

**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 3/1/2023**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
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 PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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	ANTIDIABETICS
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
ACCURETIC TAB	-	NC	ANTIHYPERTENSIVES
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
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
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ACIPHEX TAB	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	PA	2	DERMATOLOGICALS

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 EXC Plan Exclusion  
 M Medical Benefit  
 PA Prior Authorization  
 RS Restricted to Specialist  
 VAC Vaccine Program

**generic** = small letters  
 INF Infertility  
 MSP Mandatory Specialty Pharmacy Program  
 QL Quantity Limit  
 SF Limited to two 15 day fills per month for first 3 months

**BRANDS** = CAPITAL LETTERS  
 LD Limited Distribution  
 OTC Over-the-Counter  
 RDX Restricted to Diagnosis  
 SMK Smoking Cessation

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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; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	EXC	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or 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 PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	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
ADRENALICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (QL= 1 inhaler/fill)	QL	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTI-HYPERLIPIDEMICS
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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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.
AIMOVIG 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 (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL HFA INHALER	QL--	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	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.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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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
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3	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
ALLOPURINOL TAB	-	NC	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
alosectron 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	ANTIAXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	NC	ANTIAXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIAXIETY 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
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	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIER NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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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)	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 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 tab (AMICAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
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 ER TAB	-	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
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
AMZEEQ FOAM	-	NC	DERMATOLOGICALS

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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	\$0	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
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
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) (QL= 1 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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 females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOLX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS
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 (LIPITOR equiv)	-	\$0	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
ATROPINE SUL SOLN 1% OPHTH	-	NC	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

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>VAC</b> Vaccine Program		

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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.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVANDIA TAB	-	3	ANTIDIABETICS
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	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
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
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

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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	-	\$0	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	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/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 CLASSE
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 CLASSE
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	2	ANTHELMINTICS
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

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BESREMI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	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
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
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

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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 tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2	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
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

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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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
bupropion SR tab (ZYBAN equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY 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 TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	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
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

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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
CALQUENCE TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
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
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/ANTICHOLINEFCS
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

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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 tab (PALGIC equiv)	-	3	ANTIHISTAMINES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
CARETOUCH MIS	OTC	1	MEDICAL DEVICES AND SUPPLIES
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.
CEFACTOR CAP	-	3	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACTOR ER TAB	-	3	CEPHALOSPORINS
CEFACTOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
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 tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	2	ANTICONVULSANTS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN CAP	-	NC	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS

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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
cetrotelix acetate for inj kit (CETROTIDE equiv)	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE INJ KIT	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2	MOUTH/THROAT/DENTAL AGENTS
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
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOAZONE 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	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
CIBINQO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	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 (CIMETIDINE equiv)	-	1	ULCER DRUGS

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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 (QL=1 kit/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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 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
clarithromycin ER tab (BIAXIN XL equiv)	-	3	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

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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
CLOMID TAB	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
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

	<b>NC</b> = Not Covered		<b>generic</b> = small letters		<b>BRANDS</b> = CAPITAL LETTERS
	<b>NC/3P</b> = 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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
colestipol granule (COLESTID equiv)	-	3	ANTHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
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	ANTINEOPLASTICS 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	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	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.
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
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
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0	VACCINES

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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 (NOVAVAX) (QL= 1 dose/17 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	ANTIHYPERTENSIVES
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
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

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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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 OPPTH SOLN	-	NC	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2	ANTICOAGULANTS
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	-	NC	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/ANTICHOLINEF CS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYVIGO TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
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
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELESTROGEN INJ	-	NC	ESTROGENS
DELSTRIGO TAB	-	NC	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES

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DEMSEER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENGXAXIA SUSP	VAC	EXC	VACCINES
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPAKENE SYRUP	-	NC	ANTICONVULSANTS
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	EXC	CONTRACEPTIVES
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DESCOVY TAB	-	\$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv) (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
DES Loratadine 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.
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
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 pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	NC	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexlansoprazole DR cap (DEXILANT equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

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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	RDX Restricted to Diagnosis
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VAC Vaccine Program		

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dexamethylphenidate ER cap (FOCALIN XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexamethylphenidate 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 PantheRx Pharmacy 855-726-8479)	LD-PA	S	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	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	ANTIANKXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIANKXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIANKXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	3	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
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
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

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	-	1	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.
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 (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL	-	NC	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	PA	2	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
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 TAB	-	NC	ULCER DRUGS
DOPTLET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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 DISORDER 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
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

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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 (BEYAZ equiv)	-	\$0	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
DYANAVEL XR CHEW	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DYRENIUM CAP	-	NC	DIURETICS
DYSPORT INJ	M	M	NEUROMUSCULAR AGENTS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv) (QL= 30gm/fill)	QL	1	DERMATOLOGICALS
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.

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EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
eletriptan tab (RELPAQ 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
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
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	EXC	VACCINES
enoixaparin inj (LOVENOX equiv)	-	2	ANTICOAGULANTS
enoxaparin inj (LOVENOX equiv)	-	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES

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ENSPRYNG INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
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 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 (INSPRA equiv)	-	1	ANTIHYPERTENSIVES
EPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
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.
ergotamine/caffeine tab (CAFERGOT equiv)	-	NC	MIGRAINE PRODUCTS
ERIVEDGE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-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
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
ESBRIET CAP	-	NC	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	1	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
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
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 td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv)	-	NC	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
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
EULEXIN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	NC	ESTROGENS

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	<b>NC/3P</b> = 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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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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 CLASSE
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
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	ANTHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	3	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
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
FARESTON TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	ANTIASTHMATIC 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

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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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FEMHRT TAB	-	NC	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
fenopropfen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
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
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	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2	URINARY ANTISPASMODICS
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
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

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finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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 METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FIRVANQ SOLN	-	2	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
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 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 soln (QL= 2 bottles/fill)	QL	3	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

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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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
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 DISORDEF AGENTS
FLURBIPROFEN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
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
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 QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES

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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
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	-	3	ANTICOAGULANTS
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 LIBRE 3 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	S	DIURETICS
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
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
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.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
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

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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 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 0.25MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG	-	NC	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
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

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
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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
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
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
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

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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 OPTH 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.
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

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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
HYCANTIN 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
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	1	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

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hydroxychloroquine tab (PLAQUENIL equiv)	-	1	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
HYFTOR GEL	-	NC	DERMATOLOGICALS
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/ANTICHOLINERCS
hyoscyamine sulfate CR tab (LEVBIID 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 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 (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 SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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
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; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-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 GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES

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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
IPOL INJ	VAC	EXC	VACCINES
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
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
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	-	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.

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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	-	NC	DERMATOLOGICALS
ivermectin tab (STROMECTOL 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
JAYPIRCA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
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

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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
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 inj 15mg/ml (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 60mg/2ml (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
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
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	EXC	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	EXC	TOXOIDS
KISQALI PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	S	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
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
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	NC	MINERALS & ELECTROLYTES
KRAZATI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	2	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
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 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
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)	OTC	1	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
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
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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LATUDA TAB	-	NC	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 CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	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
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.
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 OPHTH SOLN	QL--	NC	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	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

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

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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 (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	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 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.
LINZESS CAP (QL= 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHIUM CARBONATE CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	3	ANTIHYPERLIPIDEMICS
LIVMARLI SOLN	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	\$0	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS

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LOCOID SOLN	-	NC	DERMATOLOGICALS
lohist liquid (DECON-A equiv)	OTC	NC	COUGH/COLD/ALLERGY
LOKELMA PAK	PA	3	MISCELLANEOUS THERAPEUTIC CLASSE
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-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	ANTIAXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIAXIETY AGENTS
LORBRENA TAB 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIAXIETY 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
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	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv)	PA	2	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	MSP-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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 CLASSE
lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day)	QL	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS

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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
LYTGOBI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
LYVISPAN GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	3	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
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
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
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

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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)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	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
mercaptapurine 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.
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

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M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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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 SOLN	-	NC	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
METHOCARBAMOL TAB	-	NC	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
methylegonovine 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
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

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methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	NC	CORTICOSTEROIDS
methyltestosterone cap	-	NC	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH 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 (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
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
mifepristone tab (MIFIPREX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIFIPREX TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv)	-	NC	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
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

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minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	OTC	NC	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) (QL= 2 tabs/day)	QL	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
MORPHINE SULFATE TAB	-	NC	ANALGESICS - OPIOID
MOTEGRITY TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
MOUNJARO INJ	-	NC	ANTIDIABETICS
MOVANTIK TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
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

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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
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
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
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.

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NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	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 15MG	-	3	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
NATAZIA TAB	-	\$0	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Accredo 800-803-2523 or 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	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	-	2	BETA BLOCKERS
NEBUPENT NEB SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
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/POLYMIXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
neomycin/polymixin/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
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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 ER tab (VIRAMUNE XR equiv)	-	2	ANTIVIRALS
NEVIRAPINE SUSP	-	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
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	-	\$0	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)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
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)	-	2	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

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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
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

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	<b>NC/3P</b> = 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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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 PAK	-	3	ANTIFUNGALS
NOXAFIL SUSP	-	3	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
NUEDEXTA 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
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ	-	NC	HEMATOPOIETIC AGENTS
OCALIVA TAB (Only available through Accredo 800-803-2523 or 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 Accredo 800-803-2523 or 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.
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)	OTC-QL	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-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
OLUMIANT TAB 4MG	-	NC	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
omeprazole tab	OTC	1	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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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	ANTICONSULTANTS
ONFI TAB	-	NC	ANTICONSULTANTS
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 Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
OPZELURA CREAM	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	PA	2	BIOLOGICALS MISC
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
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

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VAC Vaccine Program		

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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
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	S	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through 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
ORSERDU TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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.
OZEZLA 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
OZEZLA 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
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab	-	NC	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	2	ANTIANSXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	HEMATOPOIETIC AGENTS

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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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
OXBRYTA TAB FOR ORAL SUSP (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 SOLN	-	NC	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/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; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	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
PANCRELIPASE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS

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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 OPTH 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
PEDIARIX INJ	VAC	EXC	TOXOIDS
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
PEDVAXHIB INJ	VAC	EXC	VACCINES
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= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penciclovir cream (DENA VIR equiv)	-	NC	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
penicillamine tab (DEPEN TITRATAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S	MISCELLANEOUS THERAPEUTIC CLASSE
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	EXC	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.

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pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PERINDOPRIL TAB	-	1	ANTIHYPERTENSIVES
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
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	S	ENDOCRINE AND METABOLIC AGENTS - MISC.
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 SULFATE TAB	-	1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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 (QL= 1 box/fill)	QL	\$0	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	NC	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

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pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
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 cap (ESBRIET equiv) (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.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
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)	-	1	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
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
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)	-	3	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES

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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
POTASSIUM CHLORIDE TAB ER	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-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 110MG	-	3	ANTICOAGULANTS
PRADAXA CAP 75MG, 150MG	-	NC	ANTICOAGULANTS
PRADAXA PELLETT PACK	-	NC	ANTICOAGULANTS
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
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERTENSIVES
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 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	-	1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS

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PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISON SOLN	-	2	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISON/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 GEL	-	NC	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

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
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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
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	EXC	VACCINES
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

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS
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
PYLERA CAP	-	NC	ULCER DRUGS
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
pyridstigmime 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 (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	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 TAB	-	NC	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 tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS

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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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	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	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF 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
RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
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.
RELYVRIO PAK	-	NC	NEUROMUSCULAR AGENTS
REMEDIENT CAP	-	NC	MULTIVITAMINS
REMICADE INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ 10MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.

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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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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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
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2	ANTIHYPERTENSIVES
RESCRIPTOR TAB	-	2	ANTIVIRALS
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; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	2	MISCELLANEOUS THERAPEUTIC 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
REZLIDHIA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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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)	-	2	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
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
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	2	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 (CRESTOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	VAC	EXC	VACCINES
ROTATEQ INJ	VAC	EXC	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

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	<b>NC/3P</b> = 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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ROZLYTREK CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONSULTANTS
rufinamide tab (BANZEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S	ANTICONSULTANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTIVIRALS
RUXIENCE INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	NC	ANTIHISTAMINES
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	ANTICONSULTANTS
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
salicyclic 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

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SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
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
SELZENTRY SOLN	-	2	ANTIVIRALS
SELZENTRY TAB	-	2	ANTIVIRALS
SELZENTRY TAB	-	NC	ANTIVIRALS
SEMGLEE INJ (SINGLE PEN)	-	NC	ANTIDIABETICS
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) (Members age 9 or older require Prior Authorization)	PA	2	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS

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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	ANTIHYPERTENSIVES
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	ANTIHYPERTENSIVES
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERTENSIVES
simvastatin tab 80mg (ZOCOR equiv)	-	NC	ANTIHYPERTENSIVES
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	M	ANTI-INFECTIVE AGENTS - MISC.
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	S	ANTI-INFECTIVE AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
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 180 MG/1.2ML (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	GASTROINTESTINAL AGENTS - MISC.
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	-	\$0	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

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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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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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 OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	S	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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
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/potassium/magnesium soln (SUPREP equiv)	-	3	LAXATIVES
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)	QL	2	ANTIDIABETICS
SOLOSEC GRANULES PACKET	-	NC	AMEBICIDES
SOLU-CORTEF INJ	-	NC	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG	-	NC	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	NC	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	NC	CORTICOSTEROIDS
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SOMNOTE CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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
SOTYKTU TAB	-	NC	DERMATOLOGICALS
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
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
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.
STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS
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

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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
sucrafate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
sucrafate 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
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 (TREXIMET 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
SUNLENCA TAB	-	NC	ANTIVIRALS
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
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SUSTIVA TAB	-	NC	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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 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
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
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.
TADLIQ SUSP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421; Members age 9 years or older require Prior Authorization)	MSP-PA	S	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
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC	OPHTHALMIC AGENTS
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 Accredo 800-803-2523)	--LD-PA-QL	S	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	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

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole 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
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM 0.05% (QL= 1 tube/30 days)	PA-QL	3	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.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGSEDI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTURNA 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 DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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	<b>NC/3P</b> = 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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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 ENANTHATE INJ 200MG/ML	-	NC	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
TEZSPIRE INJ	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
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 (THEOPHYLLINE ER equiv)	-	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

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
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tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
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 preservative free ophth soln 0.25% (TIMOPTIC equiv) (QL= 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	NC	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
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.

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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 er cap (TROKENDI XR CAP 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
torseamide 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 Accredo 800-803-2523)	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
tranlycypromine 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
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

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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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
TREXIZ 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 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	ANTIHYPERLIPIDEMICS
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
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHXYPHENIDYL SOLN	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl 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 Walgreens 888-347-3416)	LD-PA-QL	S	RESPIRATORY AGENTS - MISC.
tri-igest 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

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trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
TRIMETHOPRIM TAB	-	NC	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 OPHTH 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; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
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
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWIRLA PATCH	-	\$0	CONTRACEPTIVES
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 (Only available through Accredo 800-803-2523; QL= 4 cartridges/day)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (Only available through Accredo 800-803-2523; QL= 224 cartridges/28 days)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S	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

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UCERIS TAB	-	NC	CORTICOSTEROIDS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
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
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
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
VANOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCIN 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 SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS

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VARENICLINE PAK	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARENICLINE TAB	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERTENSIVES
vasoex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXNEUVANCE INJ	VAC	EXC	VACCINES
VECAMEYL TAB	-	NC	ANTIHYPERTENSIVES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELIVET PAK	-	NC	CONTRACEPTIVES
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
VENLAFAXINE TAB	-	NC	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
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 ER 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
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
VFEND SUSP	-	NC	ANTIFUNGALS

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VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
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 OPTHH SOLN	-	NC	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
VIIBRYD TAB	-	NC	ANTIDEPRESSANTS
VIJOICE TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD 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 TAB	-	2	ANTIVIRALS
VIRAMUNE SUSP	-	NC	ANTIVIRALS
VIRAMUNE XR TAB	-	NC	ANTIVIRALS
VIREAD TAB 150MG, 200MG, 250MG	-	2	ANTIVIRALS
VISCO-3 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
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
VITRAKVI CAP 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	VAC	EXC	VACCINES
VIZIMPRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	NC	ANTIVIRALS

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VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	OTC	NC	DERMATOLOGICALS
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S	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)	-	3	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	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; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
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 Accredo-800-803-2523)	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	ANTIHYPERLIPIDEMICS

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
WELCHOL TAB	-	NC	ANTHYPERLIPIDEMICS
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
XACIATO GEL	-	NC	VAGINAL AND RELATED PRODUCTS
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)	QL	2	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	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 OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
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.

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

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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)	QL	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
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
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) (QL= 1 cap/day)	QL	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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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.
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
ZILACAINE 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
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
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

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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	RDX Restricted to Diagnosis
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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 DISORDEF AGENTS
zolpidem tab (AMBIEN equiv)	-	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZOLPIDEM TARTRATE SL TAB 1.75MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZOLPIDEM TARTRATE SL TAB 3.5MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZONISADE SUSP (PA required for members age 9 years or older)	PA	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S	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	ANTIASTMATIC 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
ZYLET OPTH 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 CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYRTEC SYRUP	OTC	NC	ANTIHISTAMINES
ZYRTEC TAB	OTC	NC	ANTIHISTAMINES
ZYRTEC-D TAB	OTC	NC	COUGH/COLD/ALLERGY

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

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DrugName	Special Code	Tier			
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>					
<b>AMPHETAMINES</b>					
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			
DYANAVEL XR CHEW	-	NC			
EVEKEO ODT	-	NC			
methamphetamine tab (DESOXYN equiv)	-	NC			
MYDAYIS CAP	-	NC			
VYVANSE CHEW TAB	-	NC			
XELSTRYM PAD	-	NC			
ZENZEDI TAB	-	NC			
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC			
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC			
<b>ANALECTICS</b>					
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2			
CAFCIT INJ	-	NC			
<b>ANOREXIANTS NON-AMPHETAMINE</b>					
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			
<b>ANTI-OBESITY AGENTS</b>					
IMCIVREE INJ	-	NC			
WEGOVY INJ	-	NC			
WEGOVY INJ 1.7MG/0.75ML	-	NC			
WEGOVY INJ 2.4MG/0.75ML	-	NC			
XENICAL CAP	-	NC			
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>					
guanfacine ER tab (INTUNIV equiv)	-	1			
atomoxetine cap (STRATTERA CAP equiv)	-	2			
<b>Note:</b> 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;"> <b>NC</b> = Not Covered  <b>NC/3P</b> = Not Covered, Third Party Reviewer                      EXC Plan Exclusion                      M Medical Benefit                      PA Prior Authorization                      RS Restricted to Specialist                      VAC Vaccine Program                 </td> <td style="width: 33%; vertical-align: top;"> <b>generic</b> = small letters                      INF Infertility                      MSP Mandatory Specialty Pharmacy Program                      QL Quantity Limit                      SF Limited to two 15 day fills per month for first 3 months                 </td> <td style="width: 33%; vertical-align: top;"> <b>BRANDS</b> = CAPITAL LETTERS                      LD Limited Distribution                      OTC Over-the-Counter                      RDX Restricted to Diagnosis                      SMKG Smoking Cessation                 </td> </tr> </table>			<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization RS Restricted to Specialist VAC Vaccine Program	<b>generic</b> = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months	<b>BRANDS</b> = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RDX Restricted to Diagnosis SMKG Smoking Cessation
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**MercyCare Select 4-Tier Commercial Formulary**  
**Category/Class**  
**Last Updated\* 3/1/2023**

DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
clonidine ER tab (KAPVAY equiv)	-	2
KAPVAY TAB	-	NC
QELBREE ER CAP	-	NC
STRATTERA CAP	-	NC
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo-800-803-2523)	LD-PA-QL	S
<b>STIMULANTS - MISC.</b>		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	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
FOCALIN XR CAP	-	NC
methylphenidate ER cap (APTENSIO XR equiv)	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
ODACTRA SL TAB	PA	3
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - R'S</b>		
RESERVAPAK SYRUP	-	NC
<b>AMEBICIDES</b>		
<b>AMEBICIDES</b>		
SOLOSEC GRANULES PACKET	-	NC
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>AMINOGLYCOSIDES Cont.</b>		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	3
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 (Only available through Walgreens 888-347-3416)	LD-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 4MG	-	NC
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**

AMJEVITA AUTO-INJECTOR	-	NC
AMJEVITA INJ	-	NC
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

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>VAC</b> Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
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
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ	-	NC
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ (Only available through Biologics 800-850-4306)	LD-PA	S
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
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
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
celecoxib cap (CELEBREX equiv)	-	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
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
KETOPROFEN ER CAP	-	3
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
fenoprofen calcium tab	-	NC

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
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
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
ketorolac inj 15mg/ml (TORADOL equiv)	-	NC
ketorolac inj 30mg/ml (TORADOL equiv)	-	NC
ketorolac inj 60mg/2ml (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	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**

OZEZLA STARTER PACK (QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
OZEZLA 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
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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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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**MercyCare Select 4-Tier Commercial Formulary  
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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
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**ANALGESICS - ANTI-INFLAMMATORY Cont.**

**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**

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 females (no age restriction))	OTC	\$0
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2
ASPIRIN EC TAB 325MG	OTC	NC
aspirin tab 325mg	OTC	NC

**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

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<b>ANALGESICS - OPIOID Cont.</b>		
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
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
meperidine tab (DEMEROL equiv)	-	NC

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Category/Class**

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANALGESICS - OPIOID Cont.</b>		
METHADONE SOLN	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC
MORPHINE SULFATE TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYMORPHONE ER TAB	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
TRAMADOL ER CAP	-	NC
tramadol hcl tab 100mg	-	NC
XTAMPZA ER CAP	-	NC
ZOHYDRO ER CAP	-	NC
<b>OPIOID COMBINATIONS</b>		
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
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	2
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

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - OPIOID Cont.</b>		
SEGLENTIS TAB	-	NC
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
<b>OPIOID PARTIAL AGONISTS</b>		
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1
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
<b>ANDROGENS-ANABOLIC</b>		
<b>ANABOLIC STEROIDS</b>		
oxandrolone tab	-	NC
<b>ANDROGENS</b>		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
TESTOSTERONE ENANTHATE INJ	-	1
testosterone enathate 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
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
METHITEST TAB	-	NC
methyltestosterone cap	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
TESTOSTERONE ENANTHATE INJ 200MG/ML	-	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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>																					
<b>ANORECTAL AGENTS</b>																							
<b>INTRARECTAL STEROIDS</b>																							
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																					
<b>RECTAL COMBINATIONS</b>																							
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1																					
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2																					
PROCTOFOAM HC FOAM	-	2																					
ANALPRAM-E KIT	-	3																					
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC																					
<b>RECTAL STEROIDS</b>																							
proctosol HC cream (ANUSOL HC equiv)	-	1																					
hydrocortisone supp (ANUSOL HC equiv)	-	NC																					
<b>ANORECTAL AND RELATED PRODUCTS</b>																							
<b>RECTAL COMBINATIONS</b>																							
HYDROCORTISONE/PRAMOXINE SUPP	-	NC																					
<b>RECTAL LOCAL ANESTHETICS</b>																							
LIDOCAINE SUPP	-	NC																					
<b>ANTHELMINTICS</b>																							
<b>ANTHELMINTICS</b>																							
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																					
<b>ANTIANGINAL AGENTS</b>																							
<b>ANTIANGINALS-OTHER</b>																							
ranolazine tab (RANEXA equiv)	-	2																					
ASPRUZYO SPRINKLE GRANULES	-	NC																					
<b>NITRATES</b>																							
isosorbide dinitrate SL tab	-	1																					
isosorbide dinitrate tab (ISORDIL equiv)	-	1																					
isosorbide mononitrate ER tab (IMDUR equiv)	-	1																					
ISOSORBIDE MONONITRATE TAB	-	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																					
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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTIANGINAL AGENTS Cont.</b>		
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
NITROSTAT SL TAB	-	NC

**ANTIANKXIETY AGENTS**

<b>ANTIANKXIETY AGENTS - MISC.</b>		
bupirone 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

<b>BENZODIAZEPINES</b>		
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**

<b>ANTIARRHYTHMICS TYPE I-A</b>		
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 TAB	-	NC

<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine hcl cap	-	2

<b>ANTIARRHYTHMICS TYPE I-C</b>		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2

<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	PA	2
MULTAQ TAB	-	2

**ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
TEZSPIRE INJ	-	NC

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**MercyCare Select 4-Tier Commercial Formulary  
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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-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
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn neb soln (INTAL equiv)	-	NC
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
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
<b>LEUKOTRIENE MODULATORS</b>		
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
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	QL	1
DALIRESP TAB	-	NC
<b>STEROID INHALANTS</b>		
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
<b>SYMPATHOMIMETICS</b>		
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1
albuterol neb soln	-	1

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
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
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 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 (PERFORMIST equiv)	-	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill)	PA-QL	3
levalbuterol neb soln (XOPENEX equiv)	-	3
METAPROTERENOL TAB	-	3
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BUDESONIDE/FORMOTEROL INHALER	-	NC
DUAKLIR INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
UTIBRON NEOHALER CAP	-	NC
<b>XANTHINES</b>		
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
theophylline er tab (THEOPHYLLINE ER equiv)	-	2

**ANTICOAGULANTS**

**COUMARIN ANTICOAGULANTS**

warfarin tab (COUMADIN equiv)	-	1
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	2

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<b>ANTICOAGULANTS Cont.</b>		
XARELTO TAB	-	2
SAVAYSA TAB	-	NC
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
enoixaparin inj (LOVENOX equiv)	-	2
enoxaparin inj (LOVENOX equiv)	-	2
FRAGMIN INJ	-	3
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
<b>THROMBIN INHIBITORS</b>		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2
PRADAXA CAP 110MG	-	3
PRADAXA CAP 75MG, 150MG	-	NC
PRADAXA PELLETT PACK	-	NC
<b>ANTICONSULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
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
<b>ANTICONSULSANTS - MISC.</b>		
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

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<b>NC/3P</b> = Not Covered, Third Party Reviewer		
<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>VAC</b> Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
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
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
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
ZONISADE SUSP (PA required for members age 9 years or older)	PA	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
topiramate er cap (TROKENDI XR CAP equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	S
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	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
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	S
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	-	2

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
felbamate tab (FELBATOL equiv)	-	2
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2
FELBATOL TAB	-	NC
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	MSP-PA-QL	S
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
<b>GABA MODULATORS</b>		
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
<b>HYDANTOINS</b>		
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
<b>SUCCINIMIDES</b>		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
<b>VALPROIC ACID</b>		
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
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY TAB	-	NC
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1

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<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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**MercyCare Select 4-Tier Commercial Formulary  
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Last Updated\* 3/1/2023

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<b>ANTIDEPRESSANTS Cont.</b>		
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	PA	3
NARDIL TAB 15MG	-	3
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO NASAL SOLN	-	NC
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
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
<b>SEROTONIN MODULATORS</b>		
trazodone tab (DESYREL equiv)	-	1
NEFAZODONE TAB (QL= 2 tabs/day)	QL	2
nefazodone tab 50mg, 250mg (QL= 2 tabs/day)	QL	2
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
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTIDEPRESSANTS Cont.</b>		
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
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
venlafaxine ER tab	-	NC
VENLAFAXINE TAB	-	NC
<b>TRICYCLIC AGENTS</b>		
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
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (MIGLITOL equiv)	-	3
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	PA	3
<b>ANTIDIABETIC COMBINATIONS</b>		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
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)	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
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	QL	2
ACTOPLUS MET XR TAB	-	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
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
<b>BIGUANIDES</b>		
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
<b>DIABETIC OTHER</b>		
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
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB (QL= 1 tab/day)	QL	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC

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<b>ANTIDIABETICS Cont.</b>		
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	3
<b>INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
ADLYXIN INJ	-	NC
MOUNJARO INJ	-	NC
TANZEUM INJ	-	NC
<b>INSULIN</b>		
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

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<b>ANTIDIABETICS Cont.</b>		
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC 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
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC
HUMULIN R INJ U-500	PA	S
HUMULIN R U-500 KWIKPEN INJ	PA	S
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	3
<b>MEGLITINIDE ANALOGUES</b>		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
<b>SULFONYLUREAS</b>		
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
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
DIPHENOXYLATE/ATROPINE LIQUID	-	3

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
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VAC Vaccine Program		

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS Cont.</b>		
loperamide soln (LOPERAMIDE equiv)	OTC	NC
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB	-	NC
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv)	-	1
opium tincture	-	3
PAREGORIC TINCTURE	-	NC
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
VISTOGARD PAK	-	NC
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	S
<b>OPIOID ANTAGONISTS</b>		
naltrexone tab (REVIA equiv)	-	1
EVZIO INJ	-	NC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
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
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
CETYLEV TAB	-	NC
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO NASAL SPRAY	-	\$0
naloxone hcl nasal spray (NARCAN equiv)	-	\$0
naloxone inj	-	\$0
naloxone prefilled inj	-	\$0
ZIMHI SOLN	-	2
EVZIO INJ	-	NC

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.</b>		
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

**ANTIEMETICS - ANTICHOLINERGIC**

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIFUNGALS Cont.</b>		
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	2
itraconazole soln (SPORANOX equiv)	PA	3
NOXAFIL PAK	-	3
NOXAFIL SUSP	-	3
posaconazole DR tab (NOXAFIL equiv)	-	3
voriconazole susp (VFEND equiv)	-	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
SPORANOX SOLN	-	NC
TOLSURA CAP	-	NC
VFEND SUSP	-	NC
VIVJOA CAP	-	NC
voriconazole tab (VFEND equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S

**ANTIHISTAMINES**

**ANTIHISTAMINES - ALKYLAMINES**

DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
RYCLORA SOLN	-	NC

**ANTIHISTAMINES - ETHANOLAMINES**

diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
CARBINOXAMINE SOLN	-	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

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHISTAMINES Cont.</b>		
CLARITIN TAB	OTC	NC
DESLOMATADINE 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 CHILD CHEW ALLERGY	OTC	NC
ZYRTEC SYRUP	OTC	NC
ZYRTEC TAB	OTC	NC
<b>ANTIHISTAMINES - PHENOTHAZINES</b>		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
<b>ANTIHYPERTENSIVES</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB	-	NC
<b>ANTIHYPERTENSIVES - COMBINATIONS</b>		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
EZETIMIBE/ATORVASTATIN TAB	-	NC
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
<b>ANTIHYPERTENSIVES - MISC.</b>		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
icosapent ethyl cap (VASCEPA equiv)	-	NC
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
<b>BILE ACID SEQUESTRANTS</b>		
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
<b>FIBRIC ACID DERIVATIVES</b>		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTIHYPERTENSIVES Cont.</b>		
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
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab (CRESTOR equiv)	-	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
fluvastatin cap (LESCOL equiv)	-	2
fluvastatin ER tab (LESCOL XL equiv)	-	3
LIVALO TAB	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	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
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP	-	NC
<b>NICOTINIC ACID DERIVATIVES</b>		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	1
NIASPAN ER TAB	-	NC
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2

**ANTIHYPERTENSIVES**

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier																					
<b>ANTIHYPERTENSIVES Cont.</b>																							
<b>ACE INHIBITORS</b>																							
benazepril tab (LOTENSIN equiv)	-	1																					
enalapril tab (VASOTEC equiv)	-	1																					
fosinopril tab (MONOPRIL equiv)	-	1																					
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1																					
moexipril tab (UNIVASC equiv)	-	1																					
PERINDOPRIL TAB	-	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																					
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3																					
enalapril maleate oral soln (EPANED equiv)	-	NC																					
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>																							
DEMSER CAP	-	NC																					
metyrosine cap (DEMSER equiv)	-	NC																					
phenoxybenzamine cap (DIBENZYLIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S																					
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>																							
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																					
VALSARTAN ORAL SOLN	-	NC																					
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>																							
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																					
CATAPRES-TTS PATCH	-	NC																					
NEXICLON XR TAB	-	NC																					
<b>ANTIHYPERTENSIVE COMBINATIONS</b>																							
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																					
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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTIHYPERTENSIVES Cont.</b>		
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
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/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
TEKTURNA HCT TAB	-	3
ACCURETIC TAB	-	NC
amlodipine/olmesartan tab (AZOR equiv)	-	NC
AZOR TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMYL TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
aliskiren tab (TEKTURNA equiv)	-	2
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPRA equiv)	-	1
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
FIRST METRONIDAZOLE SUSP	-	3
PRIMSOL SOLN	-	3

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
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
TRIMETHOPRIM TAB	-	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
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	NC
UTA cap	-	NC
<b>ANTIPROTOZOAL AGENTS</b>		
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
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOLN	-	2
VANCOCIN CAP	-	NC
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN SOLN	-	NC
vancomycin cap (VANCOMYCIN equiv) (QL= 56 caps/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	S
<b>LEPROSTATICS</b>		
dapsone tab	-	1
<b>LINCOSAMIDES</b>		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
<b>MONOBACTAMS</b>		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	S
<b>OXAZOLIDINONES</b>		
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	M
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
<b>PLEUROMUTILINS</b>		
XENLETA TAB	-	NC
<b>POLYMYXINS</b>		

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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**MercyCare Select 4-Tier Commercial Formulary  
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**Last Updated\* 3/1/2023**

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<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
colistimethate inj (COLY-MYCIN M equiv)	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
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
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	1
MALARONE TAB	-	NC
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
<b>ANTIMALARIALS</b>		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
KRINTAFEL TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
ARAKODA TAB	-	3
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
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
pyridostigmine tab (MESTINON equiv)	-	1
pyridostigmine CR tab (MESTINON equiv)	-	2
pyridostigmine soln (MESTINON equiv)	-	3
PYRIDOSTIGMINE TAB 30MG	-	NC
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	S
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	2
<b>ANTIMYCOBACTERIAL AGENTS</b>		
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

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIMYCOBACTERIAL AGENTS Cont.</b>		
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**

<b>ALKYLATING AGENTS</b>		
ALFERON-N INJ	-	NC
HYCANTIN 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**

<b>ALKYLATING AGENTS</b>		
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

<b>ANTIMETABOLITES</b>		
methotrexate inj	-	1
methotrexate tab (Trexall equiv)	-	1
mercaptopurine tab (Purinethol equiv)	-	2
TABLOID TAB	-	2
ONUREG TAB	-	NC
PURIXAN SUSP	-	NC
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

<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
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 Optum 877-445-6874)	LD-PA-QL	S

<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RUXIENCE INJ	M	M

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<b>M</b>	Plan Exclusion	<b>INF</b>	Limited Distribution
<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
TRUXIMA INJ	M	M
GAZYVA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
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
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
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
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
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
TAGRISO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	S
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO TAB	-	NC
ERIVEDGE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
ODOMZO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
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
EULEXIN 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

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**Last Updated\* 3/1/2023**

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
ORGOVYX TAB	-	NC
ORSERDU 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
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK	-	NC
<b>ANTINEOPLASTIC COMBINATIONS</b>		
HERCEPTIN HYLECTA INJ	-	NC
KISQALI PAK	-	NC
RITUXAN INJ HYCELA	-	NC
INQOVI TAB (QL= 5 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
LONSURF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
BORTEZOMIB INJ	M	M
AFINITOR DISPERZ TAB	-	NC
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
JAYPIRCA TAB	-	NC
KISQALI TAB	-	NC
KRAZATI TAB	-	NC

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
LORBRENA TAB 100MG	-	NC
LORBRENA TAB 25MG	-	NC
LYTGOBI TAB	-	NC
REZLIDHIA CAP	-	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
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 CVS Specialty 800-237-2767)	LD-PA-QL-SF	S
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	S
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	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
CALQUENCE TAB (QL= 2 tabs/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
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

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	S
IMBRUVICA SUSP (QL= 6ml/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
KOSELUGO CAP 10MG (QL= 8 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)	MSP-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= 1 tab/day; 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	S
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	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 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
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
VOTRIENT TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	S

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VAC Vaccine Program		

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**MercyCare Select 4-Tier Commercial Formulary**  
**Category/Class**  
**Last Updated\* 3/1/2023**

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
<b>ANTINEOPLASTICS MISC.</b>		
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 Accredo 800-803-2523 or 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
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
leucovorin tab	-	1
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
carbidopa tab (LODOSYN equiv)	-	2
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
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
<b>ANTIPARKINSON DOPAMINERGICS</b>		
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
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

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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**MercyCare Select 4-Tier Commercial Formulary**  
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**Last Updated\* 3/1/2023**

DrugName	Special Code	Tier
<b>ANTIPARKINSON AGENTS Cont.</b>		
ropinirole ER tab (REQUIP XL equiv)	-	2
pramipexole ER tab (MIRAPEX ER 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
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
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
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
ONGENTYS CAP	-	NC
<b>ANTIPARKINSON DOPAMINERGICS</b>		
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
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
LITHIUM CARBONATE CAP	-	NC
<b>ANTIPSYCHOTICS - MISC.</b>		
lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day)	QL	1
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
CAPLYTA CAP	-	NC
LATUDA TAB	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC

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<b>M</b>	Plan Exclusion	<b>INF</b>	Limited Distribution
<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
<b>BENZISOXAZOLES</b>		
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
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
<b>DIBENZAPINES</b>		
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
QUETIAPINE TAB	-	NC
SAPHRIS SL TAB	-	NC
SECUADO PATCH	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
<b>DIHYDROINDOLONES</b>		
MOLINDONE TAB	-	NC
<b>PHENOTHIAZINES</b>		
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
<b>QUINOLINONE DERIVATIVES</b>		
aripiprazole tab (ABILIFY equiv)	-	1
aripiprazole soln (ABILIFY equiv)	-	3

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	Vaccine Program		

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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
REXULTI TAB	PA	S
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	1
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
HYLAMEND GEL FIRST AID	-	NC
<b>IODINE ANTISEPTICS</b>		
IODOFLEX PAD	-	NC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
DESCOVY TAB	-	\$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
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2
ISENTRESS (HD) TAB	-	2

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Category/Class**

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
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 ER tab (VIRAMUNE XR equiv)	-	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
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 TAB	-	2
VIREAD TAB 150MG, 200MG, 250MG	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
ATRIPLA TAB	-	NC
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

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<b>PA</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
	Vaccine Program				

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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
KALETRA SOLN	-	NC
KALETRA TAB	-	NC
LEXIVA TAB	-	NC
NORVIR TAB	-	NC
PIFELTRO TAB	-	NC
SELZENTRY TAB	-	NC
SUNLENCA TAB	-	NC
SUSTIVA TAB	-	NC
SYMFI (LO) TAB	-	NC
TYBOST TAB	-	NC
VIRAMUNE SUSP	-	NC
VIRAMUNE XR TAB	-	NC
VOCABRIA TAB	-	NC
FUZEON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB (QL= 20 tabs/fill)	QL	\$0
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0
<b>CMV AGENTS</b>		
VALCYTE SOLN	-	NC
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
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
<b>HEPATITIS AGENTS</b>		
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 PELLET PAK	-	NC
HARVONI TAB	-	NC
HEPSERA TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLET PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
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
<b>HERPES AGENTS</b>		
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
<b>INFLUENZA AGENTS</b>		
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
<b>MISC. ANTIVIRALS</b>		
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	\$0
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
<b>ASSORTED CLASSES</b>		
<b>CHELATING AGENTS</b>		
D-PENAMINE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
<b>IMMUNOMODULATORS</b>		

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<b>M</b>	Plan Exclusion	<b>INF</b>	Limited Distribution
<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ASSORTED CLASSES Cont.</b>		
THALOMID CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
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
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
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
KAPSPARGO CAP	-	NC
<b>BETA BLOCKERS NON-SELECTIVE</b>		
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

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<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>BETA BLOCKERS Cont.</b>		
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
SOTYLIZE SOLN 5MG/ML	-	NC
<b>BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SL TAB	PA	2
ORALAIR SL TAB	PA	2
RAGWITEK SL TAB	PA	2
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
CONSENSI TAB	-	NC
<b>CALCIUM CHANNEL BLOCKERS</b>		
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
nimodipine cap (NIMOTOP equiv)	-	2
nicardipine cap (CARDENE equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
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 ER CAP 100MG	-	NC
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CARDIOTONICS Cont.</b>		
DIGOXIN SOLN	-	1
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN INJ	-	NC
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
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
<b>IMPOTENCE AGENTS</b>		
tadalafil tab 2.5mg, 5mg (CIALIS equiv)	-	EXC
<b>PERIPHERAL VASODILATORS</b>		
isoxsuprine tab	-	NC
<b>PROSTAGLANDIN VASODILATORS</b>		
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 (Only available through Accredo 800-803-2523; QL= 4 cartridges/day)	LD-PA-QL	S
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (Only available through Accredo 800-803-2523; QL= 224 cartridges/28 days)	LD-PA-QL	S
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
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
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	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 Accredo 800-803-2523)	LD-PA-QL	S
TRACLEER TAB 32MG (Only available through Accredo 800-803-2523)	LD-PA	S
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil tab 20mg (REVATIO equiv)	PA	1
sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)	PA	2
ADCIRCA TAB	-	NC

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
REVATIO SUSP	-	NC
tadalafil tab (PAH) (ADCIRCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
TADLIQ SUSP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421; Members age 9 years or older require Prior Authorization)	MSP-PA	S
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI INJ	-	NC
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	S
<b>SINUS NODE INHIBITORS</b>		
CORLANOR TAB	PA	3
CORLANOR SOLN	-	NC
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO TAB (QL= 1 tab/day)	PA-QL	2
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
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
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFACLOR CAP	-	3
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPRAX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3

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<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>CEPHALOSPORINS Cont.</b>		
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
CEFDITOREN TAB	-	NC

**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

amethyst tab (LYBREL equiv)	-	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
BALCOLTRA TAB	-	\$0
cryselle tab	-	\$0
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0
LO LOESTRIN TAB	-	\$0
NATAZIA TAB	-	\$0
NEXTSTELLIS TAB	-	\$0
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$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
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
TAYTULLA CAP	-	NC
VELIVET PAK	-	NC
YAZ TAB, YASMIN 28 TAB	-	NC

**COMBINATION CONTRACEPTIVES - TRANSDERMAL**

TWIRLA PATCH	-	\$0
zafemy patch (XULANE equiv)	-	\$0

**COMBINATION CONTRACEPTIVES - VAGINAL**

ANNOVERA RING (QL= 1 ring/year)	QL	\$0
NUVARING	-	\$0
eluryng vaginal ring (NUVARING equiv)	-	NC

**EMERGENCY CONTRACEPTIVES**

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>CONTRACEPTIVES Cont.</b>		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPLANT	-	EXC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ	-	EXC
DEPO-PROVERA INJ	-	NC
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	-	\$0
SLYND TAB	-	\$0
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
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	-	1
prednisolone soln (PEDIAPRED 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
PREDNISON SOLN	-	2
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3
PREDNISOLONE SOLN	-	3
ALKINDI SPRINKLE CAP	-	NC
CORTEF TAB	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
dexamethasone sodium phosphate inj	-	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
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CORTICOSTEROIDS Cont.</b>		
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
SOLU-CORTEF INJ	-	NC
SOLU-CORTEF INJ 100MG	-	NC
SOLU-MEDROL INJ	-	NC
SOLU-MEDROL INJ 2GM	-	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
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**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
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	1
fexofenadine/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
NEOTUSS PLUS LIQUID	-	3
ALLEGRA-D 12-HOUR TAB	OTC	NC
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
DURAVENT PE TAB	-	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
lohist liquid (DECON-A equiv)	OTC	NC
MUCINEX LIQUID	-	NC

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VAC Vaccine Program		

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DrugName	Special Code	Tier
<b>COUGH/COLD/ALLERGY Cont.</b>		
POLY-TUSSIN DM SYRUP	-	NC
SEMPREX-D CAP	-	NC
TRIAMINIC SYRUP	OTC	NC
TUSSICAPS	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
ZYRTEC-D TAB	OTC	NC
<b>EXPECTORANTS</b>		
potassium iodide oral soln (SSKI equiv)	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
SSKI ORAL SOLN	-	NC
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
<b>MUCOLYTICS</b>		
acetylcysteine soln (MUCOMYST equiv)	-	1

**DERMATOLOGICALS**

<b>ACNE PRODUCTS</b>		
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 (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
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

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**MercyCare Select 4-Tier Commercial Formulary  
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Last Updated\* 3/1/2023

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<b>DERMATOLOGICALS Cont.</b>		
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 PAD	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AVAR-E LS CREAM 10-2%	-	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
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL	-	NC
PLEXION CREAM 9.8-4.8%	-	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

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Category/Class**

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
SUMADEN XLT KIT	-	NC
tretinoin microsphere gel	-	NC
TRETIN-X CREAM	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
ZIANA GEL	-	NC
amnesteem 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
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	NC
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
<b>ANALGESICS - TOPICAL</b>		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		
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
<b>ANTIFUNGALS - TOPICAL</b>		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
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 (LORTRISONE LOTION equiv)	-	2
naftifine cream (NAFTIN equiv)	-	2
EXELDERM SOLN	-	3

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<b>M</b>	Plan Exclusion	<b>MSP</b>	Infertility	<b>OTC</b>	Limited Distribution
<b>PA</b>	Medical Benefit	<b>QL</b>	Mandatory Specialty Pharmacy Program	<b>RDX</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>SF</b>	Quantity Limit	<b>SMKG</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist		Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Vaccine Program				

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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
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
ZOLPAK KIT	-	NC

**ANTI-INFLAMMATORY AGENTS - TOPICAL**

diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1
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

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<b>DERMATOLOGICALS Cont.</b>		
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VENNGEL ONE KIT	-	NC
VOLTAREN GEL	OTC	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
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
<b>ANTIPRURITICS - TOPICAL</b>		
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
<b>ANTIPSORIATICS</b>		
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
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
SOTYKTU TAB	-	NC
tazarotene gel (TAZORAC equiv)	-	NC
VTAMA CREAM	-	NC
ZORYVE CREAM	-	NC
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

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<b>DERMATOLOGICALS Cont.</b>		
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
<b>ANTISEBORRHEIC PRODUCTS</b>		
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
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3
sodium sulfacetamide shampoo (OVACE 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
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir cream (ZOVIRAX equiv)	-	NC
acyclovir oint (ZOVIRAX equiv)	-	NC
DENAVIR CREAM	-	NC
penciclovir cream (DENAVIR equiv)	-	NC
XERESE CREAM	-	NC
ZOVIRAX CREAM	-	NC
ZOVIRAX OINT	-	NC
<b>BURN PRODUCTS</b>		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
<b>CORTICOSTEROIDS - TOPICAL</b>		
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

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<b>M</b>	Medical Benefit	<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter
<b>PA</b>	Prior Authorization	<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis
<b>RS</b>	Restricted to Specialist	<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program				

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
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
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

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<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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<b>DERMATOLOGICALS Cont.</b>		
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 OINTMENT	-	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
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

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VAC Vaccine Program		

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

Last Updated\* 3/1/2023

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<b>DERMATOLOGICALS Cont.</b>		
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 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
TOVET KIT	-	NC
triamcinolone acetone oint (TRIANEX equiv)	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC
<b>ECZEMA AGENTS</b>		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
OPZELURA CREAM	-	NC
ADBRY INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
CIBINQO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
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
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
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
<b>EMOLLIENTS</b>		
LACTIC ACID LOTION	-	1
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	NC
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	NC
HYLINATE LOTION	-	NC
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
<b>HAIR GROWTH AGENTS</b>		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
<b>HAIR REDUCTION AGENTS</b>		
VANIQA CREAM	-	EXC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	1
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
pimecrolimus cream (ELIDEL equiv) (QL= 30g/fill; Covered for members 2 years or older)	QL	2

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
HYFTOR GEL	-	NC
OXIANUJO CREAM	-	NC
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
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
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
<b>LOCAL ANESTHETICS - TOPICAL</b>		
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
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

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

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<b>DERMATOLOGICALS Cont.</b>		
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
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		
NEOSALUS FOAM	-	NC
<b>MISC. TOPICAL</b>		
DERMACINRX CREAM	-	NC
DRYSOL SOLN	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT	-	NC
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
<b>ROSACEA AGENTS</b>		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
metronidazole lotion (METROLOTION equiv)	-	2
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
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
<b>SCABICIDES &amp; PEDICULICIDES</b>		

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Last Updated\* 3/1/2023

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<b>DERMATOLOGICALS Cont.</b>		
permethrin cream (ELIMITE CREAM equiv)	-	1
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
CROTAN LOTION	-	3
LINDANE SHAMPOO	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
<b>SCAR TREATMENT PRODUCTS</b>		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
<b>WOUND CARE PRODUCTS</b>		
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
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC BIOLOGICALS</b>		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
FREESTYLE LITE TEST STRIP	OTC	NC
<b>DIAGNOSTIC TESTS</b>		
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

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

Last Updated\* 3/1/2023

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DIAGNOSTIC PRODUCTS Cont.</b>		
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
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
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
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
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
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide tab	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC
<b>DIURETIC COMBINATIONS</b>		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
<b>LOOP DIURETICS</b>		

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>																					
<b>DIURETICS Cont.</b>																							
bumetanide tab (BUMEX equiv)	-	1																					
FUROSEMIDE SOLN	-	1																					
furosemide soln (LASIX equiv)	-	1																					
furosemide tab (LASIX equiv)	-	1																					
torsemide tab (DEMADEX equiv)	-	1																					
ethacrynic tab (EDECIN equiv)	-	2																					
SOAANZ TAB	-	NC																					
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	S																					
<b>POTASSIUM SPARING DIURETICS</b>																							
amiloride tab (MIDAMOR equiv)	-	1																					
spironolactone tab (ALDACTONE equiv)	-	1																					
triamterene cap (DYRENIUM equiv)	-	2																					
CAROSPIR SUSP	-	NC																					
DYRENIUM CAP	-	NC																					
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>																							
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																					
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>																							
<b>ADRENAL STEROID INHIBITORS</b>																							
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																					
<b>BONE DENSITY REGULATORS</b>																							
ALENDRONATE SOLN	-	1																					
alendronate tab (FOSAMAX equiv)	-	1																					
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																					
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																					
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																							
<table border="0"> <tr> <td><b>NC</b> = Not Covered</td> <td><b>generic</b> = small letters</td> <td><b>BRANDS</b> = CAPITAL LETTERS</td> </tr> <tr> <td><b>NC/3P</b> = 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>RDX Restricted to Diagnosis</td> </tr> <tr> <td>RS Restricted to Specialist</td> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> </tr> <tr> <td>VAC Vaccine Program</td> <td></td> <td></td> </tr> </table>			<b>NC</b> = Not Covered	<b>generic</b> = small letters	<b>BRANDS</b> = CAPITAL LETTERS	<b>NC/3P</b> = 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	RDX Restricted to Diagnosis	RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation	VAC Vaccine Program		
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**MercyCare Select 4-Tier Commercial Formulary  
Category/Class**

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
NATPARA INJ (Only available through Accredo 800-803-2523 or 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
<b>CORTICOTROPIN</b>		
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	S
<b>FERTILITY REGULATORS</b>		
CLOMID TAB	INF	EXC
CLOMIPHENE TAB	INF	EXC
OVIDREL INJ	INF	EXC
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
cetorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC
CETROTIDE INJ KIT	INF	EXC
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ	-	NC
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	EXC
<b>GROWTH HORMONES</b>		
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
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	NC
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ	-	NC
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
FENSOLVI INJ	-	NC
SYNAREL NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	S
<b>METABOLIC MODIFIERS</b>		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
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

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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
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 Walgreens 888-347-3416)	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
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	S
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	S
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate tab (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
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
mifepristone tab (MIFIPREX equiv)	-	1
MIFIPREX TAB	-	NC
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	-	1
<b>SOMATOSTATIC AGENTS</b>		
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SIGNIFOR INJ	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC

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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
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**ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.**

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
PREMARIN TAB	-	2
ALORA PATCH	-	3
MENEST TAB	-	3
DELESTROGEN INJ	-	NC
DIVIGEL GEL	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
estradiol td gel (DIVIGEL equiv)	-	NC
estradiol valerate inj (DELESTROGEN equiv)	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
MINIVELLE PATCH 0.025MG	-	NC
MINIVELLE PATCH 0.0375MG	-	NC
MINIVELLE PATCH 0.05MG	-	NC
MINIVELLE PATCH 0.075MG	-	NC
MINIVELLE PATCH 0.1MG	-	NC
VIVELLE-DOT PATCH	-	NC

**FLUOROQUINOLONES**

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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>FLUOROQUINOLONES Cont.</b>		
<b>FLUOROQUINOLONES</b>		
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
FACTIVE TAB	-	3
BAXDELA TAB	-	NC
PROQUIN XR TAB	-	NC
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY TAB	PA	3
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB	PA	2
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	S
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-SF	S
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	2
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
lubiprostone cap (AMITIZA equiv)	PA	2
AMITIZA CAP	-	NC
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY	-	NC
METZOZOLV ODT	-	NC
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
LIVMARLI SOLN	-	NC
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	S
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
<b>INFLAMMATORY BOWEL AGENTS</b>		
balsalazide cap (COLAZAL equiv)	-	1

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<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Specialist
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
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
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 (QL=1 kit/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S

**INTESTINAL ACIDIFIERS**

lactulose soln	-	1
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**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
ENTEREG CAP	-	NC

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<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer	<b>generic</b> = small letters	<b>BRANDS</b> = CAPITAL LETTERS
<b>M</b>	Plan Exclusion	<b>INF</b>	Limited Distribution
<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		
		<b>LD</b>	
		<b>OTC</b>	
		<b>RDX</b>	
		<b>SMKG</b>	

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
SYMPROIC TAB	-	NC
<b>PHOSPHATE BINDER AGENTS</b>		
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
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT	-	NC
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB	-	NC
<b>GENERAL ANESTHETICS</b>		
<b>ANESTHETICS - MISC.</b>		
KETAMINE HCL TROCHES	-	NC
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
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
<b>CYSTINOSIS AGENTS</b>		
PROCYSBI CAP	-	NC
PROCYSBI GRANULES PACKET	-	NC
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	S
<b>INTERSTITIAL CYSTITIS AGENTS</b>		

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
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**GENITOURINARY AGENTS - MISCELLANEOUS Cont.**

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
ENTADFI CAP	-	NC
RAPAFLO CAP	-	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
ALLOPURINOL TAB	-	NC
COLCRYS TAB	-	NC
GLOPERBA SOLN	-	NC
MITIGARE CAP, COLCHICINE CAP	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC

**URICOSURICS**

probenecid tab (BENEMID equiv)	-	1
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**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

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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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
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**HEMATOLOGICAL AGENTS - MISC. Cont.**

**COMPLEMENT INHIBITORS**

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

**HEMATOLOGIC - TYROSINE KINASE INHIBITORS**

TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	S
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**HEMATORHEOLOGIC AGENTS**

pentoxifylline ER tab (TRENAL equiv)	-	1
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**PLASMA KALLIKREIN INHIBITORS**

ORLADEYO CAP	-	NC
TAKHZYRO INJ	-	NC
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	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
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 (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	S

**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 Accredo 800-803-2523)	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

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<b>NC/3P</b> = Not Covered, Third Party Reviewer		
<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>OTC</b> Over-the-Counter
<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
<b>VAC</b> Vaccine Program		

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier			
<b>HEMATOPOIETIC AGENTS Cont.</b>					
<b>AGENTS FOR SICKLE CELL DISEASE</b>					
OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	S			
<b>COBALAMINS</b>					
cyanocobalamin inj	-	1			
CALOMIST NASAL SPRAY	-	NC			
NASCOBAL NASAL SPRAY	-	NC			
<b>FOLIC ACID/FOLATES</b>					
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0			
folic acid tab 400mcg (Covered for females only)	OTC	\$0			
folic acid tab 800mcg (Covered for females only)	OTC	\$0			
<b>HEMATOPOIETIC GROWTH FACTORS</b>					
RETACRIT INJ	-	2			
ZARXIO INJ	MSP	2			
ARANESP INJ	-	NC			
EPOGEN INJ	-	NC			
FYLNETRA 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			
STIMUFEND INJ	-	NC			
UDENYCA INJ	-	NC			
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	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			
<b>HEMATOPOIETIC MIXTURES</b>					
ferrex 150 forte cap	-	1			
tricon cap (TRINSSICON equiv)	-	1			
NEPHRON FA TAB	-	2			
BENTIVITE TAB	-	NC			
BIFERARX TAB	-	NC			
B-SERENE PAD	-	NC			
CYFOLEX CAP	-	NC			
FEONYX TAB	-	NC			
FERRO-PLEX TAB	-	NC			
folbee tab	-	NC			
<b>Note:</b> 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;"> <b>NC</b> = Not Covered  <b>NC/3P</b> = Not Covered, Third Party Reviewer                      EXC Plan Exclusion                      M Medical Benefit                      PA Prior Authorization                      RS Restricted to Specialist                      VAC Vaccine Program                 </td> <td style="width: 33%; vertical-align: top;"> <b>generic</b> = small letters                      INF Infertility                      MSP Mandatory Specialty Pharmacy Program                      QL Quantity Limit                      SF Limited to two 15 day fills per month for first 3 months                 </td> <td style="width: 33%; vertical-align: top;"> <b>BRANDS</b> = CAPITAL LETTERS                      LD Limited Distribution                      OTC Over-the-Counter                      RDX Restricted to Diagnosis                      SMKG Smoking Cessation                 </td> </tr> </table>			<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer EXC Plan Exclusion M Medical Benefit PA Prior Authorization RS Restricted to Specialist VAC Vaccine Program	<b>generic</b> = small letters INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit SF Limited to two 15 day fills per month for first 3 months	<b>BRANDS</b> = CAPITAL LETTERS LD Limited Distribution OTC Over-the-Counter RDX Restricted to Diagnosis SMKG Smoking Cessation
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**MercyCare Select 4-Tier Commercial Formulary  
Category/Class**

Last Updated\* 3/1/2023

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOPOIETIC AGENTS Cont.</b>		
FOLITE TAB	-	NC
folvite-d tab (GENICIN VITA-D equiv)	-	NC
FOLVITE-FE TAB	-	NC
MULTIGEN FOLIC TAB	-	NC
MULTIGEN PLUS TAB	-	NC
MULTIGEN TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
<b>IRON</b>		
ACCRUFER CAP	-	NC
ferrous sulfate elixir	OTC	NC
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate soln	OTC	NC
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	NC
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
tranexamic acid tab (LYSTEDA equiv)	PA	2
AMICAR SOLN	-	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
<b>HYPNOTICS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
zolpidem tab (AMBIEN equiv)	-	1
AMBIEN CR TAB	-	NC
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB	-	NC
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
<b>BARBITURATE HYPNOTICS</b>		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL TAB	-	3
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
doxepin tab (SILENOR equiv)	-	NC
<b>NON-BARBITURATE HYPNOTICS</b>		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	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
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
DAYVIGO TAB	-	NC
QUVIVIQ TAB	-	NC
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
ROZEREM TAB	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
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
sodium/potassium/magnesium soln (SUPREP equiv)	-	3
SUCLEAR KIT	-	3
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PLENVU SOLN	-	NC
SUPREP BOWEL PREP PACK	-	NC
SUTAB TAB	-	NC
<b>LAXATIVES - MISCELLANEOUS</b>		
lactulose soln	-	1

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Category/Class**

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>LAXATIVES Cont.</b>		
GIALAX KIT	-	NC
KRISTALOSE PACK, LACTULOSE PACK	-	NC
KRISTALOSE PACKET	-	NC
MIRALAX PACKET	OTC	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	NC
<b>SALINE LAXATIVES</b>		
OSMOPREP TAB	-	3

**LOCAL ANESTHETICS-PARENTERAL**

<b>LOCAL ANESTHETIC COMBINATIONS</b>		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC

**MACROLIDES**

<b>AZITHROMYCIN</b>		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3

<b>CLARITHROMYCIN</b>		
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3

<b>ERYTHROMYCINS</b>		
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	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

<b>FIDAXOMICIN</b>		
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**

<b>CONTRACEPTIVES</b>		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0

<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
ONETOUCH METER	OTC	\$0

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
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 LIBRE 3 SENSOR	-	NC
FREESTYLE LITE METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
PRECISION XTRA METER	OTC	NC
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	OTC	EXC
<b>ORAL HYGIENE PRODUCTS</b>		
HURRISEAL MIS SNAP	-	NC
<b>PARENTERAL THERAPY SUPPLIES</b>		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
CARETOUCH MIS	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
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2

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M	Plan Exclusion	INF	Limited Distribution	
PA	Medical Benefit	MSP	Over-the-Counter	
RS	Prior Authorization	QL	Restricted to Diagnosis	
VAC	Restricted to Specialist	SF	Smoking Cessation	
	Vaccine Program			

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>MIGRAINE PRODUCTS Cont.</b>		
NURTEC ODT	-	NC
QULIPTA TAB	-	NC
<b>MIGRAINE COMBINATIONS</b>		
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
<b>MIGRAINE PRODUCTS</b>		
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
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
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
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC
ELYXYB SOLN	-	NC
<b>SEROTONIN AGONISTS</b>		
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

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

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MIGRAINE PRODUCTS Cont.</b>		
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
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 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

**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 TAB ER	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	2
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**

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

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>		
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	2
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
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	S
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
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
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
VIJOICE TAB 250MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	S
<b>POTASSIUM REMOVING AGENTS</b>		
SPS SUSP	-	1
LOKELMA PAK	PA	3
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY CAP	-	NC
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
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
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1
FIRST MOUTHWASH BLM	-	3
LIDOCAINE ORAL SOLN 4%	-	NC
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
<b>DENTAL PRODUCTS</b>		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copy)	-	\$0

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**MercyCare Select 4-Tier Commercial Formulary  
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**Last Updated\* 3/1/2023**

DrugName	Special Code	Tier
<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
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 GEL	-	NC
PREVIDENT PASTE	-	NC
<b>STEROIDS - MOUTH/THROAT</b>		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
<b>THROAT PRODUCTS - MISC.</b>		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
EB-N3 DR CAP	-	NC
<b>B-COMPLEX W/ FOLIC ACID</b>		
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
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin/minerals tab (STROVITE equiv)	-	1
FOLAGENT DHA CAP	-	NC
FOLAMED DHA CAP	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
<b>MULTIVITAMINS</b>		
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	1
<b>PED MV W/ FLUORIDE</b>		
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
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MULTIVITAMINS Cont.</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
CONCEPT DHA CAP	-	3
MYNATAL-Z TAB	-	3
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
LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	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
CHLORZOAZONE TAB 250MG, LORZONE TAB	-	NC

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Category/Class**

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
FLEQSUVY SUSP	-	NC
METHOCARBAMOL TAB	-	NC
OZOBAX SOLN	-	NC
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	2
<b>MUSCLE RELAXANT COMBINATIONS</b>		
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
<b>VISCOSUPPLEMENTS</b>		
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
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
RYALTRIS SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALCOHOL SWABS	OTC	EXC
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
<b>NASAL ANESTHETICS</b>		
GOPRELTO SOLN	-	NC
<b>NASAL ANTIALLERGY</b>		

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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	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program				

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
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
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	-	1
<b>NASAL ANTI-INFECTIVES</b>		
BACTROBAN NASAL OINT	-	3
<b>NASAL STEROIDS</b>		
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 soln (QL= 2 bottles/fill)	QL	3
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
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
riluzole tab (RILUTEK equiv)	-	2
EXSERVAN FILM	-	NC
RELYVRIO PAK	-	NC
TIGLUTIK SUSP	-	NC
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	S
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
DYSPORT INJ	M	M
XEOMIN INJ	M	M
MYOBLOC INJ	-	NC
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOLN	-	NC
<b>NUTRIENTS</b>		
<b>LIPIDS</b>		
DOJOLVI ORAL LIQUID	-	NC
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		

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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
LACRISERT OPHTH INSERT	-	NC
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
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
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
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	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 maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	3
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) (QL= 2 bottle/fill)	QL	3
COMBIGAN OPHTH SOLN	-	NC
ISTALOL OPHTH SOLN 0.5%	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA SOLN	-	NC
<b>CYCLOPLEGIC MYDRIATICS</b>		
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
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
ATROPINE SUL SOLN 1% OPHTH	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
<b>MIOTICS</b>		
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	-	NC
VUITY OPHTH SOLN	-	NC
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
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
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**MercyCare Select 4-Tier Commercial Formulary  
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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
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
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/POLYMIXIN/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
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
LEVOFLOXACIN OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
VIGAMOX OPHTH SOLN	-	NC
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
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
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN	-	NC
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE OPHTH SOLN	-	NC
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC

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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
PHOTREXA VISCOUS OPHTH SOLN	-	NC
<b>OPHTHALMIC STEROIDS</b>		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 tubes/fill)	QL	1
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1
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
surfactamide 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
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
<b>OPHTHALMIC SURGICAL AIDS</b>		
DUOVISC KIT	-	NC
<b>OPHTHALMICS - MISC.</b>		
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	1
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1

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Last Updated\* 3/1/2023

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<b>OPHTHALMIC AGENTS Cont.</b>		
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1
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)	OTC-QL	1
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-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
tafluprost preservative free (pf) ophth soln (ZIOPTANOPHTH SOLN equiv)	-	NC
VYZULTA SOLN	-	NC
XELPROSOPHTH EMULSION	-	NC
ZIOPTANOPHTH 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**

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<b>OTIC AGENTS Cont.</b>		
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
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 OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
<b>OTIC STEROIDS</b>		
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
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CUVITRU INJ	-	NC
HIZENTRA INJ	-	NC
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ	-	NC
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CUTAQUIG INJ	-	NC
HIZENTRA INJ	-	NC
XEMBIFY INJ	-	NC
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
<b>NATURAL PENICILLINS</b>		
penicillin vk tab (VEETIDS equiv)	-	1
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3

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VAC Vaccine Program		

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>PENICILLINS Cont.</b>		
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	1
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
<b>PROGESTINS</b>		
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
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
LUCEMYRA TAB (QL= 96 tabs/7 days)	MSP-PA-QL	S
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYWAV SOLN	-	NC
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	S
<b>ANTIDEMENTIA AGENTS</b>		
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
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
LYBALVI TAB	-	NC
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA TAB (QL= 2 tabs/day)	PA-QL	2

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<b>NC/3P</b> = 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
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**MercyCare Select 4-Tier Commercial Formulary  
Category/Class**

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TITRATION PACK	-	NC
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
<b>MULTIPLE SCLEROSIS AGENTS</b>		
dimethyl fumarate DR cap (TECFIDERA equiv)	-	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	-	1
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	QL-RS	2
BAFIERTAM CAP	-	NC
BETASERON INJ	-	NC
GILENYA CAP 0.5MG	-	NC
MAVENCLAD PAK	-	NC
MAYZENT TAB	-	NC
MAYZENT TAB STARTER PACK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	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
EXTAVIA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
fingolimod hcl cap 0.5mg (GILENYA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	S
GILENYA CAP 0.25MG (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
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
GRALISE TAB	-	NC
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC

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VAC Vaccine Program		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
pregabalin ER tab (LYRICA CR equiv)	-	NC
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP	-	NC
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	NC
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB	-	NC
<b>SMOKING DETERRENTS</b>		
bupropion SR tab (ZYBAN equiv)	SMKG	\$0
nicotine gum (NICORETTE equiv)	OTC-SMKG	\$0
NICOTINE KIT	OTC-SMKG	\$0
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0
NICOTROL INHALER	SMKG	\$0
NICOTROL NASAL SPRAY	SMKG	\$0
VARENICLINE PAK	SMKG	\$0
VARENICLINE TAB	SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv)	SMKG	\$0
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ	-	NC
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL CAP	-	NC
KALYDECO PAK	-	NC
KALYDECO TAB	-	NC
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	S
ORKAMBI TAB (QL= 4 tabs/day; Only available through 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 Walgreens 888-347-3416)	LD-PA-QL-SF	S
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	S
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP	-	NC
ESBRIET TAB 267MG	-	NC
ESBRIET TAB 801MG	-	NC
PIRFENIDONE TAB	-	NC
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	S
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	S

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>RESPIRATORY AGENTS - MISC. Cont.</b>		
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
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
sulfadiazine tab	-	3
SULFADIAZINE TAB	-	NC
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TAB	-	NC
<b>TETRACYCLINES</b>		
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
MINOLIRA TAB	-	NC
SEYSARA TAB	-	NC
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
SODIUM IODIDE I-131 SOLN	-	NC
<b>THYROID HORMONES</b>		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1

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<b>M</b>	Plan Exclusion	<b>INF</b>	Limited Distribution
<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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DrugName	Special Code	Tier
<b>THYROID AGENTS Cont.</b>		
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
THYROLAR TAB	-	2
LEVOTHYROXINE INJ	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL/BOOSTRIX INJ	VAC	EXC
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	EXC
KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE	VAC	EXC
PEDIARIX INJ	VAC	EXC
PENTACEL INJ	VAC	EXC
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBIID 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 tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
methscopolamine tab (PAMINE equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL TAB	-	NC
GLYCATATE TAB, GLYCOPYRROLATE TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
<b>H-2 ANTAGONISTS</b>		
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
ZANTAC EFFER TAB	-	NC
<b>MISC. ANTI-ULCER</b>		
sucralfate tab (CARAFATE equiv)	-	1

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<b>M</b>	Plan Exclusion	<b>INF</b>	Limited Distribution
<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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Category/Class**

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>																					
<b>ULCER DRUGS Cont.</b>																							
<b>PROTON PUMP INHIBITORS</b>																							
esomeprazole cap (NEXIUM equiv)	OTC	1																					
lansoprazole cap (PREVACID equiv)	OTC	1																					
omeprazole DR cap (PRILOSEC equiv)	-	1																					
pantoprazole EC tab (PROTONIX equiv)	-	1																					
rabeprazole EC tab (ACIPHEX equiv)	-	1																					
FIRST OMEPRAZOLE SUSP	-	3																					
LANSOPRAZOLE SUSP	-	3																					
ACIPHEX SPRINKLE CAP	-	NC																					
ACIPHEX TAB	-	NC																					
NEXIUM GRANULE PACK	-	NC																					
PRILOSEC CAP	-	NC																					
PRILOSEC OTC DR TAB	OTC	NC																					
PRILOSEC POWDER PACKET	-	NC																					
<b>ULCER DRUGS - PROSTAGLANDINS</b>																							
misoprostol tab (CYTOTEC equiv)	-	1																					
<b>ULCER THERAPY COMBINATIONS</b>																							
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC																					
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC																					
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC																					
PYLERA CAP	-	NC																					
ZEGERID CAP	-	NC																					
ZEGERID CAP OTC	OTC	NC																					
ZEGERID POWDER PACK	-	NC																					
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>																							
<b>ANTISPASMODICS</b>																							
glycopyrrolate oral soln (CUVPOSA equiv)	-	3																					
DARTISLA ODT TAB	-	NC																					
GLYCATE TAB	-	NC																					
hyoscyamine inj (LEVSIN equiv)	-	NC																					
<b>H-2 ANTAGONISTS</b>																							
NIZATIDINE CAP	-	1																					
NIZATIDINE SOLN	-	NC																					
<b>MISC. ANTI-ULCER</b>																							
sucralfate susp (CARAFATE equiv)	-	2																					
CARAFATE SUSP	-	NC																					
<b>PROTON PUMP INHIBITORS</b>																							
omeprazole tab	OTC	1																					
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3																					
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC																					
DEXILANT DR CAP	-	NC																					
dexlansoprazole DR cap (DEXILANT equiv)	-	NC																					
esomeprazole DR granule pack (NEXIUM equiv)	-	NC																					
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC																					
NEXIUM 24HR TAB	OTC	NC																					
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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.</b>		
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC
pantoprazole sodium packet (PROTONIX equiv)	-	NC
PRILOSEC OTC DR TAB	OTC	NC
<b>ULCER THERAPY COMBINATIONS</b>		
HELIDAC PACK	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVE COMBINATIONS</b>		
PROSED DS TAB	-	NC
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)</b>		
tropium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day)	QL	2
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
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
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	2
ENABLEX TAB	-	NC
GELNIQUE	-	NC
OXYBUTYNIN SOLN	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
VESICARE TAB	-	NC
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB	-	2
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol tab (URECHOLINE equiv)	-	1
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b>		
flavoxate tab (URISPAS equiv)	PA	3
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB INJ, HIBERIX INJ	VAC	EXC
PEDVAXHIB INJ	VAC	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	LD	BRANDS = CAPITAL LETTERS
M	Plan Exclusion	INF	Limited Distribution	
PA	Medical Benefit	MSP	Over-the-Counter	
RS	Prior Authorization	QL	Restricted to Diagnosis	
VAC	Restricted to Specialist	SF	Smoking Cessation	
	Vaccine Program			

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

**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
PREVNAR 20 INJ	VAC	EXC
VAXNEUVANCE INJ	VAC	EXC
VIVOTIF CAP	VAC	EXC
<b>VIRAL VACCINES</b>		
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 BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	\$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 (NOVAVAX) (QL= 1 dose/17 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
FLUGELVAX 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
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 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
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	EXC
IPOLE INJ	VAC	EXC
PREHEVBRIO SUSP	VAC	EXC
PRIORIX INJ	VAC	EXC
ROTARIX SUSP	VAC	EXC
ROTATEQ INJ	VAC	EXC
TICOVAC INJ	VAC	EXC
STAMARIL INJ	-	NC

**VAGINAL AND RELATED PRODUCTS**

**VAGINAL ANTI-INFECTIVES**

XACIATO GEL	-	NC
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**VAGINAL CONTRACEPTIVE - PH MODULATORS**

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<b>M</b>	<b>NC/3P</b> = Not Covered, Third Party Reviewer	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>PA</b>	Plan Exclusion	<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>OTC</b> Over-the-Counter
<b>RS</b>	Medical Benefit	<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis
<b>VAC</b>	Prior Authorization	<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation
	Restricted to Specialist		
	Vaccine Program		

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>VAGINAL AND RELATED PRODUCTS Cont.</b>		
PHEXXI GEL (QL= 1 box/fill)	QL	\$0
<b>VAGINAL PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
<b>SPERMICIDES</b>		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
<b>VAGINAL ANTI-INFECTIVES</b>		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	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
<b>VAGINAL ESTROGENS</b>		
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
ESTRACE VAGINAL CREAM	-	NC
IMVEXXY SUPP	-	NC
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
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
ADRENALCLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		

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<b>M</b>	Plan Exclusion	<b>INF</b>	Limited Distribution
<b>PA</b>	Medical Benefit	<b>MSP</b>	Over-the-Counter
<b>RS</b>	Prior Authorization	<b>QL</b>	Restricted to Diagnosis
<b>VAC</b>	Restricted to Specialist	<b>SF</b>	Smoking Cessation
	Vaccine Program		

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MercyCare Select 4-Tier Commercial Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>VASOPRESSORS Cont.</b>		
midodrine tab (PROAMATINE equiv)	-	1
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
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
<b>WATER SOLUBLE VITAMINS</b>		
niacin cap	OTC	\$0
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

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<b>NC/3P</b> = 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	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC Vaccine Program		

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**MercyCare Select 4-Tier Commercial Formulary**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2023**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABSTRAL SL TAB	3
acitretin cap	2
ACTEMRA ACTPEN INJ	S
ACTEMRA SC INJ	S
ACTHAR GEL INJ	S
ACTIMMUNE INJ	S
ADBRY INJ	S
ADEMPAS TAB	S
AIMOVIG INJ	2
AJOVY INJ	2
albendazole tab	S
ALECENSA CAP	S
ALINIA SUSP	2
ALKINDI SPRINKLE CAP 0.5MG	3
ALKINDI SPRINKLE CAP 1MG	3
almotriptan tab	3
alosetron tab	S
ALUNBRIG TAB 30MG	S
ALUNBRIG TAB 90MG, 180MG	S
ambrisentan tab	S
AMCINONIDE LOTION	3
AMCINONIDE OINT	3
ANDRODERM PATCH	3
ANZEMET TAB	3
ARIKAYCE SUSP	S
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

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**MercyCare Select 4-Tier Commercial Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2023**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
CALQUENCE TAB	S
CAMZYOS CAP	S
capecitabine tab	S
CAPRELSA TAB	S
carglumic acid tab	S
CHOLBAM CAP	S
CIBINQO TAB	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
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

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**MercyCare Select 4-Tier Commercial Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2023**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	S
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
EPRONTIA SOLN	3
ERIVEDGE CAP	S
ERLEADA TAB	S
erlotinib tab	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

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**MercyCare Select 4-Tier Commercial Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2023**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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 SUSP	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 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
KOSELUGO CAP 10MG	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
LIVTENCITY TAB	S
LOKELMA PAK	3
LONSURF TAB	S
lubiprostone cap	2

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**Prior Authorization Drug List**  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
LUCEMYRA TAB	S
LUMAKRAS TAB	S
LYNPARZA CAP	S
LYNPARZA TAB	S
LYVISPAH GRANULE PACKET	3
MAVYRET PAK	S
MAVYRET TAB	S
MEKINIST TAB 0.5MG	S
MEKINIST TAB 2MG	S
MEKTOVI TAB	S
MESNEX TAB	S
methoxsalen cap	S
MOTEGRITY TAB	3
MOVANTIK TAB	3
MYFEMBREE TAB	2
NATPARA INJ	S
NERLYNX TAB	S
NEUPRO PATCH	S
NINLARO CAP	S
nitazoxanide tab	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

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**MercyCare Select 4-Tier Commercial Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2023**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
OTEZLA TAB	S
OXBRYTA TAB	2
OXBRYTA TAB FOR ORAL SUSP	S
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 cap	S
pirfenidone tab 267mg	S
pirfenidone tab 801mg	S
POMALYST CAP	S
PREVYMIS TAB	S
PROGESTERONE SUPP	3
PROMACTA POWDER	S
PROMACTA TAB	S
pyrimethamine tab	S
PYRUKYND TAB	S
PYRUKYND TAPER PACK	S
QBRELIS SOLN	3
QINLOCK TAB	S
RADICAVA ORS STARTER KIT	S
RADICAVA ORS SUSP	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
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 susp	2

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**Prior Authorization Drug List**  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	S
SIMPONI INJ 100MG	S
SIRTURO TAB	S
SKYRIZI INJ 150MG/ML	S
SKYRIZI INJ 180 MG/1.2ML	S
SKYRIZI INJ 360MG/2.4ML	S
SKYRIZI INJ 75MG/0.83ML	S
SODIUM OXYBATE SOLN	S
SOFOSBUVIR/VELPATASVIR TAB	S
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
TADLIQ SUSP	S
TAFINLAR CAP	S
TAGRISSO TAB	S
TAKHZYRO INJ	S
TAKHZYRO INJ 150MG/ML	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

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\* 3/1/2023**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
TRIKAFTA TAB	S
TRINTELLIX TAB	3
TRULANCE TAB	2
TUKYSA TAB	S
TYVASO DPI POWDER	S
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	S
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	S
TYVASO DPI POWDER TITRATION KIT 16-32MCG	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
VIJOICE TAB	S
VIJOICE TAB 250MG	S
vilazodone hcl tab	3
VONJO CAP	S
VOSEVI TAB	S
VOTRIENT TAB	S
VOXZOGO INJ	S

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**MercyCare Select 4-Tier Commercial Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2023**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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 TITRATION PAK 12.5-25MG	S
XCOPRI TITRATION PAK 150-200MG	S
XCOPRI TITRATION PAK 50-100MG	S
XELJANZ SOLN	S
XELJANZ TAB	S
XELJANZ XR TAB	S
XIFAXAN TAB 200MG	3
XIFAXAN TAB 550MG	S
XOLAIR SYRINGE	S
ZEJULA CAP	S
ZELBORAF TAB	S
ZEPOSIA CAP	S
ZEPOSIA STARTER PACK	S
ZOLINZA CAP	S
ZONISADE SUSP	3
ZTALMY SUSP	S
ZYDELIG TAB	S
ZYKADIA CAP	S
ZYKADIA TAB	S

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**MercyCare Select 4-Tier Commercial Formulary**  
**Last Updated\* 3/1/2023**  
**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 chew tab 81mg	aspirin ec tab 81mg	B-D INSULIN SYRINGE
B-D PEN NEEDLE	budesonide nasal spray	CALIBRATION LIQUID	CARETOUCH MIS
cetirizine cap	cetirizine syrup	cetirizine tab	cetirizine/pseudoephedrine 12-hour tab
cimetidine tab	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM CUE COVID-19 INJ TEST CARTRIDGE	CONTRACEPTIVE GEL CUE HEALTH MONITOR
CONTRACEPTIVE SUPP	COVID-19 TEST		
DIFFERIN OTC GEL 0.1%	esomeprazole cap	esomeprazole magnesium DR tab	famotidine tab
FEMALE CONDOMS	fexofenadine tab	fexofenadine/pseudoephedrine 12-hour tab	fexofenadine/pseudoephedrine 24-hour tab
folic acid tab 400mcg	folic acid tab 800mcg	GUAIFENESIN/CODEINE SYRUP	ketotifen ophth soln
LANCET KIT	LANCETS	lansoprazole cap	levonorgestrel tab
loratadine ODT	loratadine tab	loratadine/pseudoephedrine 12-hour tab	loratadine/pseudoephedrine 24-hour tab
MALE CONDOMS	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
olopatadine ophth soln 0.1%	olopatadine ophth soln 0.2%	omeprazole tab	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			

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**MercyCare Select 4-Tier Commercial Formulary**  
**Last Updated\* 3/1/2023**  
**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**

abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTHAR GEL INJ
ACTIMMUNE INJ	ADBRY 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	CALQUENCE TAB
CAMZYOS CAP	capecitabine tab	CAPRELSA TAB	carglumic acid tab
CAYSTON INH SOLN	CHOLBAM CAP	CIBINQO TAB	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	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	ETOPOSIDE CAP	everolimus tab	everolimus tab for oral susp
EXKIVITY CAP	EXTAVIA INJ	FASENRA PEN INJ	FERRIPROX SOLN
fingolimod hcl cap 0.5mg	FINTEPLA SOLN	FIRDAPSE TAB	flucytosine cap
fondaparinux inj	FORTEO INJ	FOSRENOL POWDER PACK	FRAGMIN INJ
FULPHILA INJ	FUROSCIX KIT	FUZEON INJ	GAVRETO CAP
GENOTROPIN INJ	GILENYA CAP 0.25MG	GILOTRIF TAB	glatiramer inj

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HEMLIBRA INJ HUMIRA INJ 80MG	HUMIRA INJ 10MG HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK HUMIRA PEN INJ 40MG	HUMIRA INJ 20MG HUMIRA INJ PEDIATRIC CROHNS STARTER PACK HYCANTIN CAP	HUMIRA INJ 40MG HUMIRA INJ PEDIATRIC UC STARTER PACK IBRANCE CAP
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK IBRANCE TAB IMBRUVICA CAP 140MG	ICLUSIG TAB IMBRUVICA CAP 70MG	IDHIFA TAB IMBRUVICA SUSP	imatinib tab IMBRUVICA TAB 420MG, 560MG
INGREZZA CAP IRESSA TAB JAKAFI TAB KINERET INJ KOSELUGO CAP 10MG	INLYTA TAB ISTURISA TAB 10MG JYNARQUE PAK KITABIS PAK NEB SOLN lanthanum carbonate chew tab LENVIMA CAP LONSURF TAB LYNPARZA TAB MEKINIST TAB 0.5MG mesalamine ER cap methoxsalen cap NATPARA INJ NINLARO CAP OCALIVA TAB OFEV CAP ORENCIA SC INJ 125MG/MI	INQOVI TAB ISTURISA TAB 1MG KESIMPTA INJ KORLYM TAB lapatinib ditosylate tab linezolid susp LUCEMYRA TAB LYSODREN TAB MEKINIST TAB 2MG mesalamine kit mycophenolate DR tab NERLYNX TAB NIVESTYM INJ octreotide inj OLUMIANT TAB ORENCIA SC INJ 50MG/0.4ML OTEZLA STARTER PACK	INTRON-A INJ ISTURISA TAB 5MG KEVZARA INJ KOSELUGO CAP LEDIPASVIR/SOFOSBUVIR TAB linezolid tab LUMAKRAS TAB MAVYRET PAK MEKTOVI TAB mesalamine supp mycophenolate mofetil susp NEUPRO PATCH NUBEQA TAB OCTREOTIDE INJ 100MCG OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML OTEZLA TAB
lenalidomide cap LIVTENCITY TAB LYNPARZA CAP MAVYRET TAB mesalamine DR tab MESNEX TAB MYLERAN TAB nilutamide tab NUCALA INJ ODOMZO CAP ORENCIA CLICK INJ	ORKAMBI TAB	PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP PEMAZYRE TAB PIQRAY TAB	PANCRELIPASE CAP
ORKAMBI GRANULES PACKET OXBRYTA TAB	OXBRYTA TAB FOR ORAL SUSP		
PEGASYS INJ PHEBURANE ORAL PELLETS pirfenidone tab 267mg POMALYST CAP PULMOZYME INH SOLN QINLOCK TAB	PEG-INTRON INJ phenoxybenzamine cap pirfenidone tab 801mg PREVYMIS TAB pyrimethamine tab RADICAVA ORS STARTER KIT RENFLEXIS INJ REZUROCK TAB rifabutin cap RUBRACA TAB SANDOSTATIN LAR INJ KIT	PLEGRIDY INJ PROMACTA POWDER PYRUKYND TAB RADICAVA ORS SUSP	penicillamine tab piperfenidone cap PLEGRIDY PEN INJ PROMACTA TAB PYRUKYND TAPER PACK REBETOL SOLN
REBIF INJ REYVOW TAB RIDAURA CAP ROZLYTREK CAP SANDIMMUNE SOLN 100MG/ML SIMPONI AUTO-INJECTOR 100MG SIRTURO TAB SKYRIZI INJ 75MG/0.83ML	SIMPONI INJ 100MG SKYRIZI INJ 150MG/ML SODIUM OXYBATE SOLN	RETEVMO CAP ribavirin cap RINVOQ ER TAB rufinamide tab sevelamer powder pak sirolimus soln	REVLIMID CAP ribavirin tab risedronate tab 30mg RYDAPT CAP sevelamer tab sirolimus tab
		SKYRIZI INJ 180 MG/1.2ML	SKYRIZI INJ 360MG/2.4ML

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SOFOSBUVIR/VELPATASVIR TAB	sorafenib tosylate tab	SPRYCEL TAB	STELARA INJ
STIMATE NASAL SOLN	STIVARGA TAB	sunitinib malate cap	SYMDEKO TAB
SYNAREL NASAL SOLN	TABRECTA TAB	tadalafil tab (PAH)	TADLIQ SUSP
TAFINLAR CAP	TAGRISSO TAB	TAKHZYRO INJ	TAKHZYRO INJ 150MG/ML
TALTZ INJ	TASIGNA CAP	TAVALISSE TAB	TAVNEOS CAP
TAZVERIK TAB	temozolomide cap	tetrabenazine tab	THALOMID CAP
TIBSOVO TAB	tiopronin tab	tobramycin neb soln	tolcapone tab
tolvaptan tab	TRACLEER TAB 32MG	TREMFYA INJ	tretinoin cap
TRIKAFTA TAB	TUKYSA TAB	TYMLOS INJ	TYVASO DPI POWDER
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	TYVASO DPI POWDER TITRATION KIT 16-32-48MC	TYVASO DPI POWDER TITRATION KIT 16-32MCG	TYVASO INH SOLN
UCERIS RECTAL FOAM	UPTRAVI TAB	valganciclovir soln	valganciclovir tab
vancomycin cap	VENCLEXTA STARTER PACK	VENCLEXTA TAB	VENTAVIS INH SOLN
VERZENIO TAB	vigabatrin powder pack	vigabatrin tab	vigadrone powder pack
VIJOICE TAB	VIJOICE TAB 250MG	VONJO CAP	voriconazole tab
VOSEVI TAB	VOTRIENT TAB	VOXZOGO INJ	VYNDAMAX CAP
VYNDAQEL CAP	WAKIX TAB	WELIREG TAB	XADAGO TAB
XALKORI CAP	XCOPRI PAK 100-150MG	XCOPRI PAK 150-200MG	XCOPRI PAK 50-200MG
XCOPRI TITRATION PAK 12.5-25MG	XCOPRI TITRATION PAK 150-200MG	XCOPRI TITRATION PAK 50-100MG	XELJANZ SOLN
XELJANZ TAB	XELJANZ XR TAB	XIFAXAN TAB 550MG	XOLAIR SYRINGE
ZARXIO INJ	ZEJULA CAP	ZELBORAF TAB	ZEPOSIA CAP
ZEPOSIA STARTER PACK	ZIEXTENZO INJ	ZOLINZA CAP	ZTALMY SUSP
ZYDELIG TAB	ZYKADIA CAP	ZYKADIA TAB	

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**MercyCare Select 4-Tier Commercial Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 3/1/2023**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
BUPROPION SR TAB	\$0
NICOTINE GUM	\$0
NICOTINE KIT	\$0
NICOTINE LOZENGE	\$0
NICOTINE PATCH	\$0
NICOTROL INHALER	\$0
NICOTROL NASAL SPRAY	\$0
VARENICLINE PAK	\$0
VARENICLINE TAB	\$0
VARENICLINE TARTRATE TAB	\$0

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**MercyCare Select 4-Tier Commercial Formulary  
Infertility Drug List  
Last Updated\* 3/1/2023**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
cetorelix acetate for inj kit	EXC
CETROTIDE INJ KIT	EXC
CLOMID TAB	EXC
CLOMIPHENE TAB	EXC
OVIDREL INJ	EXC

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**MercyCare Select 4-Tier Commercial Formulary**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ACUVAIL OPHTH SOLN	QL= 2 bottles/fill
ADBRY INJ	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
albuterol HFA inhaler	QL= 2 inhalers/30 days
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
ALKINDI SPRINKLE CAP 0.5MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ALOCRIJL OPHTH 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
amnesteem 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

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
antipyrine/benzocaine otic soln	QL= 2 bottles/fill
ANZEMET TAB	QL= 9 tabs/fill
apraclonidine ophth soln	QL= 2 bottles/fill
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
armodafinil tab	QL= 1 tab/day
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 CVS Specialty 800-237-2767
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
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

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
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
CALQUENCE TAB	QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
CAMZYOS CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CARTEOLOL OPHTH SOLN	QL= 2 bottles/fill
cevimeline cap	QL= 3 caps/day
CIBINQO TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
CIMZIA STARTER INJ KIT	QL=1 kit/plan year; 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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
COLY-MYCIN S OTIC SUSP	QL= 2 bottles/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 BIVALENT BOOSTER INJ (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
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 (NOVAVAX)	QL= 1 dose/17 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
desipramine tab	QL= 2 tabs/day
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
diclofenac gel	QL= 300gm/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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
diclofenac gel 1%	QL= 5 tubes/fill
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 Accredo 800-803-2523
dorzolamide ophth soln	QL= 2 bottles/fill
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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
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; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
febuxostat tab	QL= 1 tab/day
FEMALE CONDOMS	QL= 12 condoms/fill
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 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 soln	QL= 2 bottles/fill
fluocinolone otic oil	QL= 2 bottles/fill
fluorometholone 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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
fluorouracil cream	QL= 40g/fill
FLUOROURACIL SOLN	QL= 10ml/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUVIRIN 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 QUAD INJ	QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ	QL= 1 inj/28 days
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
FUROSCIX KIT	QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
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 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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
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 SUSP	QL= 6ml/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; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ISOPTO CARBACHOL 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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
LASTACAFT OPTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
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 Optum 877-445-6874
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 1 inhaler/fill
LEVOBUNOLOL OPTH 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
LIVTENCITY TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LOTEMAX OPTH GEL	QL= 2 bottles/fill
LOTEMAX OPTH 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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
lurasidone hcl tab	QL= 1 tab/day
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
MALE CONDOMS	QL= 12 condoms/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
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
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
modafinil tab	QL= 2 tabs/day
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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
nitazoxanide tab	QL= 6 tabs/3 days
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 Accredo 800-803-2523 or 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 Accredo 800-803-2523
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 Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through 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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
OTEZLA TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
OXBRYTA TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
OXBRYTA TAB FOR ORAL SUSP	QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767
oxycodone cap	QL= 4 caps/day
oxycodone conc	QL= 90ml/30 days
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; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 1 tab/day
PAXLOVID TAB	QL= 20 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= 1 tab/day; Only available through Biologics 800-850-4306
phenylephrine ophth soln	QL= 2 bottles/fill
PHEXXI GEL	QL= 1 box/fill
pilocarpine ophth soln	QL= 2 bottles/fill
pimecrolimus cream	QL= 30g/fill; Covered for members 2 years or older
pirfenidone cap	QL= 9 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
PYRUKYND TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK	QL= 1 tab/day; Only available through Biologics 800-850-4306
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
RADICAVA ORS STARTER KIT	QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP	QL= 50mL/28 days; Only available through Accredo 800-803-2523
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; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
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
roflumilast tab	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 Optum 877-445-6874
RYBELSUS TAB	QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
SKYRIZI INJ 180 MG/1.2ML	QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SKYRIZI INJ 360MG/2.4ML	QL= 1 inj/56 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
SODIUM OXYBATE SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SOLIQUA 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
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 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 Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
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

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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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 Biologics 800-850-4306
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
timolol maleate preservative free ophth soln 0.25%	QL= 2 bottle/fill
TOBRADEX OPHTH OINT	QL= 2 tubes/fill
TOBRADEX ST OPHTH SUSP	QL= 2 bottles/fill
tobramycin ophth soln	QL= 2 bottles/fill
tobramycin/dexamethasone ophth soln	QL= 2 bottles/fill
TOBEX OPHTH 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 ophth 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 OPHTH 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 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 ophth soln	QL= 2 bottles/fill
tropium chloride SR cap	QL= 1 cap/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\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
trosipium tab	QL= 2 tabs/day
TRULICITY INJ	QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TYVASO DPI POWDER	Only available through Accredo 800-803-2523; QL= 4 cartridges/day
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	Only available through Accredo 800-803-2523; QL= 224 cartridges/28 days
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG	QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALTOCO NASAL SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
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
VICTOZA INJ	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VIIBRYD STARTER KIT	QL= 1 tab/day
VIJOICE TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VIJOICE TAB 250MG	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
vilazodone hcl tab	QL= 1 tab/day
VONJO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
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; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo-800-803-2523
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

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**MercyCare Select 4-Tier Commercial Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
zaleplon cap	QL= 1 cap/day
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
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini 800-410-8575
ZYKADIA CAP	QL= 3 caps/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\* 3/1/2023**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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.