT (QL= 100gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
METHOXSALEN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
methoxsalen cap (OXSORALEN ULTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
STELARA INJ (QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
TALTZ INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
TREMFYA INJ (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
seb-prev cream (OVACE CREAM equiv)	-	3
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3
sodium sulfacetamide shampoo (OVACE equiv)	-	3
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide lotion	OTC	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir cream (ZOVIRAX equiv)	-	NC
acyclovir oint (ZOVIRAX equiv)	-	NC
DENAVIR CREAM	-	NC
XERESE CREAM	-	NC
ZOVIRAX CREAM	-	NC
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SULFAMYLLON CREAM	-	2
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
BETAMETHASONE AUGMENTED GEL	-	2
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2
clobetasol foam (OLUX equiv) (QL= 50gm/fill)	QL	2
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/fill)	QL	2
clobetasol propionate emollient cream (TEMOVATE E equiv) (QL= 45gm/fill)	QL	2
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 30gm/fill)	QL	2
clobetasol propionate oint (TEMOVATE equiv) (QL= 45gm/fill)	QL	2
clobetasol propionate soln (TEMOVATE equiv) (QL= 50ml/fill)	QL	2
clobetasol shampoo (CLOBEX equiv) (QL= 118ml/fill)	QL	2
clobetasol spray (CLOBEX SPRAY equiv) (QL= 59ml/fill)	QL	2
desonide cream (DESOWEN equiv)	-	2
desonide oint (DESOWEN equiv)	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
EPIFOAM AEROSOL	-	2
halobetasol propionate cream (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2
halobetasol propionate oint (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
U-CORT CREAM	-	2
AMCINONIDE LOTION	PA	3
AMCINONIDE OINT	PA	3
clobetasol E foam (OLUX E equiv) (QL= 50gm/fill)	QL	3
clobetasol lotion (CLOBEX equiv) (QL= 59ml/fill)	QL	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CAPEX SHAMPOO	-	NC
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
fluocinonide cream 0.1%	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
halcinonide cream (HALOG equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1-1%	-	NC
PRAMOSONE E CREAM	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
PREDNICARBATE CREAM	-	NC
prednicarbate cream (DERMATOP equiv)	-	NC
PREDNICARBATE OIN	-	NC
QUINIXIL PAK	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TASOPROL CREAM KIT	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
TOPICORT OINT 0.05%	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIANEX OINT	-	NC
TRIOLOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC
ECZEMA AGENTS		
ADBRY INJ	-	NC
CIBINQO TAB	-	NC
OPZELURA CREAM	-	NC
DUPIXENT INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
DUPIXENT PEN INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
LACTIC ACID LOTION	-	1
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	NC
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	NC
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
bimatoprost ophth soln	-	EXC

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
M	Plan Exclusion	INF	Limited Distribution
PA	Medical Benefit	MSP	Over-the-Counter
SF	Prior Authorization	QL	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program
		INF	Infertility
		MSP	Mandatory Specialty Pharmacy Program
		QL	Quantity Limit
		SMKG	Smoking Cessation

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
finasteride tab (PROPECIA equiv)	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
pimecrolimus cream (ELIDEL equiv) (QL= 30g/fill; Covered for members 2 years or older)	QL	2
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
SALEX SHAMPOO	-	3
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
GUANENDRUX GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALEX SHAMPOO	-	NC
salicylic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAINE GEL	-	2
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2
lidocaine patch (LIDODERM equiv) (QL= 2 patches/day)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
lidocaine oint/transparent dressing kit	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	NC
DERMACINRX CREAM	-	NC
DRYSOL SOLN	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2
metronidazole lotion (METROLOTION equiv)	-	2
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DOXYCYCLINE CAP, ORACEA CAP	-	NC
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
metronidazole gel 1%	-	NC
NORITATE CREAM	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
CROTAN LOTION	-	3
IVERMECTIN LOTION (QL= 1 tube/fill)	PA-QL	3
lindane lotion	-	3
LINDANE SHAMPOO	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
SKLICE LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	PA-QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX EXTERNAL POWDER	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	NC
DIAGNOSTIC TESTS		

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0
CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days)	OTC-QL	\$0
CUE HEALTH MONITOR (QL= 1 kit/year)	OTC-QL	\$0
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
ONETOUCH TEST STRIP	OTC	2
ONETOUCH VERIO TEST STRIP	OTC	2
CLINISTIX TEST STRIP	OTC	NC
FREESTYLE INSULINX TEST STRIP	OTC	NC
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC
FREESTYLE TEST STRIP	OTC	NC
KETO-DIASTIX TEST STRIP	OTC	NC
KETOSTIX	OTC	NC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
PRECISION XTRA TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
METAFOLBIC TAB	-	NC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
SUCRAID SOLN	-	NC
CREON CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
PANCRELIPASE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
DIURETICS		

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
-----------------	---------------------	-------------

DIURETICS Cont.

CARBONIC ANHYDRASE INHIBITORS

acetazolamide tab	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
KEVEYIS TAB	-	NC

DIURETIC COMBINATIONS

amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2

LOOP DIURETICS

bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
toremide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
SOAANZ TAB	-	NC

POTASSIUM SPARING DIURETICS

amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	2
CAROSPIR SUSP	-	NC
DYRENIUM CAP	-	NC

THIAZIDES AND THIAZIDE-LIKE DIURETICS

CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
THALITONE TAB	-	NC

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

RECORLEV TAB	-	NC
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	S

BONE DENSITY REGULATORS

ALENDRONATE SOLN	-	1
alendronate tab (FOSAMAX equiv)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
ALENDRONATE TAB 40MG	-	2
calcitonin nasal spray (MIACALCIN equiv)	-	2
FORTICAL NASAL SPRAY	-	2
risedronate DR tab (ATELVIA equiv)	-	2
risedronate tab (ACTONEL equiv)	-	2
alendronate sodium oral soln (FOSAMAX equiv)	-	3
SKELID TAB	-	3
BINOSTO TAB	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FOSAMAX+D TAB	-	NC
TERIPARATIDE INJ	-	NC
FORTEO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	S
risedronate tab 30mg (ACTONEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
TYMLOS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
CORTICOTROPIN		
ACTHAR GEL INJ (QL= 4 vials/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ	-	NC
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
GROWTH HORMONES		
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SKYTROFA INJ	-	NC
GENOTROPIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	-	NC
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ	-	NC
SYNAREL NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
BUPHENYL POWDER	-	NC
BUPHENYL TAB	-	NC
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
CYSTADANE POWDER	-	NC
GALAFOLD CAP	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
PALYNZIQ INJ	-	NC
RAYALDEE CAP	-	NC
sapropterin dihydrochloride powder packet (KUVAN equiv)	-	NC
sapropterin dihydrochloride soluble tab (KUVAN equiv)	-	NC
SENSIPAR TAB	-	NC
sodium phenylbutyrate powder (BUPHENYL equiv)	-	NC
sodium phenylbutyrate tab (BUPHENYL equiv)	-	NC
STRENSIQ INJ	-	NC
XURIDEN POWDER	-	NC
betaine powder for oral solution (CYSTADANE equiv) (Only available through Anovo Specialty Pharmacy 844-288-5007)	LD	S
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	S
cinacalcet tab (SENSIPAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	S
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
DDAVP NASAL SOLN	-	3
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
STIMATE NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SIGNIFOR INJ	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC
octreotide inj (SANDOSTATIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
OCTREOTIDE INJ 100MCG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
SANDOSTATIN LAR INJ KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE TAB	-	NC
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
TOLVAPTAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
tolvaptan tab (SAMSCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S

ESTROGENS

ESTROGEN COMBINATIONS

estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
DUAVEE TAB	-	2
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
PREFEST TAB	-	3
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
FEMHRT TAB	-	NC

ESTROGENS

estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
MENEST TAB	-	3
DIVIGEL GEL, ELESTRIN GEL	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
MINIVELLE PATCH 0.025MG	-	NC
MINIVELLE PATCH 0.0375MG	-	NC
MINIVELLE PATCH 0.05MG	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
ESTROGENS Cont.		
MINIVELLE PATCH 0.075MG	-	NC
MINIVELLE PATCH 0.1MG	-	NC
VIVELLE-DOT PATCH	-	NC
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPRO SUSP 5%	-	3
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
FACTIVE TAB	-	3
NOROXIN TAB	-	3
BAXDELA TAB	-	NC
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB	PA	3
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	PA	2
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	S
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	S
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP, LUBIPROSTONE CAP	PA	3
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY	-	NC
METZOZOLV ODT	-	NC
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOLN	-	NC
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
mesalamine DR cap (DELZICOL equiv)	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine tab (ASACOL equiv)	-	3
AVSOLA INJ	M	M
RENFLXIS INJ	M-MSP	M
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
INFLECTRA INJ	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
PENTASA CAP	-	NC
PENTASA CR CAP	-	NC
REMICADE INJ	-	NC
ROWASA KIT	-	NC
SKYRIZI INJ	-	NC
CIMZIA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
CIMZIA STARTER INJ KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
DIPENTUM CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
mesalamine DR tab (LIALDA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
mesalamine ER cap (APRISO equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
mesalamine kit (ROWASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
mesalamine supp (CANASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
ZELNORM TAB	-	NC
alosetron tab (LOTROXEX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	3
alvimopan cap (ENTEREG equiv)	-	NC

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
M	Plan Exclusion	INF	Limited Distribution
PA	Medical Benefit	MSP	Over-the-Counter
SF	Prior Authorization	QL	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program
		INF	
		MSP	
		QL	
		SMKG	

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
GASTROINTESTINAL AGENTS - MISC. Cont.																				
ENTEREG CAP	-	NC																		
RELISTOR INJ	-	NC																		
RELISTOR INJ KIT	-	NC																		
RELISTOR TAB	-	NC																		
SYMPROIC TAB	-	NC																		
PHOSPHATE BINDER AGENTS																				
calcium acetate cap (PHOSLO equiv)	-	1																		
PHOSLYRA SOLN	-	2																		
FOSRENOL CHEW TAB	-	NC																		
RENAGEL TAB	-	NC																		
RENAGEL TAB 800MG	-	NC																		
REVELA TAB	-	NC																		
REVELA PAK	-	NC																		
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC																		
VELPHORO CHEW TAB	-	NC																		
AURYXIA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
FOSRENOL POWDER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
lanthanum carbonate chew tab (FOSRENOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
sevelamer powder pak (REVELA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
sevelamer tab (REVELA TAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
SHORT BOWEL SYNDROME (SBS) AGENTS																				
GATTEX KIT	-	NC																		
TRYPTOPHAN HYDROXYLASE INHIBITORS																				
XERMELO TAB	-	NC																		
GENERAL ANESTHETICS																				
ANESTHETICS - MISC.																				
KETAMINE HCL TROCHES	-	NC																		
GENITOURINARY AGENTS - MISCELLANEOUS																				
ALKALINIZERS																				
CYTRA K CRYSTALS	-	1																		
CYTRA-3 SYRUP	-	1																		
ORACIT SOLN	-	1																		
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1																		
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1																		
sodium citrate/citric acid soln (BICITRA equiv)	-	1																		
tricitrates soln (POLYCITRA-LC equiv)	-	1																		
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2																		
CYSTINOSIS AGENTS																				
PROCYSBI CAP	-	NC																		
PROCYSBI GRANULES PACKET	-	NC																		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	S																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
----------	--------------	------

GENITOURINARY AGENTS - MISCELLANEOUS Cont.

INTERSTITIAL CYSTITIS AGENTS

PENTOSAN CAP	-	NC
ELMIRON CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S

PROSTATIC HYPERTROPHY AGENTS

alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
silodosin cap (RAPAFLO equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride/tamsulosin cap (JALYN equiv)	-	2
CARDURA XL TAB	-	NC

URINARY ANALGESICS

phenazopyridine tab (PYRIDIUM equiv)	-	1
phenazopyridine tab 95mg (AZO equiv)	OTC	NC
phenazopyridine tab 97.5mg (AZO equiv)	OTC	NC
phenazopyridine tab 99.5mg (AZO equiv)	OTC	NC

URINARY STONE AGENTS

LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
tiopronin tab (THIOLA equiv)	MSP-PA	S

GOUT AGENTS

GOUT AGENT COMBINATIONS

colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC

GOUT AGENTS

allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	2
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	2
COLCRYS TAB	-	NC
GLOPERBA SOLN	-	NC
MITIGARE CAP, COLCHICINE CAP	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC

URICOSURICS

probenecid tab (BENEMID equiv)	-	1
--------------------------------	---	---

HEMATOLOGICAL AGENTS - MISC.

ANTIHEMOPHILIC PRODUCTS

AFSTYLA KIT	-	NC
HEMLIBRA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S

BRADYKININ B2 RECEPTOR ANTAGONISTS

FIRAZYR INJ	-	NC
icatibant inj (FIRAZYR equiv)	-	NC

COMPLEMENT INHIBITORS

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
BERINERT INJ	-	NC
CINRYZE INJ	-	NC
HAEGARDA INJ	-	NC
RUCONEST INJ	-	NC
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	S
HEMATOALOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP	-	NC
TAKHZYRO INJ	-	NC
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
ticlopidine tab (TICLID equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
BRILINTA TAB	-	2
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
AGGRENOX CAP	-	NC
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
EFFIENT TAB	-	NC
YOSPRALA TAB	-	NC
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB	-	NC
PYRUKYND THERAPY PACK	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP	-	NC
miglustat cap (ZAVESCA equiv)	-	NC
ZAVESCA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
SIKLOS TAB	-	NC
ENDARI POWDER PACK (QL= 6 packets/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S
AGENTS FOR SICKLE CELL DISEASE		

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program
			generic = small letters		BRANDS = CAPITAL LETTERS

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
OXBRYTA TAB (QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S
COBALAMINS		
cyanocobalamin inj	-	1
CALOMIST NASAL SPRAY	-	NC
NASCOBAL NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
EPOGEN INJ	-	2
RETACRIT INJ	-	2
ZARXIO INJ	MSP	2
ARANESP INJ	-	NC
GRANIX INJ	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYVEPRIA INJ	-	NC
PROCRIT INJ	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
UDENYCA INJ	-	NC
DOPTELET TAB (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S
FULPHILA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
NIVESTYM INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
PROMACTA POWDER (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
PROMACTA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
ZIEXTENZO INJ	MSP	S
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	NC
FERRO-PLEX TAB	-	NC
folbee tab	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN VITA-D equiv)	-	NC

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	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 first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
FOLVITE-FE TAB	-	NC
MULTIGEN FOLIC TAB	-	NC
MULTIGEN PLUS TAB	-	NC
MULTIGEN TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
ACCRUFER CAP	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	PA	2
AMICAR SOLN	-	NC
AMICAR SYRUP	-	NC
AMICAR TAB	-	NC
aminocaproic acid soln (AMICAR equiv)	-	NC
aminocaproic acid tab (AMICAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv)	-	1
AMBIEN CR TAB	-	NC
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2
SOMNOTE CAP	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
temazepam cap 22.5mg (RESTORIL equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB	-	NC
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
ROZEREM TAB	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
gavilyte-h kit	-	3
HALFLYTELY BOWEL PREP KIT	-	3
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP SOLN equiv)	-	3
SUCLEAR KIT	-	3
SUPREP SOLN	-	3
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PLENVU SOLN	-	NC
SUTAB TAB	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
MIRALAX PACKET	OTC	3

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier			
LAXATIVES Cont.					
GIALAX KIT	-	NC			
KRISTALOSE PACK, LACTULOSE PACK	-	NC			
KRISTALOSE PACKET	-	NC			
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	NC			
SALINE LAXATIVES					
OSMOPREP TAB	-	3			
VISICOL TAB	-	3			
LOCAL ANESTHETICS-PARENTERAL					
LOCAL ANESTHETIC COMBINATIONS					
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC			
MACROLIDES					
AZITHROMYCIN					
azithromycin susp (ZITHROMAX equiv)	-	1			
azithromycin tab (ZITHROMAX equiv)	-	1			
ZITHROMAX POWDER PACK	-	3			
ZMAX SUSP	-	3			
CLARITHROMYCIN					
clarithromycin susp (BIAXIN equiv)	-	1			
clarithromycin tab (BIAXIN equiv)	-	1			
CLARITHROMYC SUSP	-	2			
clarithromycin ER tab (BIAXIN XL equiv)	-	3			
ERYTHROMYCINS					
erythromycin DR cap (ERYC equiv)	-	2			
ERYTHROMYCIN EC CAP	-	2			
erythromycin stearate tab	-	2			
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2			
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3			
erythromycin tab (ERY-TAB equiv)	-	3			
PCE TAB	-	3			
ERYPED SUSP	-	NC			
erythromycin ethylsuccinate susp (ERYPED equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S			
FIDAXOMICIN					
DIFICID SUSP	-	NC			
DIFICID TAB (QL= 20 tabs/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S			
MEDICAL DEVICES AND SUPPLIES					
CONTRACEPTIVES					
CERVICAL CAP	-	\$0			
DIAPHRAGM	-	\$0			
FEMALE CONDOMS	OTC	\$0			
DIABETIC SUPPLIES					
ACCU-CHEK AVIVA PLUS METER	OTC	\$0			
ACCU-CHEK GUIDE CARE METER	OTC	\$0			
ACCU-CHEK GUIDE ME KIT	OTC	\$0			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"> NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months </td> <td style="width: 33%;"> generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation </td> <td style="width: 33%;"> BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program </td> </tr> </table>			NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months	generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program
NC = Not Covered NC/3P = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization SF Limited to two 15 day fills per month for first 3 months	generic = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SMKG Smoking Cessation	BRANDS = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RS Restricted to Specialist SP Available through Specialty Pharmacy Program			

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
ACCU-CHEK NANO METER	OTC	\$0
ONETOUCH METER	OTC	\$0
ONETOUCH VERIO FLEX METER	OTC	\$0
ONETOUCH VERIO IQ METER	OTC	\$0
ONETOUCH VERIO METER	OTC	\$0
ONETOUCH VERIO REFLECT METER	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
ONETOUCH DELICA LANCETS	OTC	1
ONETOUCH DELICA PLUS LANCETS	OTC	1
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	1
OMNIPOD 5 INTRO KIT	-	EXC
OMNIPOD 5 PACK PODS	-	EXC
OMNIPOD DASH INTRO KIT	-	EXC
OMNIPOD DASH PODS	-	EXC
OMNIPOD STARTER KIT	-	EXC
DIABETIC METER (all other diabetic meters)	OTC	NC
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE LIBRE 2 RECEIVER	-	NC
FREESTYLE LIBRE 2 SENSOR	-	NC
FREESTYLE LITE METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
PRECISION XTRA METER	OTC	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	EXC
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
CEQR SIMPLICITY	-	NC
INPEN INSULIN INJECTION DEVICE	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
NURTEC ODT	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
QULIPTA TAB	-	NC
MIGRAINE COMBINATIONS		
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill, 2 fills/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
ELYXYB SOLN	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
FROVA TAB	-	NC
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC
ONZETRA XSAIL	-	NC
RELPAK TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	-	NC
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	MSP-PA-QL	S

MINERALS & ELECTROLYTES

FLUORIDE

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUOR-A-DAY CHEW TAB	-	1

PHOSPHATE

phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
potassium phosphate monobasic tab (K-PHOS equiv)	-	2
K-PHOS TAB	-	NC

POTASSIUM

K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	2
KLOR-CON POWDER PACKET 25MEQ	-	3
potassium chloride soln	-	NC

ZINC

zinc sulfate cap	-	1
GALZIN CAP	-	2

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

penicillamine cap (CUPRIMINE equiv)	-	NC
trientine cap (SYPRINE equiv)	-	NC
penicillamine tab (DEPEN TITRATAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S

IMMUNOMODULATORS

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

EXC	NC = Not Covered	generic = small letters	LD	BRANDS = CAPITAL LETTERS
M	NC/3P = Not Covered, Third Party Reviewer	INF	OTC	
PA	Plan Exclusion	MSP	RS	
SF	Medical Benefit	QL	SP	
	Prior Authorization	SMKG		
	Limited to two 15 day fills per month for first 3 months			

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.

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
MISCELLANEOUS THERAPEUTIC CLASSES Cont.																				
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	S																		
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	S																		
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S																		
IMMUNOSUPPRESSIVE AGENTS																				
ASTAGRAF XL CAP	-	NC																		
azathioprine tab 100mg (AZASAN equiv)	-	NC																		
azathioprine tab 75mg (AZASAN equiv)	-	NC																		
ENSPRYNG INJ	-	NC																		
LUPKYNIS CAP	-	NC																		
PROGRAF PACKET	-	NC																		
RAPAMUNE SOLN	-	NC																		
everolimus tab (ZORTRESS equiv)	MSP-PA	S																		
sirolimus soln (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S																		
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS																				
VIJOICE TAB	-	NC																		
POTASSIUM REMOVING AGENTS																				
SPS SUSP	-	1																		
LOKELMA PAK	PA	3																		
PROGERIA TREATMENT AGENTS																				
ZOKINVY CAP	-	NC																		
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS																				
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S																		
BENLYSTA INJ (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S																		
MOUTH/THROAT/DENTAL AGENTS																				
ANESTHETICS TOPICAL ORAL																				
lidocaine viscous soln	-	1																		
FIRST MOUTHWASH BLM	-	3																		
LIDOCAINE ORAL SOLN 4%	-	NC																		
ANTIALLERGY AGENTS - MOUTH/THROAT																				
APHTHASOL PASTE	-	2																		
ANTI-INFECTIVES - THROAT																				
clotrimazole troches (MYCELEX TROCHES equiv)	-	1																		
nystatin susp	-	1																		
ORAVIG TAB	-	3																		
ANTISEPTICS - MOUTH/THROAT																				
chlorhexidine gluconate soln (PERIDEX equiv)	-	1																		
DENTAL PRODUCTS																				
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0																		
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
FLUORIDEX SENSITIVITY PASTE	-	1
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT PASTE	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
DIALYVITE/ZINC TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	NC
FIBRIK CAP	-	NC
FOLBEE PLUS CZ TAB	-	NC
renaphro cap (NEPHROCAP equiv)	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
FOLAGENT DHA CAP	-	NC
FOLAMED DHA CAP	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	NC
POLY-VI-FLOR SUSP	-	NC
QUFLORA PEDIATRIC CHEW TAB	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
CONCEPT DHA CAP	-	3
MYNATAL-Z TAB	-	3

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

EXC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
M	NC/3P = Not Covered, Third Party Reviewer	INF	LD
PA	Plan Exclusion	INF	Limited Distribution
SF	Medical Benefit	MSP	OTC
	Prior Authorization	MSP	Over-the-Counter
	Limited to two 15 day fills per month for first 3 months	QL	RS
		QL	Restricted to Specialist
		SMKG	SP
		SMKG	Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PRENATABS RX TAB	-	3
PRENATAL 19 CHEW TAB	-	3
PRENATAL 19 TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VP-PNV-DHA CAP	-	3
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
MULTI-MAC TAB	-	NC
NEONATAL 19 TAB	-	NC
NEONATAL FE TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATAL VITAMIN (RX ONLY)	-	NC
PRENATAL VITAMINS (NON-PREFERRED)	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC
VITAFOL STRIPS	-	NC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
chlorzoxazone tab 500mg	-	2
tizanidine cap (ZANAFLEX equiv)	-	2
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
metaxalone tab (SKELAXIN equiv) (QL= 4 tabs/day)	QL	3
METAXALONE TAB 400MG (QL= 4 tabs/day)	QL	3
OZOBAX SOLN, BACLOFEN SOLN	PA	3
baclofen intrathecal inj (BACLOFEN equiv)	-	NC
BACLOFEN TAB 5MG	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
FLEQSUVY SUSP	-	NC
LYVISPAH GRANULE PACKET	-	NC
OZOBAX SOLN	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC
TIZANIDINE COMFORT KIT	-	NC
VISCOSUPPLEMENTS		
DUROLANE INJ	M	M
GELSYN-3 INJ	M	M
SUPARTZ FX INJ	M	M
EUFLEXXA INJ, SUPARTZ INJ	-	NC
EUFLEXXA INJ, SUPARTZ INJ, SYNVISCO ONE INJ	-	NC
GEL-ONE INJ	-	NC
GENVISC 850 INJ	-	NC
HYALGAN INJ	-	NC
HYMOVIS INJ	-	NC
MONOVISC INJ, ORTHOVISC INJ	-	NC
SODIUM HYALU INJ	-	NC
SYNVISC INJ	-	NC
SYNVISC ONE INJ	-	NC
TRILURON INJ	-	NC
TRIVISC INJ	-	NC
VISCO-3 INJ	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	EXC
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2
olopatadine nasal spray (PATANASE equiv) (QL= 2 bottles/fill)	QL	3
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	LD	BRANDS = CAPITAL LETTERS
M	Plan Exclusion	INF	Limited Distribution	
PA	Medical Benefit	MSP	OTC	Over-the-Counter
SF	Prior Authorization	QL	RS	Restricted to Specialty
	Limited to two 15 day fills per month for first 3 months	SMKG	SP	Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.																				
BACTROBAN NASAL OINT	-	3																		
NASAL STEROIDS																				
budesonide nasal spray (RHINOCORT AQUA equiv) (OTC Only)	OTC	1																		
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1																		
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1																		
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1																		
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	2																		
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	2																		
BECONASE AQ NASAL SPRAY	-	NC																		
FLONASE SENSIMIST NASAL SPRAY	OTC	NC																		
mometasone nasal spray (NASONEX equiv)	-	NC																		
OMNARIS NASAL SPRAY	-	NC																		
QNASL NASAL SPRAY	-	NC																		
RHINOCORT AQUA NASAL SPRAY	-	NC																		
SINUVA NASAL IMPLANT	-	NC																		
XHANCE NASAL EXHALER	-	NC																		
ZETONNA NASAL SPRAY	-	NC																		
SYMPATHOMIMETIC DECONGESTANTS																				
ADRENALIN SOLN	-	NC																		
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC																		
NEUROMUSCULAR AGENTS																				
ALS AGENTS																				
EXSERVAN FILM	-	NC																		
RADICAVA ORS SUSP	-	NC																		
TIGLUTIK SUSP	-	NC																		
riluzole tab (RILUTEK equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S																		
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS																				
DYSPORT INJ	M	M																		
XEOMIN INJ	M	M																		
MYOBLOC INJ	-	NC																		
SPINAL MUSCULAR ATROPHY AGENTS (SMA)																				
EVRYSDI SOLN	-	NC																		
NUTRIENTS																				
LIPIDS																				
DOJOLVI ORAL LIQUID	-	NC																		
OPHTHALMIC AGENTS																				
ARTIFICIAL TEARS AND LUBRICANTS																				
LACRISERT OPHTH INSERT	-	NC																		
BETA-BLOCKERS - OPHTHALMIC																				
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	1																		
CARTEOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1																		
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	1																		
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days)	QL	1																		
LEVOBUNOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1																		
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	1																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="1"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	1
BETIMOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	2
COMBIGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	2
timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill)	QL	2
TIMOLOL OPHTH GEL SOLN (QL= 2 bottles/fill)	QL	2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	3
TIMOPTIC OCUDOSE OPHTH SOLN 0.25% (QL= 2 bottles/fill)	QL	3
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	NC
ISTALOL OPHTH SOLN 0.5%	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC

CHOLINERGIC AGONISTS

TYRVAYA SOLN	-	NC
--------------	---	----

CYCLOPLEGIC MYDRIATICS

atropine ophth oint (QL= 2 tubes/fill)	QL	1
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	1
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv) (QL= 2 bottles/fill)	QL	1
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	1
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	1
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
HOMATROPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ISOPTO HYOSCINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC

MIOTICS

pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1
ISOPTO CARBACHOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PHOSPHOLINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PILOPINE HS OPHTH GEL (QL= 2 bottles/fill)	QL	3
VUITY OPHTH SOLN	-	NC

OPHTHALMIC ADRENERGIC AGENTS

brimonidine ophth soln 0.2% (QL= 2 bottles/fill)	QL	1
ALPHAGAN P OPHTH SOLN 0.1% (QL= 2 bottles/fill)	QL	2
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	2
SIMBRINZA OPHTH SUSP	-	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	NC

OPHTHALMIC ANTI-INFECTIVES

bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 tubes/fill)	QL	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 tubes/fill)	QL	1
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	1
erythromycin ophth oint (QL= 2 tubes/fill)	QL	1
GENTAK OPHTH OINT (QL= 2 tubes/fill)	QL	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
gentamicin ophth oint (GARAMYCIN equiv) (QL= 2 tubes/fill)	QL	1
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL= 2 bottles/fill)	QL	1
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill)	QL	1
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	1
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	1
AZASITE SOLN (QL= 2 bottles/fill)	QL	2
BACITRACIN OPHTH OINT (QL= 2 tubes/fill)	QL	2
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2
TRIFLURIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
trifluridine ophth soln (VIROPTIC equiv) (QL= 2 bottles/fill)	QL	2
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	2
CILOXAN OPHTH OINT (QL= 2 tubes/fill)	QL	3
gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill)	QL	3
TOBREX OPHTH OINT (QL= 2 tubes/fill)	QL	3
BESIVANCE OPHTH SUSP	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
VIGAMOX OPHTH SOLN	-	NC
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CEQUA (PF) OPHTH SOLN	-	NC
cyclosporine ophth emulsion (RESTASIS equiv)	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
RESTASIS MULTI-DOSE	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 tubes/fill)	QL	1
dexamethasone ophth soln (QL= 2 bottles/fill)	QL	1
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1

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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
M	Plan Exclusion	INF	Limited Distribution
PA	Medical Benefit	MSP	Over-the-Counter
SF	Prior Authorization	QL	Restricted to Specialist
	Limited to two 15 day fills per month for first 3 months	SMKG	Available through Specialty Pharmacy Program
		INF	Infertility
		MSP	Mandatory Specialty Pharmacy Program
		QL	Quantity Limit
		SMKG	Smoking Cessation
		LD	Limited Distribution
		OTC	Over-the-Counter
		RS	Restricted to Specialist
		SP	Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 tubes/fill)	QL	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/fill)	QL	1
PREDNISOLONE OPHTH SUSP	-	1
PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill)	--QL	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottle/ fill)	QL	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	1
ALREX OPHTH SUSP (QL= 2 bottles/fill)	QL	2
BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
difluprednate ophth emulsion (DUREZOL equiv) (QL= 2 bottles/fill)	QL	2
LOTEMAX OPHTH GEL (QL= 2 bottles/fill)	QL	2
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	2
loteprednol ophth susp (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	2
MAXIDEX OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	2
TOBRADEX OPHTH OINT (QL= 2 tubes/fill)	QL	2
VEXOL OPHTH SUSP (QL= 2 bottles/fill)	QL	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 tubes/fill)	QL	3
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	3
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3
FML S.O.P. OPHTH OINT (QL= 2 tubes/fill)	QL	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	3
DEXTENZA OPHTH INSERT	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX OPHTH GEL	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	1
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1
flurbiprofen ophth soln (OCUFEN equiv) (QL= 2 bottles/fill)	QL	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 2 bottles/fill)	QL	1
ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill)	OTC-QL	1
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 5ml/30 days)	QL	1
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	1
ALOCRILOPHTH SOLN (QL= 2 bottles/fill)	QL	2
ALOMIDOPHTH SOLN (QL= 2 bottles/fill)	QL	2
brinzolamide ophth susp (AZOPT equiv)	-	2
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	2
FLURBIPROFENOPHTH SOLN	-	2
ILEVROOPHTH SUSP (QL= 2 bottles/fill)	QL	2
NEVANACOPHTH SUSP (QL= 2 bottles/fill)	QL	2
PROLENSAOPHTH SOLN (QL= 2 bottles/fill)	QL	2
ACUVAILOPHTH SOLN	-	3
ACUVAILOPHTH SOLN (QL= 2 bottles/fill)	--QL	3
bepotastine ophth soln (BEPREVE equiv) (QL= 2 bottles/fill)	QL	3
EMADINEOPHTH SOLN (QL= 2 bottles/fill)	QL	3
epinastine ophth soln (ELESTAT equiv) (QL= 2 bottles/fill)	QL	3
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 2 bottles/fill)	QL	3
LASTACAFTOPHTH SOLN (QL= 3ml/30 days)	QL	3
UPNEEQ SOLN	-	EXC
AZOPTOPHTH SUSP	-	NC
BEPREVEOPHTH SOLN	-	NC
CYSTADROPS SOLN	-	NC
CYSTARANOPHTH SOLN	-	NC
PAZEOOPHTH SOLN 0.7%	-	NC
ZADITOROPHTH SOLN	OTC	NC
ZERVIATEOPHTH SOLN	-	NC
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
LUMIGANOPHTH SOLN (QL= 2.5ml/30 days)	QL	2
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2
VYZULTA SOLN	-	NC
XELPROSOPHTH EMULSION	-	NC
ZIOPATANOPHTH SOLN	-	NC

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill)	QL	1

OTIC ANTI-INFECTIVES

ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	1
CIPROFLOXACIN OTIC SOLN	-	2

OTIC COMBINATIONS

antipyrine/benzocaine otic soln (AURALGAN equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) (QL= 2 bottles/fill)	QL	2
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	3
AURALGAN (QL= 2 bottles/fill)	QL	3
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	3
CIPRODEX OTIC SUSP	-	NC
CORTANE-B AQUEOUS OTIC SOLN	-	NC
CORTANE-B OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTOZIN OTIC DROPS	-	NC
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	2
ACETASOL HC OTIC SOLN (QL= 2 bottles/fill)	QL	3
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CUVITRU INJ	-	NC
HIZENTRA INJ	-	NC
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	-	NC
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG INJ	-	NC
HIZENTRA INJ	-	NC
XEMBIFY INJ	-	NC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
PENICILLINS Cont.																				
PENICILLIN COMBINATIONS																				
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1																		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1																		
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1																		
AMOXICILLIN/CLAVULANATE ER TAB	-	3																		
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3																		
PENICILLINASE-RESISTANT PENICILLINS																				
dicloxacillin cap (DYNAPEN equiv)	-	1																		
PHARMACEUTICAL ADJUVANTS																				
SEMI SOLID VEHICLES																				
POLYETHYLENE GLYCOL 8000 GRANULES	-	2																		
PROGESTINS																				
PROGESTINS																				
medroxyprogesterone tab (PROVERA equiv)	-	1																		
norethindrone tab (AYGESTIN equiv)	-	1																		
progesterone cap (PROMETRIUM equiv)	-	1																		
progesterone oil inj	-	1																		
megestrol ES susp (MEGACE ES equiv)	-	3																		
MEGACE ES SUSP	-	NC																		
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.																				
AGENTS FOR CHEMICAL DEPENDENCY																				
DISULFIRAM TAB	-	1																		
disulfiram tab (ANTABUSE equiv)	-	1																		
acamprosate calcium DR tab (CAMPRAL equiv)	-	2																		
LUCEMYRA TAB (QL= 96 tabs/7 days)	MSP-PA-QL	S																		
ANTI-CATAPLECTIC AGENTS																				
XYWAV SOLN	-	NC																		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	S																		
ANTIDEMENTIA AGENTS																				
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1																		
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1																		
galantamine tab (RAZADYNE equiv)	-	1																		
memantine tab (NAMENDA equiv)	-	1																		
rivastigmine cap (EXELON equiv)	-	1																		
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2																		
galantamine ER cap (RAZADYNE ER equiv)	-	2																		
GALANTAMINE SOLN	-	2																		
memantine ER cap (NAMENDA XR equiv)	-	2																		
memantine soln (NAMENDA equiv)	-	2																		
NAMENDA XR TITRATION PACK	-	2																		
rivastigmine patch (EXELON equiv)	-	2																		
ADLARITY PATCH	-	NC																		
NAMZARIC CAP	-	NC																		
NAMZARIC STARTER PACK	-	NC																		
COMBINATION PSYCHOTHERAPEUTICS																				
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA TAB (QL= 2 tabs/day)	PA-QL	2
MOVEMENT DISORDER DRUG THERAPY		
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
AUSTEDO TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	S
tetrabenazine tab (XENAZINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	QL-RS	2
BAFIERTAM CAP	-	NC
BETASERON INJ	-	NC
MAVENCLAD PAK	-	NC
MAYZENT TAB	-	NC
MAYZENT TAB STARTER PACK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
AUBAGIO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
AVONEX INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
dimethyl fumarate DR cap (TECFIDERA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
EXTAVIA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
GILENYA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
glatiramer inj (COPAXONE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
KESIMPTA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
PLEGRIDY INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
PLEGRIDY PEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
REBIF INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
ZEPOSIA CAP (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
ZEPOSIA STARTER PACK (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (QL= 30 days supply/fill)	QL-SMKG	\$0
CHANTIX PAK (QL= 30 days supply/fill)	QL-SMKG	\$0
CHANTIX TAB (QL= 30 days supply/fill)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (QL= 30 days supply/fill)	OTC-QL-SMKG	\$0
NICOTINE KIT (QL= 30 days supply/fill)	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (QL= 30 days supply/fill)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (QL= 30 days supply/fill)	OTC-QL-SMKG	\$0
NICOTROL INHALER (QL= 30 days supply/fill)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (QL= 30 days supply/fill)	QL-SMKG	\$0
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ	-	NC
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP	-	NC
KALYDECO PAK	-	NC
KALYDECO TAB	-	NC
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	S
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	S
PULMOZYME INH SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	S
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	S
PULMONARY FIBROSIS AGENTS		
ESBRIET TAB 267MG	-	NC
ESBRIET TAB 801MG	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RS Restricted to Specialty
SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
ESBRIET CAP (QL= 9 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	S
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	3
SULFADIAZINE TAB	-	NC
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
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 100mg (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
doxycycline monohydrate tab 50mg, 75mg (ADOXA equiv)	-	2
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
tetracycline cap	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
ORAXYL CAP	-	NC
SEYSARA TAB	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
SODIUM IODIDE I-131 SOLN	-	NC
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
THYROID AGENTS Cont.		
lithyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
LEVOTHYROXINE INJ	-	NC
levothyroxine tab (SYNTHROID equiv)	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC

TOXOIDS

TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	EXC
VAXELIS INJ	VAC	EXC

ULCER DRUGS

ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL TAB	-	3
methscopolamine tab (PAMINE equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC

H-2 ANTAGONISTS		
CIMETIDINE SOLN	-	1
cimetidine soln (CIMETIDINE equiv)	-	1
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier																		
ULCER DRUGS Cont.																				
ZANTAC EFFER TAB	-	NC																		
MISC. ANTI-ULCER																				
sucralfate tab (CARAFATE equiv)	-	1																		
PROTON PUMP INHIBITORS																				
omeprazole DR cap (PRILOSEC equiv)	-	1																		
pantoprazole EC tab (PROTONIX equiv)	-	1																		
lansoprazole cap (PREVACID equiv) (Rx Only)	-	2																		
rabeprazole EC tab (ACIPHEX equiv)	-	2																		
esomeprazole cap (NEXIUM equiv)	OTC	3																		
FIRST OMEPRAZOLE SUSP	-	3																		
LANSOPRAZOLE SUSP	-	3																		
ACIPHEX SPRINKLE CAP	-	NC																		
ESOMEPRAZOLE STRONTIUM CAP	-	NC																		
NEXIUM GRANULE PACK	-	NC																		
PRILOSEC CAP	-	NC																		
PRILOSEC OTC DR TAB	OTC	NC																		
PRILOSEC POWDER PACKET	-	NC																		
ULCER DRUGS - PROSTAGLANDINS																				
misoprostol tab (CYTOTEC equiv)	-	1																		
ULCER THERAPY COMBINATIONS																				
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC																		
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC																		
ZEGERID CAP	-	NC																		
ZEGERID CAP OTC	OTC	NC																		
ZEGERID POWDER PACK	-	NC																		
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS																				
ANTISPASMODICS																				
glycopyrrolate oral soln (CUVPOSA equiv)	-	3																		
DARTISLA ODT TAB	-	NC																		
GLYCATE TAB	-	NC																		
hyoscyamine inj (LEVSIN equiv)	-	NC																		
H-2 ANTAGONISTS																				
NIZATIDINE CAP	-	1																		
NIZATIDINE SOLN	-	NC																		
MISC. ANTI-ULCER																				
sucralfate susp (CARAFATE equiv)	-	2																		
CARAFATE SUSP	-	NC																		
PROTON PUMP INHIBITORS																				
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3																		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC																		
DEXILANT DR CAP	-	NC																		
esomeprazole DR granule pack (NEXIUM equiv)	-	NC																		
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC																		
NEXIUM 24HR TAB	OTC	NC																		
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC																		
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																				
<table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>M Medical Benefit</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>SP Available through Specialty Pharmacy Program</td> </tr> </table>			NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS	NC/3P = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program
NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS																		
NC/3P = Not Covered, Third Party Reviewer																				
EXC Plan Exclusion	INF Infertility	LD Limited Distribution																		
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program																		

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class
Last Updated* 7/1/2022

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
omeprazole tab	OTC	NC
pantoprazole sodium packet (PROTONIX equiv)	-	NC
PRILOSEC OTC DR TAB	OTC	NC
ULCER THERAPY COMBINATIONS		
HELIDAC PACK	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
PROSED DS TAB	-	NC
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
tropium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day)	QL	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
OXYTROL PATCH (OTC)	OTC	1
solifenacin tab (VESICARE equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
tropium tab (SANCTURA equiv) (QL= 2 tabs/day)	QL	1
darifenacin SR tab (ENABLEX equiv)	-	2
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	2
ENABLEX TAB	-	NC
GELNIQUE	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
VESICARE TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	PA	3
VACCINES		
BACTERIAL VACCINES		
PREVNAR 20 INJ	VAC	EXC
VAXNEUVANCE INJ	VAC	EXC

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

**MercyCare Select 4-Tier Commercial Formulary
Category/Class**

Last Updated* 7/1/2022

DrugName	Special Code	Tier
VACCINES Cont.		
VIVOTIF CAP	VAC	EXC
VIRAL VACCINES		
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	\$0
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days)	QL	\$0
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days)	QL	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL	\$0
COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days)	QL	\$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL	\$0
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days)	QL	\$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	\$0
FLUVIRIN INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUVIRIN PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE HD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE INTRADERMAL INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0
DENGVAXIA SUSP	VAC	EXC
PREHEVBRIO SUSP	VAC	EXC
TICOVAC INJ	VAC	EXC
STAMARIL INJ	-	NC

VAGINAL AND RELATED PRODUCTS

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	-	NC
------------	---	----

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC

SPERMICIDES

CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class

Last Updated* 7/1/2022

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
FEMRING (3 copays per Rx)	-	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	1
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	1
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
SYMJEPI INJ (QL= 2 inj/fill)	QL	1
EPIPEN (JR) INJ (QL= 2 inj/fill)	QL	2
ADRENALIN INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit	OTC	\$0
vitamin D cap 400unit	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
vitamin D cap (RX strength only)	-	1
ERGOCAL CAP	-	NC
phytonadione tab (MEPHYTON equiv)	-	NC
WATER SOLUBLE VITAMINS		
niacin cap	OTC	\$0

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

NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M 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 first 3 months	SMKG Smoking Cessation	SP Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Category/Class
Last Updated* 7/1/2022

DrugName	Special Code	Tier
VITAMINS Cont.		
niacin CR tab (SLO-NIACIN equiv)	OTC	\$0
niacin tab	OTC	\$0
NIACIN TR TAB	OTC	\$0
niacinamide tab	OTC	\$0
POTABA POWDER PACKET	-	2
POTABA TAB	-	2

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

	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	generic = small letters	BRANDS = CAPITAL LETTERS
EXC	Plan Exclusion	INF	LD
M	Medical Benefit	MSP	OTC
PA	Prior Authorization	QL	RS
SF	Limited to two 15 day fills per month for first 3 months	SMKG	SP
		Infertility	Limited Distribution
		Mandatory Specialty Pharmacy Program	Over-the-Counter
		Quantity Limit	Restricted to Specialist
		Smoking Cessation	Available through Specialty Pharmacy Program

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

MercyCare Select 4-Tier Commercial Formulary
Prior Authorization Drug List
Last Updated* 7/1/2022

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)
8-MOP CAP	S
ABSTRAL SL TAB	3
acitretin cap	2
ACTEMRA ACTPEN INJ	S
ACTEMRA SC INJ	S
ACTHAR GEL INJ	S
ACTIMMUNE INJ	S
ADEMPAS TAB	S
AIMOVIG INJ	2
AJOVY INJ	2
albendazole tab	S
ALECENSA CAP	S
ALINIA SUSP	2
almotriptan tab	3
alosetron tab	S
ALUNBRIG TAB 30MG	S
ALUNBRIG TAB 90MG, 180MG	S
ambrisentan tab	S
AMCINONIDE LOTION	3
AMCINONIDE OINT	3
AMITIZA CAP, LUBIPROSTONE CAP	3
ANDRODERM PATCH	3
ANZEMET TAB	3
ARIKAYCE SUSP	S
armodafinil tab	1
atovaquone susp	S
AUSTEDO TAB	S
AYVAKIT TAB	S
BALVERSA TAB 3MG	S
BALVERSA TAB 4MG	S
BALVERSA TAB 5MG	S
BENLYSTA AUTO-INJECTOR	S
BENLYSTA INJ	S
BENZNIDAZOLE TAB	2
bexarotene cap	S
bexarotene gel	S
bosentan tab	S
BOSULIF TAB	S
BRAFTOVI CAP 75MG	S
BRUKINSA CAP	S
budesonide ER tab	S
BYLVAY CAP 1200MCG	S

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.

MercyCare Select 4-Tier Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2022

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)
BYLVAY CAP 400MCG	S
BYLVAY SPRINKLE CAP 200MCG	S
BYLVAY SPRINKLE CAP 600MCG	S
CABLIVI INJ KIT	S
CABOMETYX TAB	S
calcipotriene cream	2
calcipotriene oint	2
calcipotriene soln	2
CALCITRIOL OINT	S
CALQUENCE CAP	S
capecitabine tab	S
CAPRELSA TAB	S
carglumic acid tab	S
CHOLBAM CAP	S
CIMZIA INJ	S
CIMZIA STARTER INJ KIT	S
clobazam susp	2
clomipramine cap	3
COMETRIQ KIT	S
CORLANOR TAB	3
COTELLIC TAB	S
CRINONE GEL	2
CYSTAGON CAP	S
deferasirox granules packet	S
deferasirox tab	S
deferasirox tab 90mg, 360mg	S
deferiprone tab	S
DESCOVY TAB	\$0
desloratadine tab	3
DIACOMIT CAP	S
DIACOMIT POWDER PACK	S
diclofenac gel	2
DIFICID TAB	S
dihydroergotamine mesylate nasal spray	S
dofetilide cap	2
DOPTELET TAB	S
dronabinol cap	S
DUPIXENT INJ	S
DUPIXENT PEN INJ	S
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	S

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.

MercyCare Select 4-Tier Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2022

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)
EMSAM PATCH	3
ENBREL INJ 25MG	S
ENBREL INJ 50MG	S
ENBREL MINI INJ	S
ENBREL SURECLICK INJ 50MG	S
ENDOMETRIN INSERT	2
entecavir tab	S
EPIDIOLEX SOLN	S
EPIDUO FORTE GEL 0.3-2.5%	2
EPRONTIA SOLN	3
ERIVEDGE CAP	S
ERLEADA TAB	S
erlotinib tab	S
ESBRIET CAP	S
everolimus tab	S
everolimus tab for oral susp	S
EXKIVITY CAP	S
FANAPT TAB	S
FANAPT TITRATION PACK	S
FASENRA PEN INJ	S
fentanyl citrate lollipop	3
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	S
FINTEPLA SOLN	S
FIRDAPSE TAB	S
flavoxate tab	3
flucytosine cap	S
FRAGMIN INJ	S
frovatriptan tab	3
GAVRETO CAP	S
GENOTROPIN INJ	S
GILOTRIF TAB	S
GRASTEK SL TAB	2
HEMLIBRA INJ	S
HUMIRA INJ 10MG	S
HUMIRA INJ 20MG	S
HUMIRA INJ 40MG	S
HUMIRA INJ 80MG	S
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	S
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	S
HUMIRA INJ PEDIATRIC UC STARTER PACK	S
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	S

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.

MercyCare Select 4-Tier Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2022

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
HUMIRA PEN INJ 40MG	S
HUMULIN R INJ U-500	S
HUMULIN R U-500 KWIKPEN INJ	S
HYCAMTIN CAP	S
IBRANCE CAP	S
IBRANCE TAB	S
ICLUSIG TAB	S
IDHIFA TAB	S
IMBRUVICA CAP 140MG	S
IMBRUVICA CAP 70MG	S
IMBRUVICA TAB 420MG, 560MG	S
INGREZZA CAP	S
INLYTA TAB	S
INQOVI TAB	S
INTRON-A INJ	S
IRESSA TAB	S
ISTURISA TAB 10MG	S
ISTURISA TAB 1MG	S
ISTURISA TAB 5MG	S
itraconazole soln	3
IVERMECTIN LOTION	3
ivermectin tab	2
JAKAFI TAB	S
JYNARQUE PAK	S
KERENDIA TAB	3
KEVZARA INJ	S
KINERET INJ	S
KITABIS PAK NEB SOLN	S
KORLYM TAB	S
KOSELUGO CAP	S
lacosamide oral solution	1
lapatinib ditosylate tab	S
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	S
LENVIMA CAP	S
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	3
LINZESS CAP	3
LOKELMA PAK	3
LONSURF TAB	S
LUCEMYRA TAB	S
LUMAKRAS TAB	S
LYNPARZA CAP	S

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.

MercyCare Select 4-Tier Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2022

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)
LYNPARZA TAB	S
MAVYRET PAK	S
MAVYRET TAB	S
MEKINIST TAB 0.5MG	S
MEKINIST TAB 2MG	S
MEKTOVI TAB	S
MESNEX TAB	S
METHOXSALLEN CAP	S
modafinil tab	1
MOTEGRITY TAB	3
MOVANTIK TAB	3
MYFEMBREE TAB	2
NATPARA INJ	S
NERLYNX TAB	S
NEUPRO PATCH	S
NINLARO CAP	S
nitazoxanide tab	2
NOXAFIL SUSP	2
NUBEQA TAB	S
NUCALA INJ	S
OCALIVA TAB	S
octreotide inj	S
OCTREOTIDE INJ 100MCG	S
ODACTRA SL TAB	3
ODOMZO CAP	S
OFEV CAP	S
OLUMIANT TAB	S
ONSOLIS FILM	2
OPSUMIT TAB	S
ORALAIR SL TAB	2
ORENCIA CLICK INJ	S
ORENCIA SC INJ 125MG/ML	S
ORENCIA SC INJ 50MG/0.4ML	S
ORENCIA SC INJ 87.5MG/0.7ML	S
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	S
ORKAMBI TAB	S
OTEZLA STARTER PACK	S
OTEZLA TAB	S
OXBRYTA TAB	S

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.

MercyCare Select 4-Tier Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2022

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)
OZOBAX SOLN, BACLOFEN SOLN	3
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	S
PANCRELIPASE CAP	S
PEMAZYRE TAB	S
phenoxybenzamine cap	S
PIQRAY TAB	S
pirfenidone tab 267mg	S
pirfenidone tab 801mg	S
POMALYST CAP	S
PRALUENT INJ	2
PREVYMIS TAB	S
PROGESTERONE SUPP	3
PROMACTA POWDER	S
PROMACTA TAB	S
pyrimethamine tab	S
QBRELIS SOLN	3
QINLOCK TAB	S
RAGWITEK SL TAB	2
REGRANEX GEL	2
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RETEVMO CAP	S
REXULTI TAB	S
REYVOW TAB	S
REZUROCK TAB	S
riluzole tab	S
RINVOQ ER TAB	S
ROZLYTREK CAP	S
RUBRACA TAB	S
rufinamide susp	2
rufinamide tab	S
RYDAPT CAP	S
SANCUSO PATCH	3
SANDOSTATIN LAR INJ KIT	S
SAVELLA TAB	2
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	S
SIMPONI INJ 100MG	S
SIRTURO TAB	S
SKYRIZI INJ 150MG/ML	S
SKYRIZI INJ 75MG/0.83ML	S
SOFOSBUVIR/VELPATASVIR TAB	S

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.

MercyCare Select 4-Tier Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2022

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)
SOLQUA INJ	2
sorafenib tosylate tab	S
SPRYCEL TAB	S
STELARA INJ	S
STIVARGA TAB	S
SUBSYS SPRAY	2
sunitinib malate cap	S
SUNOSI TAB	2
SYMDEKO TAB	S
SYMLINPEN INJ	3
SYNAREL NASAL SOLN	S
TABRECTA TAB	S
tadalafil tab (PAH)	S
TAFINLAR CAP	S
TAGRISSO TAB	S
TAKHZYRO INJ	S
TALTZ INJ	S
TASIGNA CAP	S
TAVALISSE TAB	S
TAVNEOS CAP	S
tazarotene cream 0.1%	2
TAZORAC CREAM 0.05%	3
TAZVERIK TAB	S
temozolomide cap	S
TESTOSTERONE GEL 1% 25MG	3
testosterone gel 1% 50mg	3
TESTOSTERONE GEL PUMP	3
testosterone gel pump 1.62%	3
testosterone soln	2
tetrabenazine tab	S
THALOMID CAP	S
TIBSOVO TAB	S
tiopronin tab	S
tolcapone tab	S
tolvaptan tab	S
TRACLEER TAB 32MG	S
tranexamic acid tab	2
TREMFYA INJ	S
tretinoin cap	S
tretinoin cream	2
tretinoin gel	2
tretinoin gel 0.05%	3

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.

MercyCare Select 4-Tier Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2022

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)
TRIKAFTA TAB	S
TRINTELLIX TAB	3
TRULANCE TAB	2
TRUSELTIQ PACK 100MG	S
TRUSELTIQ PACK 50MG, 125MG	S
TRUSELTIQ PACK 75MG	S
TUKYSA TAB	S
TYVASO INH SOLN	S
UBRELVY TAB	2
UCERIS RECTAL FOAM	S
UPTRAVI TAB	S
valganciclovir soln	S
valganciclovir tab	S
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	S
VENCLEXTA TAB	S
VENTAVIS INH SOLN	S
VERQUVO TAB	2
VERZENIO TAB	S
vigabatrin powder pack	S
vigabatrin tab	S
vigadrone powder pack	S
VIIBRYD STARTER KIT	3
vilazodone hcl tab	3
VOSEVI TAB	S
VOTRIENT TAB	S
VOXZOGO INJ	S
VYNDAMAX CAP	S
VYNDAQEL CAP	S
WAKIX TAB	S
WELIREG TAB	S
XADAGO TAB	S
XALKORI CAP	S
XCOPRI PAK 100-150MG	S
XCOPRI PAK 150-200MG	S
XCOPRI PAK 50-200MG	S
XCOPRI TAB 150MG, 200MG	2
XCOPRI TAB 50MG, 100MG	2
XCOPRI TITRATION PAK 12.5-25MG	S
XCOPRI TITRATION PAK 150-200MG	S
XCOPRI TITRATION PAK 50-100MG	S
XELJANZ SOLN	S

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.

MercyCare Select 4-Tier Commercial Formulary cont.
Prior Authorization Drug List
Last Updated* 7/1/2022

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)
XELJANZ TAB	S
XELJANZ XR TAB	S
XIFAXAN TAB 200MG	3
XIFAXAN TAB 550MG	S
XOLAIR SYRINGE	S
XULTOPHY INJ	2
XYREM SOLN	S
ZEJULA CAP	S
ZELBORAF TAB	S
ZEPOSIA CAP	S
ZEPOSIA STARTER PACK	S
ZOLINZA CAP	S
ZYDELIG TAB	S
ZYKADIA CAP	S
ZYKADIA TAB	S

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.

MercyCare Select 4-Tier Commercial Formulary
Last Updated* 7/1/2022
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER aspirin tab 325mg	aspirin chew tab 81mg	aspirin ec tab 325mg	aspirin ec tab 81mg
budesonide nasal spray	aspirin tab 81mg	B-D INSULIN SYRINGE	B-D PEN NEEDLE
cetirizine tab	CALIBRATION LIQUID	cetirizine cap	cetirizine syrup
	cetirizine/pseudoephedrine 12-hour tab	cimetidine tab	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM CUE COVID-19 INJ TEST CARTRIDGE	CONTRACEPTIVE GEL CUE HEALTH MONITOR	CONTRACEPTIVE SUPP DIFFERIN OTC GEL 0.1%	COVID-19 TEST esomeprazole cap
esomeprazole magnesium DR tab	famotidine tab	FEMALE CONDOMS	ferrous sulfate elixir
FERROUS SULFATE LIQUID	ferrous sulfate soln	ferrous sulfate syrup	fexofenadine tab
fexofenadine/pseudoephedrine 12-hour tab	fexofenadine/pseudoephedrine 24-hour tab	folic acid tab 400mcg	folic acid tab 800mcg
GUAIFENESIN/CODEINE SYRUP	IRON SUSP	ketotifen ophth soln	LANCET KIT
LANCETS	levonorgestrel tab	loratadine ODT	loratadine tab
loratadine/pseudoephedrine 12-hour tab	loratadine/pseudoephedrine 24-hour tab	MIRALAX PACKET	NASACORT OTC NASAL SPRAY
niacin cap	niacin CR tab	niacin tab	NIACIN TR TAB
niacinamide tab	nicotine gum	NICOTINE KIT	nicotine lozenge
nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN 70/30 INJ
NOVOLIN N FLEXPEN INJ	NOVOLIN N INJ	NOVOLIN R FLEXPEN INJ	NOVOLIN R INJ
NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE	ONETOUCH DELICA LANCETS	ONETOUCH DELICA PLUS LANCETS
ONETOUCH DELICA ULTRASOFT LANCETS	ONETOUCH METER	ONETOUCH TEST STRIP	ONETOUCH VERIO FLEX METER
ONETOUCH VERIO IQ METER	ONETOUCH VERIO METER	ONETOUCH VERIO REFLECT METER	ONETOUCH VERIO TEST STRIP
OXYTROL PATCH (OTC)	PEAK FLOW METER	PLAN B TAB	TODAY SPONGE
triamcinolone OTC nasal spray	vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT

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.

MercyCare Select 4-Tier Commercial Formulary
Last Updated* 7/1/2022
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

8-MOP CAP	abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ
ACTHAR GEL INJ	ACTIMMUNE INJ	ADEMPAS TAB	albendazole tab
ALECENSA CAP	alosetron tab	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG
ambrisentan tab	aminocaproic acid tab	amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	ARIKAYCE SUSP
atovaquone susp	AUBAGIO TAB	AURYXIA TAB	AUSTEDO TAB
AVONEX INJ	AYVAKIT TAB	BALVERSA TAB 3MG	BALVERSA TAB 4MG
BALVERSA TAB 5MG	BENLYSTA AUTO-INJECTOI	BENLYSTA INJ	betaine powder for oral solution
bexarotene cap	bexarotene gel	bosentan tab	BOSULIF TAB
BRAFTOVI CAP 75MG	BRUKINSA CAP	budesonide ER tab	BYLVAY CAP 1200MCG
BYLVAY CAP 400MCG	BYLVAY SPRINKLE CAP 200MCG	BYLVAY SPRINKLE CAP 600MCG	CABLIVI INJ KIT
CABOMETYX TAB	CALCITRIOL OINT	CALQUENCE CAP	capecitabine tab
CAPRELSA TAB	carglumic acid tab	CAYSTON INH SOLN	CHOLBAM CAP
CIMZIA INJ	CIMZIA STARTER INJ KIT	cinacalcet tab	COMETRIQ KIT
COTELLIC TAB	CREON CAP	cyclophosphamide cap	cyclosporine cap
CYSTAGON CAP	deferasirox granules packet	deferasirox tab	deferasirox tab 180mg
deferasirox tab 90mg, 360mg	deferiprone tab	DIACOMIT CAP	DIACOMIT POWDER PACK
DIFICID TAB	dihydroergotamine mesylate nasal spray	dimethyl fumarate DR cap	dimethyl fumarate DR starter pack
DIPENTUM CAP	DOPTELET TAB	DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	D-PENAMINE TAB
dronabinol cap	DUPIXENT INJ	DUPIXENT PEN INJ	ELMIRON CAP
EMPAVELI INJ	ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ
ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACK	entecavir tab	EPIDIOLEX SOLN
ERIVEDGE CAP	ERLEADA TAB	erlotinib tab	erythromycin ethylsuccinate susp
ESBRIET CAP	ETOPOSIDE CAP	everolimus tab	everolimus tab for oral susp
EXKIVITY CAP	EXTAVIA INJ	FASENRA PEN INJ	FERRIPROX SOLN
FINTEPLA SOLN	FIRDAPSE TAB	flucytosine cap	fondaparinux inj
FORTEO INJ	FOSRENOL POWDER PACK	FRAGMIN INJ	FULPHILA INJ
FUZEON INJ	GAVRETO CAP	GENOTROPIN INJ	GILENYA CAP

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.

GILOTRIF TAB HUMIRA INJ 20MG	glatiramer inj HUMIRA INJ 40MG	HEMLIBRA INJ HUMIRA INJ 80MG	HUMIRA INJ 10MG HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK HUMIRA PEN INJ 40MG
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	HUMIRA INJ PEDIATRIC UC STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	
HYCAMTIN CAP IDHIFA TAB IMBRUVICA TAB 420MG, 560MG INTRON-A INJ ISTURISA TAB 5MG KEVZARA INJ KOSELUGO CAP	IBRANCE CAP imatinib tab INGREZZA CAP	IBRANCE TAB IMBRUVICA CAP 140MG INLYTA TAB	ICLUSIG TAB IMBRUVICA CAP 70MG INQOVI TAB
lenalidomide cap LONSURF TAB LYNPARZA TAB MEKINIST TAB 0.5MG mesalamine ER cap METHOXSALEN CAP NATPARA INJ nimodipine cap NUCALA INJ ODOMZO CAP ORENCIA CLICK INJ	IRESSA TAB JAKAFI TAB KINERET INJ lanthanum carbonate chew tab LENVIMA CAP LUCEMYRA TAB LYSODREN TAB MEKINIST TAB 2MG mesalamine kit mycophenolate DR tab NERLYNX TAB NINLARO CAP OCALIVA TAB OFEV CAP ORENCIA SC INJ 125MG/MI	ISTURISA TAB 10MG JYNARQUE PAK KITABIS PAK NEB SOLN lapatinib ditosylate tab linezolid susp LUMAKRAS TAB MAVYRET PAK MEKTOVI TAB mesalamine supp mycophenolate mofetil susp NEUPRO PATCH NIVESTYM INJ octreotide inj OLUMIANT TAB ORENCIA SC INJ 50MG/0.4ML OTEZLA STARTER PACK	ISTURISA TAB 1MG KESIMPTA INJ KORLYM TAB LEDIPASVIR/SOFOSBUVIR TAB linezolid tab LYNPARZA CAP MAVYRET TAB mesalamine DR tab MESNEX TAB MYLERAN TAB nilutamide tab NUBEQA TAB OCTREOTIDE INJ 100MCG OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML OTEZLA TAB
ORKAMBI GRANULES PACKET OXBRYTA TAB	ORKAMBI TAB		
	PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP PEMAZYRE TAB pirfenidone tab 267mg POMALYST CAP PULMOZYME INH SOLN REBIF INJ REYVOW TAB RIDAURA CAP risedronate tab 30mg RYDAPT CAP	PANCRELIPASE CAP	PEGASYS INJ
PEG-INTRON INJ PIQRAY TAB PLEGRIDY PEN INJ PROMACTA TAB REBETOL SOLN REVLIMID CAP ribavirin tab RINVOQ ER TAB rufinamide tab		penicillamine tab pirfenidone tab 801mg PREVYMIS TAB pyrimethamine tab RENFLEXIS INJ REZUROCK TAB rifabutin cap ROZLYTREK CAP SANDIMMUNE SOLN 100MG/ML SIMPONI AUTO-INJECTOR 100MG SIRTURO TAB sorafenib tosylate tab	phenoxybenzamine cap PLEGRIDY INJ PROMACTA POWDER QINLOCK TAB RETEVMO CAP ribavirin cap riluzole tab RUBRACA TAB SANDOSTATIN LAR INJ KIT
sevelamer powder pak	sevelamer tab		SIMPONI INJ 100MG
sirolimus soln SKYRIZI INJ 75MG/0.83ML	sirolimus tab SOFOSBUVIR/VELPATASVI R TAB		SKYRIZI INJ 150MG/ML SPRYCEL TAB
STELARA INJ SYMDEKO TAB TAFINLAR CAP	STIMATE NASAL SOLN SYNAREL NASAL SOLN TAGRISSO TAB	STIVARGA TAB TABRECTA TAB TAKHZYRO INJ	sunitinib malate cap tadalafil tab (PAH) TALTZ INJ

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.

TASIGNA CAP
temozolomide cap
tiopronin tab
TRACLEER TAB 32MG
TRUSELTIQ PACK 100MG

TYMLOS INJ
valganciclovir soln

VENCLEXTA TAB
vigabatrin tab
VOSEVI TAB
VYNDAQEL CAP
XALKORI CAP
XCOPRI TITRATION PAK
12.5-25MG
XELJANZ TAB
XYREM SOLN
ZEPOSIA CAP
ZYDELIG TAB

TAVALISSE TAB
tetrabenazine tab
tobramycin neb soln
TREMIFYA INJ
TRUSELTIQ PACK 50MG,
125MG
TYVASO INH SOLN
valganciclovir tab

VENTAVIS INH SOLN
vigadrone powder pack
VOTRIENT TAB
WAKIX TAB
XCOPRI PAK 100-150MG
XCOPRI TITRATION PAK
150-200MG
XELJANZ XR TAB
ZARXIO INJ
ZEPOSIA STARTER PACK
ZYKADIA CAP

TAVNEOS CAP
THALOMID CAP
tolcapone tab
tretinoin cap
TRUSELTIQ PACK 75MG

UCERIS RECTAL FOAM
vancomycin cap

VERZENIO TAB
voriconazole susp
VOXZOGO INJ
WELIREG TAB
XCOPRI PAK 150-200MG
XCOPRI TITRATION PAK
50-100MG
XIFAXAN TAB 550MG
ZEJULA CAP
ZIEXTENZO INJ
ZYKADIA TAB

TAZVERIK TAB
TIBSOVO TAB
tolvaptan tab
TRIKAFTA TAB
TUKYSA TAB

UPTRAVI TAB
VENCLEXTA STARTER
PACK
vigabatrin powder pack
voriconazole tab
VYNDAMAX CAP
XADAGO TAB
XCOPRI PAK 50-200MG
XELJANZ SOLN

XOLAIR SYRINGE
ZELBORAF TAB
ZOLINZA CAP

MercyCare Select 4-Tier Commercial Formulary
Smoking Cessation Agents
Last Updated* 7/1/2022

Drug Name	Tier # for Drug Copay
bupropion SR tab(QL= 30 days supply/fill)	\$0
CHANTIX PAK(QL= 30 days supply/fill)	\$0
CHANTIX TAB(QL= 30 days supply/fill)	\$0
nicotine gum(QL= 30 days supply/fill)	\$0
NICOTINE KIT(QL= 30 days supply/fill)	\$0
nicotine lozenge(QL= 30 days supply/fill)	\$0
nicotine patch(QL= 30 days supply/fill)	\$0
NICOTROL INHALER(QL= 30 days supply/fill)	\$0
NICOTROL NASAL SPRAY(QL= 30 days supply/fill)	\$0

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.

MercyCare Select 4-Tier Commercial Formulary
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACETASOL HC OTIC SOLN	QL= 2 bottles/fill
acetic acid otic soln	QL= 2 bottles/fill
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	QL= 2 bottles/fill
acetic acid/hydrocortisone otic soln	QL= 2 bottles/fill
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ACTHAR GEL INJ	QL= 4 vials/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ACUVAIL OPHTH SOLN	QL= 2 bottles/fill
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
ADVAIR DISKUS INHALER	QL= 1 inhaler/fill
ADVAIR HFA INHALER	QL= 1 inhaler/fill
AFLURIA INJ	QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIJ INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ALINIA SUSP	QL= 60ml/3 days
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ALOCRILOPHTH SOLN	QL= 2 bottles/fill
ALOMIDE OPHTH SOLN	QL= 2 bottles/fill
ALPHAGAN P OPHTH SOLN 0.1%	QL= 2 bottles/fill
ALREX OPHTH SUSP	QL= 2 bottles/fill
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap	QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ANDRODERM PATCH	QL= 1 patch/day
ANNOVERA RING	QL= 1 ring/year
antipyrine/ benzocaine/ polycosanol otic soln	QL= 2 bottles/fill
antipyrine/benzocaine otic soln	QL= 2 bottles/fill
ANZEMET TAB	QL= 9 tabs/fill
apraclonidine ophth soln	QL= 2 bottles/fill

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
ARCAPTA NEOHALER	QL= 1 inhaler/fill
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
ASMANEX HFA INHALER	QL= 1 inhaler/fill
ASMANEX INHALER	QL= 1 inhaler/fill
atropine ophth oint	QL= 2 tubes/fill
atropine ophth soln	QL= 2 bottles/fill
ATROVENT HFA INHALER	QL= 1 inhaler/fill
AURALGAN	QL= 2 bottles/fill
AUSTEDO TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
AZASITE SOLN	QL= 2 bottles/fill
azelastine nasal spray 0.1%	QL= 2 bottles/fill
azelastine nasal spray 0.15%	QL= 2 bottles/fill
azelastine ophth soln	QL= 2 bottles/fill
BACITRACIN OPHTH OINT	QL= 2 tubes/fill
bacitracin/neomycin/polymyxin b ophth oint	QL= 2 tubes/fill
bacitracin/polymyxin b ophth oint	QL= 2 tubes/fill
bacitracin/polymyxin/neomycin/hydrocortiso ne ophth oint	QL= 2 tubes/fill
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through US Bioservices 888-518-7246
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
BENLYSTA INJ	QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
bepotastine ophth soln	QL= 2 bottles/fill
betaxolol ophth soln	QL= 2 bottles/fill
BETIMOL OPHTH SOLN	QL= 2 bottles/fill
BETOPTIC-S OPHTH SOLN	QL= 2 bottles/fill
bimatoprost ophth soln	QL= 2.5ml/30 days
BLEPHAMIDE OPHTH SOLN	QL= 2 bottles/fill
BLEPHAMIDE S.O.P. OPHTH OINT	QL= 2 tubes/fill
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BREO ELLIPTA INHALER	QL= 1 inhaler/fill
brimonidine ophth soln 0.2%	QL= 2 bottles/fill
bromfenac ophth soln	QL= 2 bottles/fill
BRUKINSA CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
budesonide ER tab	QL=1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
buprenorphine patch	QL= 4 patches/28 days
bupropion SR tab	QL= 30 days supply/fill
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
BYLVAY CAP 1200MCG	QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG	QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG	QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG	QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
calcipotriene cream	QL= 1 tube/30 days
calcipotriene oint	QL= 60gm/30 days
calcipotriene soln	QL= 1 tube/30 days
CALCITRIOL OINT	QL= 100gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CARTEOLOL OPHTH SOLN	QL= 2 bottles/fill
celecoxib cap	QL= 2 caps/day
cevimeline cap	QL= 3 caps/day
CHANTIX PAK	QL= 30 days supply/fill
CHANTIX TAB	QL= 30 days supply/fill
CILOXAN OPHTH OINT	QL= 2 tubes/fill
CIMZIA INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
CIPRO HC OTIC SUSP	QL= 2 bottles/fill
ciprofloxacin ophth soln	QL= 2 bottles/fill
ciprofloxacin/dexamethasone otic susp	QL= 2 bottles/fill
clobetasol E foam	QL= 50gm/fill
clobetasol foam	QL= 50gm/fill
clobetasol lotion	QL= 59ml/fill
clobetasol propionate cream	QL= 45gm/fill
clobetasol propionate emollient cream	QL= 45gm/fill
clobetasol propionate gel	QL= 30gm/fill
clobetasol propionate oint	QL= 45gm/fill
clobetasol propionate soln	QL= 50ml/fill
clobetasol shampoo	QL= 118ml/fill
clobetasol spray	QL= 59ml/fill

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COLY-MYCIN S OTIC SUSP	QL= 2 bottles/fill
COMBIGAN OPHTH SOLN	QL= 2 bottles/fill
COMBIVENT INHALER	QL= 1 inhaler/fill
COMBIVENT RESPIMAT INHALER	QL= 1 inhaler/fill
COTELLIC TAB	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
COVID-19 TEST	QL= 8 tests/30 days
COVID-19 VACCINE BOOSTER INJ (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	QL= 1 dose/24 days
cromolyn ophth soln	QL= 2 bottles/fill
CUE COVID-19 INJ TEST CARTRIDGE	QL= 8 cartridges/30 days
CUE HEALTH MONITOR	QL= 1 kit/year
CYCLOMYDRIL OPHTH SOLN	QL= 2 bottles/fill
cyclopentolate ophth soln	QL= 2 bottles/fill
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DALIRESP TAB	QL= 1 tab/day
desipramine tab	QL= 2 tabs/day
dexamethasone ophth soln	QL= 2 bottles/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 2 tubes/30 days
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill
diclofenac sodium ophth soln	QL= 2 bottles/fill
DIFICID TAB	QL= 20 tabs/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
difluprednate ophth emulsion	QL= 2 bottles/fill
dihydroergotamine mesylate nasal spray	QL= 8 sprays/fill, 2 fills/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
DILANTIN CAP 30MG	QL= 3 caps/day
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DOPTELET TAB	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
doxolamide ophth soln	QL= 2 bottles/fill

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dorzolamide/timolol (pf) ophth soln	QL= 60 units/30 days
DORZOLAMIDE/TIMOLOL OPHTH SOLN	QL= 2 bottles/fill
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	QL= 45g/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
DULERA INHALER	QL= 1 inhaler/fill
DUPIXENT INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
DUPIXENT PEN INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
econazole cream	QL= 30gm/fill
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ELMIRON CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
EMADINE OPHTH SOLN	QL= 2 bottles/fill
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantheRx 855-726-8479
ENBREL INJ 25MG	QL= 8 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ENBREL INJ 50MG	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ENBREL MINI INJ	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ENDARI POWDER PACK	QL= 6 packets/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ENTRESTO TAB	QL= 2 tabs/day
epinastine ophth soln	QL= 2 bottles/fill
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
EPIPEN (JR) INJ	QL= 2 inj/fill
ERLEADA TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
erythromycin ophth oint	QL= 2 tubes/fill
ESBRIET CAP	QL= 9 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
everolimus tab for oral susp	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
EXKIVITY CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 2 tabs/day
FARXIGA TAB	QL= 1 tab/day
FASENRA PEN INJ	QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
febuxostat tab	QL= 1 tab/day
fentanyl citrate lollipop	QL= 120 lozenges/30 days
fentanyl patch 100mcg	QL= 10 patches/30 days
fentanyl patch 12mcg	QL= 10 patches/30 days
fentanyl patch 25mcg	QL= 10 patches/30 days
fentanyl patch 50mcg	QL= 10 patches/30 days
fentanyl patch 75mcg	QL= 10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLAREX OPHTH SUSP	QL= 2 bottles/fill
FLOVENT DISKUS INHALER	QL= 1 inhaler/fill
FLOVENT HFA INHALER	QL= 2 inhalers/fill
FLUAD INJ	QL= 1 inj/28 days
FLUAD QUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL= 1 inj/28 days
FLUBLOK QUAD PF INJ	QL= 1 inj/28 days
FLUCELVAX INJ	QL= 1 inj/28 days
FLUCELVAX QUAD INJ	QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD IN	QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP	QL= 1 inj/28 days
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/fill
fluocinolone otic oil	QL= 2 bottles/fill
fluorometholone ophth soln	QL= 2 bottles/fill
fluorouracil cream	QL= 40g/fill
FLUOROURACIL SOLN	QL= 10ml/fill
flurbiprofen ophth soln	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUVIRIN INJ	QL= 1 inj/28 days
FLUVIRIN PF INJ	QL= 1 inj/28 days
FLUZONE HD PF INJ	QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
FLUZONE INTRADERMAL INJ	QL= 1 inj/28 days
FLUZONE QUAD INJ	QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ	QL= 1 inj/28 days

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FML FORTE OPHTH SUSP	QL= 2 bottles/fill
FML S.O.P. OPHTH OINT	QL= 2 tubes/fill
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
gabapentin cap	QL= 9 caps/day
gabapentin soln	QL= 72 mls/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
gatifloxacin ophth soln	QL= 2 bottles/fill
GAVILYTE-C SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GAVRETO CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
GENTAK OPHTH OINT	QL= 2 tubes/fill
gentamicin ophth oint	QL= 2 tubes/fill
gentamicin ophth soln	QL= 2 bottles/fill
GENVOYA TAB	QL= 1 tab/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
halobetasol propionate cream	QL= 15gm/fill
halobetasol propionate oint	QL= 15gm/fill
HOMATROPINE OPHTH SOLN	QL= 2 bottles/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ 20MG	QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ 40MG	QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ 80MG	QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HUMIRA INJ PEDIATRIC UC STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/month
hydromorphone ER tab	QL= 2 tabs/day
HYDROXYCHLOROQUINE TAB 100MG	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
IBRANCE TAB	QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ILEVRO OPHTH SUSP	QL= 2 bottles/fill
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
INQOVI TAB	QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416
ISOPTO CARBACHOL OPHTH SOLN	QL= 2 bottles/fill
ISOPTO HYOSCINE OPHTH SOLN	QL= 2 bottles/fill
ISTALOL OPHTH SOLN	QL= 2 bottles/fill
ISTURISA TAB 10MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 1MG	QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 5MG	QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
IVERMECTIN LOTION	QL= 1 tube/fill
JAKAFI TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KADIAN CAP	QL= 2 caps/day
KERENDIA TAB	QL= 1 tab/day
ketorolac ophth soln	QL= 2 bottles/fill
ketorolac tab	QL= 20 tabs/5 days
ketotifen ophth soln	QL= 2 bottles/fill
KEVZARA INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
KORLYM TAB	QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
KOSELUGO CAP	QL= 4 caps/day; Only available through Onco360 877-662-6633
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/ day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 800-803-2523
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 1 inhaler/fill
LEVOBUNOLOL OPHTH SOLN	QL= 2 bottles/fill
levofloxacin ophth soln	QL= 2 bottles/fill
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 2 patches/day
lidocaine patch 5%	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
LOTEMAX OPHTH GEL	QL= 2 bottles/fill
LOTEMAX OPHTH OINT	QL= 2 tubes/fill
loteprednol etabonate ophth gel	QL= 2 bottles/fill
loteprednol ophth susp	QL= 2 bottles/fill
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMAKRAS TAB	QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET PAK	QL= 5 packs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
MAVYRET TAB	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MAXIDEX OPHTH SOLN	QL= 2 bottles/fill
MEKINIST TAB 0.5MG	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
MEKINIST TAB 2MG	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
MEKTOVI TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
metaxalone tab	QL= 4 tabs/day
METAXALONE TAB 400MG	QL= 4 tabs/day
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
METIPRANOLOL OPHTH SOLN	QL= 2 bottles/fill
MOLNUPIRAVIR CAP	QL= 40 caps/fill
morphine sulfate ER cap	QL= 2 caps/day
moxifloxacin ophth soln	QL= 2 bottles/fill
MYFEMBREE TAB	QL= 1 tab/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATACYN OPHTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
NEFAZODONE TAB	QL= 2 tabs/day
nefazodone tab 50mg, 250mg	QL= 2 tabs/day
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	QL= 2 bottles/fill
neomycin/polymixin/hydrocortisone otic soln	QL= 2 bottles/fill
neomycin/polymixin/hydrocortisone otic susp	QL= 2 bottles/fill
neomycin/polymyxin/dexamethasone ophth oint	QL= 2 tubes/fill
neomycin/polymyxin/dexamethasone ophth soln	QL= 2 bottles/fill
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	QL= 2 bottles/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEVANAC OPHTH SUSP	QL= 2 bottles/fill
nicotine gum	QL= 30 days supply/fill
NICOTINE KIT	QL= 30 days supply/fill
nicotine lozenge	QL= 30 days supply/fill
nicotine patch	QL= 30 days supply/fill
NICOTROL INHALER	QL= 30 days supply/fill
NICOTROL NASAL SPRAY	QL= 30 days supply/fill
nitazoxanide tab	QL= 6 tabs/3 days

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NUBEQA TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
NUCALA INJ	QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
NUCYNTA ER TAB	QL= 2 tabs/day
NUCYNTA TAB	QL= 4 tabs/day
NULYTELY SOLN	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
ofloxacin ophth soln	QL= 2 bottles/fill
ofloxacin otic soln	QL= 2 bottles/fill
olopatadine nasal spray	QL= 2 bottles/fill
olopatadine ophth soln 0.1%	QL= 5ml/30 days
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
OPSUMIT TAB	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
ORENCIA CLICK INJ	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
OTEZLA TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
OXBRYTA TAB	QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
oxycodone cap	QL= 4 caps/day
oxycodone conc	QL= 90ml/30 days

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oxycodone soln	QL= 1000ml/30days
oxycodone tab 10mg	QL= 4 tabs/day
oxycodone tab 15mg	QL= 3 tabs/day
oxycodone tab 20mg	QL= 3 tabs/day
oxycodone tab 30mg	QL= 2 tabs/day
oxycodone tab 5mg	QL= 4 tabs/day
oxymorphone tab	QL= 4 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days
paliperidone ER tab	QL= 1 tab/day
PAXLOVID TAB	QL= 30 tabs/fill
peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PEMAZYRE TAB	QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
phenylephrine ophth soln	QL= 2 bottles/fill
PHOSPHOLINE OPHTH SOLN	QL= 2 bottles/fill
pilocarpine ophth soln	QL= 2 bottles/fill
PILOPINE HS OPHTH GEL	QL= 2 bottles/fill
pimecrolimus cream	QL= 30g/fill; Covered for members 2 years or older
pirfenidone tab 267mg	QL= 9 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
pirfenidone tab 801mg	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
polymyxin b/trimethoprim ophth soln	QL= 2 bottles/fill
POMALYST CAP	QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
PRED MILD OPHTH SOLN	QL= 2 bottles/fill
PRED-G OPHTH SOLN	QL= 2 bottles/fill
PREDNISOLONE OPHTH SUSP	QL= 2 bottles/fill
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	QL= 2 bottle/ fill
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS TAB	QL= 1 tab/day; Limit 100 tabs/6 months; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
PROLENSA OPHTH SOLN	QL= 2 bottles/fill
proparacaine ophth soln	QL= 2 bottles/fill
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ramelteon tab	QL= 1 tab/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETEVMO CAP	QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZUROCK TAB	QL= 1 tab/day; Only available through Lumicera 855-847-3553
RINVOQ ER TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYDAPT CAP	QL= 56 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/fill
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SIMPONI INJ 100MG	QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SOLQUA INJ	QL= 15ml/25 days
SPINOSAD SUSP	QL= 1 bottle/fill
STELARA INJ	QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
STIVARGA TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/fill
sulfacetamide sodium ophth soln	QL= 2 bottles/fill
sulfacetamide sodium/prednisolone ophth soln	QL= 2 bottles/fill
SUMATRIPTAN INJ	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
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
TABRECTA TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
TAFINLAR CAP	QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
TAGRISSE TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
TALTZ INJ	QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
tazarotene cream 0.1%	QL= 1 tube/30 days
TAZORAC CREAM 0.05%	QL= 1 tube/30 days
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
timolol maleate (pf) ophth soln 0.5%	QL= 2 bottles/fill
timolol maleate ophth gel	QL= 2 bottles/fill
timolol maleate ophth soln	QL= 2 bottles/fill
timolol maleate ophth soln 0.5%	QL= 2 bottles/fill

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TIMOLOL OPTH GEL SOLN	QL= 2 bottles/fill
TIMOPTIC OCUDOSE OPTH SOLN 0.25	QL= 2 bottles/fill
TOBRADEX OPTH OINT	QL= 2 tubes/fill
TOBRADEX ST OPTH SUSP	QL= 2 bottles/fill
tobramycin opth soln	QL= 2 bottles/fill
tobramycin/dexamethasone opth soln	QL= 2 bottles/fill
TOBEX OPTH OINT	QL= 2 tubes/fill
TOLAK CREAM 4%	QL= 40g/fill
tolterodine SR cap	QL= 1 cap/day
TRADJENTA TAB	QL= 1 tab/day
travoprost opth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
tretinoin cream	QL= 23gm/30 days
tretinoin gel	QL= 23gm/30 days
tretinoin gel 0.05%	QL= 45g/30 days
triamcinolone OTC nasal spray	QL= 2 bottles/fill
TRIFLURIDINE OPTH SOLN	QL= 2 bottles/fill
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
trilyte soln	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TRIUMEQ PD TAB	QL= 1 tab/day
TRIUMEQ TAB	QL= 1 tab/day
tropicamide opth soln	QL= 2 bottles/fill
tropium chloride SR cap	QL= 1 cap/day
tropium tab	QL= 2 tabs/day
TRULICITY INJ	QL= 4 pens/28 days
TRUSELTIQ PACK 100MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 50MG, 125MG	QL= 42 caps/28 days; Only available through Biologics 800-850-4306
TRUSELTIQ PACK 75MG	QL= 63 caps/28 days; Only available through Biologics 800-850-4306
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALTOCO NASAL SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
vancomycin cap	QL= 56 caps/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/fill
VERQUVO TAB	QL= 1 tab/day
VERZENIO TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VEXOL OPHTH SUSP	QL= 2 bottles/fill
VICTOZA INJ	QL= 9ml/30 days
VIIBRYD STARTER KIT	QL= 1 tab/day
vilazodone hcl tab	QL= 1 tab/day
VOSEVI TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VOXZOGO INJ	QL= 1 vial/day; Only available through Accredo 888-773-7376
VYNDAMAX CAP	QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VYNDAQEL CAP	QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
WAKIX TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
WELIREG TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XADAGO TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XALKORI CAP	QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI PAK 50-200MG	QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XELJANZ SOLN	QL= 10ml/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XELJANZ TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XELJANZ XR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day

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.

MercyCare Select 4-Tier Commercial Formulary Cont.
Last Updated* 7/1/2022
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 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XOFLUZA TAB	QL= 2 tabs/fill
XOFLUZA TAB THERAPY PACK 40MG	QL= 1 tab/fill
XOFLUZA TAB THERAPY PACK 80MG	QL= 1 tab/fill
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-368
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ZEPOSIA CAP	QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ZEPOSIA STARTER PACK	QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ZIRGAN OPHTH GEL	QL= 2 bottles/fill
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
ZYKADIA CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ZYKADIA TAB	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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.