

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 Qualified Health Plan Formulary
Alphabetical Index
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Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	-	4	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	4	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	4	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	4	ANTIVIRALS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY 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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ	VAC	\$0	VACCINES
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. ANTI-DIABETICS
acarbose tab (PRECOSE equiv)	-	1	ANTI-DIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
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
ACETASOL HC OTIC SOLN	-	1	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMS	Lumicera Mandatory Specialty Pharmacy Program	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	ST	Step Therapy	VAC	Vaccine Program

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ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
acitretin cap (SORIATANE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	-	NC	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	4	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	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	\$0	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTONEL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	PA	3	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADAGEN INJ	-	NC	BIOLOGICALS MISC
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
ADAPALENE LOTION	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	2	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	2	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/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	4	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.

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LMSF Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit
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ADDERALL XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADDYI TAB	PA	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	2	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADMELOG INJ	-	NC	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	2	MEDICAL DEVICES AND SUPPLIES
AEROSPAN INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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.
AGGRENOX 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
AIRSUPRA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	4	ANTHELMINTICS

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ALBENZA TAB	-	NC	ANTHELMINTICS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER 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	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS
ALDURAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
ALKERAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
allopurinol tab (ZYLORIM equiv)	-	1	GOUT AGENTS

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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
ALOCRIL OPHTH SOLN	-	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	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.15%	-	NC	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANKXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	NC	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANKXIETY AGENTS
ALREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTHYPERLIPIDEMICS
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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS
AMBIEN TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	3	DERMATOLOGICALS
amcinonide oint 0.1% (AMCINONIDE OINT equiv)	-	NC	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	NC	HEMOSTATICS
AMICAR TAB	-	NC	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
AMILORIDE/HCTZ TAB	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	NC	HEMOSTATICS

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aminocaproic acid tab (AMICAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	HEMOSTATICS
AMINOPHYLLINE INJ	M	M	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ (adalimumab-atto)	-	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	-	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	4	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	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 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
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	1	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANADROL TAB	-	NC	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	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
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Drug Name	Special Code	Tier	Category
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
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM	-	NC	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62%	-	NC	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	\$0	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS
ANUSOL-HC SUPP	-	NC	ANORECTAL 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	PA	3	ANTIDIABETICS
APIDRA SOLOSTAR INJ	PA	3	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	-	2	OPHTHALMIC AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	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	-	4	ANTIVIRALS
APTIVUS SOLN	-	4	ANTIVIRALS
ARAKODA TAB	-	3	ANTIMALARIALS
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AREXVY INJ	VAC	\$0	VACCINES

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arformoterol tartrate neb soln (BROVANA equiv)	PA	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	4	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
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
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	2	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)	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ASMANEX HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2	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 HCT TAB	-	NC	ANTIHYPERTENSIVES
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	4	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTIHYPERLIPIDEMICS
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	4	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS

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atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	-	NC	OPHTHALMIC AGENTS
ATROPINE SULFATE OPHTH OINT	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN SUSP	-	3	PENICILLINS
AUGTYRO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURYXIA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	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	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 2 tabs/day)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVONEX INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	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)	-	3	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

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azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZO URINARY TAB	OTC	NC	GENITOURINARY AGENTS - MISCELLANEOUS
AZOPT OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
AZOR TAB	-	NC	ANTIHYPERTENSIVES
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen intrathecal inj (BACLOFEN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv)	PA--	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	NC	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	3	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUE SOLN	-	NC	ANTIVIRALS
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	2	FLUOROQUINOLONES
BCG INJ	VAC	EXC	VACCINES
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 (QL= 15 tabs/fill)	PA-QL	3	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENICAR TAB	-	NC	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	4	MISCELLANEOUS THERAPEUTIC CLASSES

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BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTHELMINTICS
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC	DERMATOLOGICALS
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)	-	3	OPHTHALMIC AGENTS
BEPREVE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BERINERT INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	4	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 FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEXAGLIFLOZN TAB	-	NC	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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bexarotene gel (TARGRETIN equiv)	MSP-PA	4	DERMATOLOGICALS
BEYAZ TAB	-	NC	CONTRACEPTIVES
BEYFORTUS INJ	VAC	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
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	-	4	ANTIVIRALS
BILTRICIDE TAB	-	NC	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL--	EXC	DERMATOLOGICALS
BIMZELX INJ	-	NC	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
bivalirudin soln	MSP-PA	4	ANTICOAGULANTS
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BORTEZOMIB INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORTEZOMIB INJ	M--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
BOSULIF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	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%	-	1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	2	OPHTHALMIC AGENTS
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

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L MSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit
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BRIVIACT TAB	-	NC	ANTICONVULSANTS
BRIXADI SOLN	-	NC	ANALGESICS - OPIOID
bromfenac ophth soln (BROMDAY equiv)	-	2	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BROVANA NEB SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	NC	COUGH/COLD/ALLERGY
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	4	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	4	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv) (Covered for members age 8 or younger with Prior Authorization)	PA	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide nasal spray (RHINOCORT AQUA equiv) (Rx Only)	OTC-QL	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	3	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
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 equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	2	ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
BUTALBITAL/ACETAMINOPHEN CAP	-	NC	ANALGESICS - NONNARCOTIC
bitalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
bitalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
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

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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	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	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	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CABTREGO GEL	-	NC	DERMATOLOGICALS
CADUET TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
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= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	PA-QL	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint (QL= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv) (QL= 60ml/30 days)	PA-QL	2	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp (TACLONEX equiv) (QL= 60ml/30 days)	PA-QL	3	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv) (QL= 60gm/30 days)	PA-QL	3	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	4	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.

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calcium acetate tab (ELIPHOS 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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
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	4	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CAPASTAT INJ	M	M	ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	3	ANTIHISTAMINES
carbinoxamine 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 AnovoRx 844-288-5007)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS

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LMS	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
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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 (SOMA COMPOUND/CODEINE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CARTEOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	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	4	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	3	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR 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	-	3	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	3	CEPHALOSPORINS
cefixime susp (SUPREX equiv)	-	3	CEPHALOSPORINS
cefopodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefopodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	NC	ANTICONVULSANTS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN, VEVYE 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
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
cetirizine chew tab (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
cetrorelix acetate for inj kit (CETROTIDE equiv)	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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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)	-	2	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
chlorpheniramine/pseudoephedrine drops (ACCUHIST equiv)	-	NC	COUGH/COLD/ALLERGY
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	4	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	-	NC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CIALIS TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	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	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	NC	ANTIVIRALS
CIMETIDINE SOLN	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ	MSP-PA-QL	NC	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	4	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ	M	M	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	NC	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	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)	-	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 SYRUP	-	NC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
CLARITHROMYCIN SUSP	-	2	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
CLEMASTINE TAB	-	3	ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	3	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	NC	DERMATOLOGICALS
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 phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv) (QL= 30g/fill)	PA-QL	3	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	1	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

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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 ointment (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 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	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	INF	NC	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)	-	3	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)	-	NC	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COARTEM TAB	-	NC	ANTIMALARIALS
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine cap (COLCHICINE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLLANEX	-	NC	DERMATOLOGICALS

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COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COMPLERA TAB	-	4	ANTIVIRALS
CONCEPT DHA CAP	-	3	MULTIVITAMINS
CONCEPTROL GEL	OTC	NC	VAGINAL PRODUCTS
CONDYLOX GEL	-	NC	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
COPAXONE INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM	-	NC	DERMATOLOGICALS
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN LOTION	-	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
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORVITE TAB	-	NC	HEMATOPOIETIC AGENTS
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML	-	NC	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES

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COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
COXANTO CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CREON CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	DIGESTIVE AIDS
CRESEMBA CAP	PA	3	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTHYPERLIPIDEMICS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIXIVAN CAP	-	4	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUE COVID-19 TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVPOSA SOLN	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERICS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	NC	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
CYCLOGYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE CAP	MSP--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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cycloserine cap (CYCLOSERINE equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	-	NC	HEMOSTATICS
CYLTEZO AUTO-INJECTOR KIT (aAdalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
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	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	NC	MIGRAINE PRODUCTS
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; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	1	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.
DARAPRIM TAB	-	NC	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	2	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
darunavir tab (PREZISTA equiv)	-	4	ANTIVIRALS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
deferasirox granules packet (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 180mg (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	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	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4	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
DEMEROL TAB	-	NC	ANALGESICS - OPIOID
DEMSEER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENGAXIA SUSP	VAC	\$0	VACCINES
DEPAACON INJ	-	NC	ANTICONSULTANTS
DEPAKENE SYRUP	-	NC	ANTICONSULTANTS
DEPEN TITRATAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-MEDROL	-	NC	CORTICOSTEROIDS
DEPO-MEDROL INJ	-	3	CORTICOSTEROIDS
DEPO-PROVERA INJ (QL= 1 inj/90 days)	QL	3	CONTRACEPTIVES
DEPO-PROVERA INJ	QL--	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG	M	M	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
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSF Lumicera Mandatory Specialty Pharmacy Program	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
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Drug Name	Special Code	Tier	Category
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	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	-	1	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
DEXAMETHASONE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	NC	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	NC	CORTICOSTEROIDS
DEXATRAN CAP	-	NC	MULTIVITAMINS
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexlansoprazole DR cap (DEXILANT equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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dextroamphetamine sulfate tab 2.5mg (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 sulfate tab 7.5mg (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	4	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	4	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	NC	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT ACDL GEL	-	NC	ANTICONVULSANTS
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 rectal gel (QL=2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	1	ANTIANKXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	3	ANTIDIABETICS
DIBENZYLINE CAP	-	NC	ANTIHYPERTENSIVES
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLEGIS TAB	-	NC	ANTIEMETICS
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)	-	1	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS

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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	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
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	4	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	2	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	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	4	MIGRAINE PRODUCTS
DILANTIN CAP 30MG (QL= 3 caps/day)	QL	3	ANTICONVULSANTS
DILATRATE SR CAP	-	3	ANTIANGINAL AGENTS
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	4	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPROLENE OINT	-	NC	DERMATOLOGICALS
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0	TOXOIDS
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.

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LMPSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
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Drug Name	Special Code	Tier	Category
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
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 ELIXIR	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	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
DOXEPIIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (QL= 45gm/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	DERMATOLOGICALS
doxepin hcl cream (QL= 45gm/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	DERMATOLOGICALS
DOXEPIIN HCL CREAM	MSP-QL	NC	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
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

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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	4	ASSORTED CLASSES
DRITHO-SCALP CREAM	-	3	DERMATOLOGICALS
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIEMETICS
drosiprone/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
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DULOXICAININE PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	DERMATOLOGICALS
DUPIXENT INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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	4	DERMATOLOGICALS
DUREZOL OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
DUROLANE INJ	-	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
DYMISTA SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
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

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ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDECRIN TAB	-	NC	DIURETICS
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB	-	4	ANTIVIRALS
EFAVIRENZ CAP	-	4	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	4	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	4	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2	ANTIVIRALS
EFFIENT TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ELIDEL CREAM	-	NC	DERMATOLOGICALS
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	4	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	NC	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND PAK	-	NC	ANTIEMETICS
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	4	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	PA	3	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	4	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
EMTRIVA CAP	-	NC	ANTIVIRALS
EMTRIVA SOLN	-	4	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	NC	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	3	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES

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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	4	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	4	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	4	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	4	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	4	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv)	-	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSPRYNG INJ	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTOCORT EC CAP	-	NC	CORTICOSTEROIDS
ENTRESTO TAB (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENVARUS XR TAB	-	NC	ASSORTED CLASSES
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPICERAM EMULSION	-	NC	DERMATOLOGICALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTICONVULSANTS
EPIDUO GEL 0.1-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	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	-	4	ANTIVIRALS
EPIVIR SOLN	-	NC	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	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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ERGOMAR SL TAB	-	NC	MIGRAINE PRODUCTS
ergotamine tartrate/cafeine tab (CAFERGOT equiv)	-	3	MIGRAINE PRODUCTS
ERIVEDGE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	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	4	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
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.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
ESCAVITE CHEW TAB	-	NC	MULTIVITAMINS
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

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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 (ACTIVELLA equiv)	-	1	ESTROGENS
ESTRATEST TAB	-	NC	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	ANTICONSULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONSULSANTS
ETIDRONATE DISODIUM TAB 400MG	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	4	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EUFLEXXA INJ, SUPARTZ INJ	-	M	MUSCULOSKELETAL THERAPY AGENTS
EUFLEXXA INJ, SUPARTZ INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
EULEXIN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
EVEKEO TAB	-	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	MSP-PA-QL	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	4	ANTIVIRALS
EVRYSDI SOLN	-	NC	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE TAB	-	NC	ANTIHYPERTENSIVES
EXJADE TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS

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EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	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	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYSUVIS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older)	PA	3	ANTIHYPERTENSIVES
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERTENSIVES
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTIHYPERTENSIVES
FABHALTA CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 2 tabs/day)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FASENRA PEN INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	1	GOUT AGENTS
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL TAB	-	NC	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP	-	NC	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERTENSIVES
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTIHYPERTENSIVES
FENOGLIDE TAB	-	NC	ANTIHYPERTENSIVES
fenopropfen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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fenoprofen calcium tab (QL= 4 tabs/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB (QL= 4 tabs/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3	ANALGESICS - OPIOID
fantanyl patch 100mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 12mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 25mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
fantanyl patch 50mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 75mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	NC	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	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
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FIASP FLEXTOUCH INJ	PA	3	ANTIDIABETICS
FIASP INJ	PA	3	ANTIDIABETICS
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	PA	3	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FILSPARI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	GENITOURINARY AGENTS - MISCELLANEOUS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA GEL	-	NC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
finngolimod hcl cap 0.5mg (GILENYA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	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	4	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

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Drug Name	Special Code	Tier	Category
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
FIRVANQ SOLN	-	2	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	PA	3	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	2	ANTIARRHYTHMICS
FLEQSUVY SUSP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTIHYPERLIPIDEMICS
FLOBASE 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	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	NC	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 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	4	ANTIFUNGALS
FLUDARABINE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	1	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)	-	2	OTIC AGENTS
fluocinonide cream 0.1%	-	NC	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	PA	3	DERMATOLOGICALS
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS

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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)	-	1	ANTIDEPRESSANTS
fluoxetine cap (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluoxetine tab 20mg (RAPIFLUX 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	-	3	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 DISKUS INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 110 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 220MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 44 MCG/ACT	-	2	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 DISKUS INHALER 100MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERTENSIVES
fluvastatin ER tab (LESCOL XL equiv)	-	3	ANTIHYPERTENSIVES
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/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
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
FOLLISTIM AQ INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
folvite-d tab (GENICIN 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	4	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTAVIT CAP	-	NC	MULTIVITAMINS
FORTEO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	4	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

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FOSRENOL CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTICOAGULANTS
FREESTLY LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
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 (QL= 1 receiver/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3	MIGRAINE PRODUCTS
FRUZAQLA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULPHILA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	HEMATOPOIETIC AGENTS
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	4	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	4	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

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GASTROCROM CONC	-	NC	GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv)	-	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
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
GELSYN-3 INJ	-	M	MUSCULOSKELETAL THERAPY AGENTS
gemfibrozil tab (LOPID equiv)	-	1	ANTHYPERLIPIDEMICS
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	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	4	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	4	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	4	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	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP (Required through Network Specialty Pharmaco only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
GLIPIZIDE TAB	-	NC	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 (QL= 1 kit/fill)	QL	2	DIAGNOSTIC PRODUCTS

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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
GLYBURID MCR TAB	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB	-	NC	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 copay)	QL	\$0	LAXATIVES
GONAL-F RFF INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
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
GUANIDINE TAB	PA	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	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	ST Step Therapy	VAC Vaccine Program

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Drug Name	Special Code	Tier	Category
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GYNAZOLE CREAM	-	3	VAGINAL PRODUCTS
HADLIMA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALOBETASOL AER	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2	DERMATOLOGICALS
halobetasol propionate foam (HALOBETASOL equiv)	-	NC	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
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	NC	ANTICOAGULANTS
HERCEPTIN HYLECTA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	-	M	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HIZENTRA INJ	-	NC	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HULIO INJ (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG INJ	-	NC	ANTIDIABETICS

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EXC	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
LMSP Lumicera Mandatory Specialty Pharmacy Program	PA Prior Authorization	QL Quantity Limit
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Drug Name	Special Code	Tier	Category
HUMALOG JR KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG MIX INJ	-	2	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG PEN INJ	-	2	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	4	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	4	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	4	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	4	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	4	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	4	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	4	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	4	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	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	2	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN N INJ	OTC	2	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ U-500	PA	4	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	PA	4	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	4	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3	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

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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 5mg-300mg (XODOL 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/30 days)	QL	1	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB	-	3	ANALGESICS - OPIOID
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 PAK	-	NC	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv) (QL= 2 tabs/day)	QL	3	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIAXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1	ANTIAXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIAXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIAXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS

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HYMOVIS INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVVID 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
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB	-	NC	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 covered Only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	1	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv)	-	NC	ANTIHYPERLIPIDEMICS
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDHIFA TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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
IMOVAX INJ	VAC	EXC	VACCINES
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 (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC 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
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES
INQOVI TAB (QL= 5 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ	PA	3	ANTIDIABETICS
INSULIN ASPART INJ	PA	3	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ	PA	3	ANTIDIABETICS
INSULIN ASPART MIX INJ	PA	3	ANTIDIABETICS
INSULIN ASPART PENFILL INJ	PA	3	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN LISPRI INJ	-	1	ANTIDIABETICS
INSULIN LISPRO INJ	-	1	ANTIDIABETICS
INSULIN LISPRO KWIKPEN, INSULIN LISPRO JR KWIKPEN, ADMELOG SOLOSTAR INJ, HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS

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INSULIN LISPRO PROTAMINE PEN INJ	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	4	ANTIVIRALS
INTELENCE TAB	-	NC	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA HAFYERA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPTH SOLN	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	-	4	ANTIVIRALS
INVIRASE TAB	-	4	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
IOPIDINE OPTH SOLN	-	2	OPHTHALMIC AGENTS
IPOL INJ	VAC	\$0	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	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	NC	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	4	ANTIVIRALS
ISENTRESS CHEW TAB	-	4	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 (ISONIAZID equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
ISONIAZID TAB	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPTH SOLN	-	2	OPHTHALMIC 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

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isoxsuprine tab	-	NC	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	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	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	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 (STROMEKTOL equiv)	PA	2	ANTHELMINTICS
IWILFIN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IYUZEH OPHTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 180MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 90MG, 360MG	-	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
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 (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB	-	2	ANTIDIABETICS
JENTADUETO XR TAB	-	2	ANTIDIABETICS
JESDUVROQ TAB	-	NC	HEMATOPOIETIC AGENTS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	4	ANTIVIRALS
JUXTAPID CAP	-	NC	ANTIHYPERTENSIVES
JYLAMVO SOLN, XATMEP SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KADIAN CAP	QL	3	ANALGESICS - OPIOID
KALETRA SOLN	-	NC	ANTIVIRALS

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KALETRA TAB	-	NC	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
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
KENALOG INJ	-	NC	CORTICOSTEROIDS
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC	CORTICOSTEROIDS
KENALOG SPRAY	-	NC	DERMATOLOGICALS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	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	1	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)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (QL= 10ml/30 days)	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	4	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	\$0	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	\$0	TOXOIDS
KISQALI PAK (QL= 91 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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KISQALI TAB (QL= 63 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	4	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
KONVOMEK SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	4	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	2	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
K-TAB	-	1	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTHYPERLIPIDEMICS
KYNMOBI FILM (QL= 5 films/day)	MSP-PA-QL	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT (QL=1 kit/fill)	MSP-PA-QL	4	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) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	1	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
LACTIC ACID LOTION	-	1	DERMATOLOGICALS
lactulose soln	-	1	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2	ANTIVIRALS
LAMICTAL ODT KIT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS
LAMICTAL STARTER KIT	-	NC	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1	ANTIVIRALS

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lamivudine/zidovudine tab (COMBIVIR equiv)	-	4	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 DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
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/ANTISPASMODICS/ANTICHOLINEF CS
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	4	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	4	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
LATUDA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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	3	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	4	MISCELLANEOUS THERAPEUTIC CLASSE
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	NC	ANTHYPERLIPIDEMICS
LETAIRIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
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
leuprolide inj (LUPRON equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	PA	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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levalbuterol neb soln (XOPENEX equiv)	-	2	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
LEVITRA TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	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)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5%	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
LEVOFLOXACIN SOLN 25MG/ML	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	NC	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEVSIN INJ	-	NC	ULCER DRUGS
LEXIVA SUSP	-	4	ANTIVIRALS
LEXIVA TAB	-	NC	ANTIVIRALS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIBRAX CAP	-	NC	ULCER DRUGS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE GEL	-	2	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 2 patches/day)	QL	3	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS

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lidocaine viscous soln (LIDOCAINE 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
LIDOCAINE/TETRACAINE CREAM	-	NC	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIKMEZ SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
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	4	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	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITFULO CAP	-	NC	DERMATOLOGICALS
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
LITHIUM CARBONATE CAP	-	NC	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	NC	ANTIHYPERLIPIDEMICS
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LMR PLUS KIT	-	NC	DERMATOLOGICALS
LO LOESTRIN TAB	-	\$0	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID LOTION	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.

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loestrin 21 tab	-	\$0	CONTRACEPTIVES
loestrin tab	-	\$0	CONTRACEPTIVES
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	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	4	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	4	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIANKXIETY 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	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	2	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	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)	-	2	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUPANETA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPKYNIS CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
LUPRON DEPOT INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LUPRON DEPOT INJ	M--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT KIT (3 MONTH) INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT KIT (6 MONTH) INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	NC	ANTICONVULSANTS
LYRICA CAP 225MG	-	NC	ANTICONVULSANTS
LYRICA CAP 300MG	-	NC	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	NC	ANTICONVULSANTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	2	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	2	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	NC	ANTIDIABETICS
LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACRODANTIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MACRODANTIN CAP 25MG	-	NC	ANTI-INFECTIVE AGENTS - MISC.
magnesium sulfate inj	-	NC	MINERALS & ELECTROLYTES
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
mannitol soln (OSMITROL equiv)	-	NC	DIURETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	4	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD PAK (Only available through Walgreens 888-347-3416)	LD	4	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	4	ANTIVIRALS

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MAVYRET TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAYZENT TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	-	NC	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	-	1	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL TAB	-	2	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv)	M	M	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
MEGACE ES SUSP	-	NC	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	4	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 inj (ALKERAN equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELPHALAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENEST TAB	-	3	ESTROGENS
MENOPUR INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	NC	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	\$0	VACCINES

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meperidine tab (DEMEROL equiv)	-	3	ANALGESICS - OPIOID
MEPERIDINE TAB	-	NC	ANALGESICS - OPIOID
MEPHYTON TAB	-	NC	VITAMINS
meprobamate tab (MILTOWN equiv) (QL= 60 tabs/30 days)	QL	3	ANTI-ANXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj (MERREM equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
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	4	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	MSP--	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine kit (ROWASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
MESALAMINE TAB DR	-	3	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METAFOLBIC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv) (QL= 4 tabs/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG (QL= 4 tabs/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER 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)	-	3	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

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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	4	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	2	ANTICONVULSANTS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
METHYLIN SOLN	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
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
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 acetate inj (DEPO-MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	PA	3	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METZOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.

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METROGEL 1% ()	-	NC	DERMATOLOGICALS
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
MIACALCIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICONAZOLE 3 SUPP 200MG	-	3	VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIEBO OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
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	-	3	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	4	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	NC	CONTRACEPTIVES
MINIVELLE PATCH 0.025MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.0375MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.05MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.075MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.1MG	-	NC	ESTROGENS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX	OTC	NC	LAXATIVES
MIRALAX PACKET	OTC	NC	LAXATIVES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	M	M	CONTRACEPTIVES

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mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
modafinil tab (PROVIGIL equiv)	-	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
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	3	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 cap (KADIAN equiv) (QL= 2 caps/day)	QL	3	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	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	PA	3	ANTIDIARRHEALS
MOTPOLY XR CAP	-	NC	ANTICONSULSANTS
MOUNJARO INJ	-	NC	ANTIDIABETICS
MOVANTIK TAB	PA	4	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
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MPM PAK	-	NC	OXYTOCICS
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

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MULTIGEN PLUS TAB	-	NC	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	NC	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
multivitamin tab	-	3	HEMATOPOIETIC AGENTS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN equiv)	-	2	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	4	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	4	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYDAYIS CAP 12.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 25MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 37.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 50MG	-	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS
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
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	M	M	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	OTC	\$0	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	\$0	ANTIDOTES
naloxone prefilled inj	-	\$0	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	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	OTC	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	3	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL 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 GEL	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4	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	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	NC	MULTIVITAMINS
NEONATAL FE TAB	-	NC	MULTIVITAMINS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS

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NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	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	4	ANTIPARKINSON AGENTS
NEURONTIN CAP	-	NC	ANTICONVULSANTS
NEURONTIN TAB 600MG	-	NC	ANTICONVULSANTS
NEURONTIN TAB 800MG	-	NC	ANTICONVULSANTS
NEVANAC OPTH SUSP	-	2	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	2	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	2	ANTIVIRALS
NEVIRAPINE SUSP	-	4	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXAVAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	2	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	2	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	M	M	CONTRACEPTIVES
NEXTSTELLIS TAB	-	\$0	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin cap	-	NC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	-	NC	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERLIPIDEMICS
niacin tab	-	NC	VITAMINS
NIACIN TR TAB	-	NC	VITAMINS
niacinamide tab	-	NC	VITAMINS
NIACOR TAB	-	NC	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.

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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	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	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	-	NC	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	4	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	EXC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NON-PREFERRED CGM SENSOR (QL= 3 sensors/30 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0	CONTRACEPTIVES

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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 (Members age 9 or older require Prior Authorization)	PA	3	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORVIR CAP	-	4	ANTIVIRALS
NORVIR POWDER PACK	-	4	ANTIVIRALS
NORVIR SOLN	-	4	ANTIVIRALS
NORVIR TAB	-	NC	ANTIVIRALS
NOURIANZ TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC-PA	3	ANTIDIABETICS
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC-PA	3	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC-PA	3	ANTIDIABETICS
NOVOLIN 70/30 RELION INJ	OTC-PA	3	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC-PA	3	ANTIDIABETICS
NOVOLIN N INJ	OTC-PA	3	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC-PA	3	ANTIDIABETICS
NOVOLIN R INJ	OTC-PA	3	ANTIDIABETICS
NOVOLIN R RELION INJ	OTC-PA	3	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	PA	3	ANTIDIABETICS
NOVOLOG INJ	PA	3	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	PA	3	ANTIDIABETICS
NOVOLOG MIX INJ	PA	3	ANTIDIABETICS
NOVOLOG PENFILL INJ	PA	3	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	-	NC	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCALA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS

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NUCORT LOTION	-	3	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB (QL= 4 tabs/day)	QL	3	ANALGESICS - OPIOID
NUDERMRXPAK PAK	-	NC	DERMATOLOGICALS
NUEDEXTA CAP (QL= 2 caps/day)	MSP-PA-QL	2	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
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	\$0	CONTRACEPTIVES
NUVIGIL TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUZYRA TAB	-	NC	TETRACYCLINES
NYATA KIT	-	NC	DERMATOLOGICALS
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
nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	HEMATOPOIETIC AGENTS
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF-¢	4	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
ODOMZO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	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	4	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGIVRI INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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olanzapine tab (ZYPREXA equiv)	-	2	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 TAB equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 5ml/30 days)	QL	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	3	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
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 GO KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	NC	GASTROINTESTINAL 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	2	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA PLUS LANCETS	OTC	2	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	2	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

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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
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
OPFOLDA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
opium tincture	-	3	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	PA	2	BIOLOGICALS MISC
ORAP TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT TAB	-	3	CORTICOSTEROIDS
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	4	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	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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	4	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORENITRAM TAB MONTH PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2	ESTROGENS
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.

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ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/cafeine tab (NORGESIC FORTE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4	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	PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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 GEL	-	NC	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OXANDROLONE TAB	PA	3	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv) (QL= 2 tabs/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	2	ANTIANKXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	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)	-	3	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
OXYBUTYNIN TAB	-	NC	URINARY ANTISPASMODICS

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oxycodone cap (OXYIR equiv) (QL= 8 caps/day)	QL	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (QL= 90ml/30 days)	QL	2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL= 100ml/30 days)	QL	2	ANALGESICS - OPIOID
oxycodone tab 10mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 15mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 20mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 30mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 5mg (ROXICODONE equiv) (QL= 8 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 tab (OPANA equiv) (QL= 4 tabs/day)	QL	3	ANALGESICS - OPIOID
oxytocin inj	-	3	OXYTOCICS
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, 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.
pamidronate 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	4	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
PANRETIN GEL	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PARAGARD IUD	M	M	CONTRACEPTIVES
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

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PASER GRANULE	-	3	ANTIMYCOBACTERIAL AGENTS
PATADAY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
PAXIL ORAL SUSP	-	NC	ANTIDEPRESSANTS
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2	ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	\$0	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0	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
peg 3350/electrolytes 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
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
PEG-INTRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penciclovir cream (DENA VIR equiv) (QL= 5gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
penicillamine tab (DEPEN TITRATAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN VK SOLN	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	\$0	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP 250MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS

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pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	NC	ULCER DRUGS
PERFORMIST NEB SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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	-	3	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	4	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 (DIBENZYLININE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	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)	-	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 (QL= 1 box/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
PIFELTRO TAB	-	NC	ANTIVIRALS

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pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LMSP-PA-QL-SF	4	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	4	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	4	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv)	-	2	ANTIHYPERTENSIVES
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLEGRIDY INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC	HEMATOPOIETIC AGENTS
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
PLEXION LOTION	-	NC	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	3	DERMATOLOGICALS
PODOFILOX SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polyethylene glycol packet (MIRALAX equiv)	OTC	NC	LAXATIVES
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR CHEW W/IRON	-	NC	MULTIVITAMINS
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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	3	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	3	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA CAP	-	NC	VITAMINS
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
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
POTIGA TAB 50MG (QL= 9 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%	-	NC	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC	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	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	NC	DERMATOLOGICALS
PREDNICARBATE OIN	-	NC	DERMATOLOGICALS

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prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
prednisolone soln	-	1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv)	-	NC	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
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
PREGNYL INJ	INF-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PREHEVBRIO SUSP	VAC	\$0	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)	-	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
PREVACID OTC CAP	-	NC	ULCER DRUGS

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PREVACID SOLUTAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
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
PREVIDENT SOLN	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
PREZCOBIX TAB	-	4	ANTIVIRALS
PREZISTA SUSP	-	4	ANTIVIRALS
PREZISTA TAB	-	4	ANTIVIRALS
PREZISTA TAB	-	NC	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PRILOSEC POWDER PACKET	-	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
PRIMAQUINE TAB	-	NC	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	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	\$0	VACCINES
PRISTIQ TAB	-	NC	ANTIDEPRESSANTS
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
procainamide inj	-	NC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
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
PROGLYCEM SUSP	-	NC	ANTIDIABETICS
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE

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PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	MSP-PA	4	HEMATOPOIETIC AGENTS
PROMACTA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	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	-	1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	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)	-	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
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine soln (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS

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pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	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	4	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
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	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
QUINOSONE KIT	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	EXC	VACCINES
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	4	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	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.

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ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RANEXA TAB	-	NC	ANTIANGINAL AGENTS
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 CLASSES
rasagiline tab (AZILECT equiv)	-	2	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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	4	ANTIVIRALS
REBIF INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	3	ANORECTAL AGENTS
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
RELEXXI ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
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 (QL= 2 packets/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
REMEDIENT CAP	-	NC	MULTIVITAMINS
REMODULIN INJ 10MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML	-	NC	CARDIOVASCULAR AGENTS - MISC.
RENACIDIN SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	NC	MULTIVITAMINS
RENFLXIS INJ	M	M	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	EXC	DERMATOLOGICALS

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REVELA PAK	-	NC	GASTROINTESTINAL AGENTS - MISC.
REVELA TAB	-	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	-	4	ANTIVIRALS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	4	MISCELLANEOUS THERAPEUTIC CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	PA	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	-	NC	ANTIVIRALS
REYATAZ POWDER PACK	-	4	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	MSP-PA-QL	4	MIGRAINE PRODUCTS
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
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 (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	ANTIVIRALS
ribavirin cap (REBETOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	ANTIVIRALS
RIDAURA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv)	-	2	NEUROMUSCULAR AGENTS

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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	4	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	4	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
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)	-	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
rosuvastatin tab (CRESTOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	VAC	\$0	VACCINES
ROTATEQ INJ	VAC	\$0	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ROZLYTREK CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTICONVULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTIVIRALS

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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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL POWDER PACK	-	NC	ANTICONVULSANTS
SABRIL TAB	-	NC	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
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
SALICATE LIQUID	-	NC	DERMATOLOGICALS
salicylic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SAMSCA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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	4	ASSORTED CLASSES
SANDOSTATIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	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) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS

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SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER 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	1	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
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	4	ANTIVIRALS
SELZENTRY TAB	-	4	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	-	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 CARBONATE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
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	4	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SFROWASA ENEMA	-	3	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS

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sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)	PA	2	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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	4	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
sirolimus soln (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
SIRTURO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
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	4	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	4	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	4	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	4	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
SOD CHLORIDE INJ	-	3	MINERALS & ELECTROLYTES
sodium chloride 0.9% irr soln	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	-	NC	MINERALS & ELECTROLYTES

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sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
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 tab (LURIDE equiv) (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	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	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 equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN 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	-	NC	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)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0	LAXATIVES
SOFOBUVIR/VELPATASVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
SOGROYA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	2	ANTI-DIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
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	-	2	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	NC	CORTICOSTEROIDS
SOMATULINE INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
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	4	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 PELLET PAK	MSP-PA	4	ANTIVIRALS
SOVALDI TAB	MSP-PA	4	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	PA	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv)	-	NC	DIURETICS
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-CYCLLEN 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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI ORAL SOLN	-	NC	COUGH/COLD/ALLERGY
STALEVO TAB	-	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
STAVUDINE CAP	-	1	ANTIVIRALS

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stavudine cap (ZERIT equiv)	-	1	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	4	DERMATOLOGICALS
STIMATE NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
STRENSIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
STRIVERDI RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMEKTOL TAB	-	NC	ANTHELMINTICS
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SUFLAVE SOLN	-	NC	LAXATIVES
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	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
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
sulfadiazine tab	-	3	SULFONAMIDES
SULFADIAZINE TAB	-	NC	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	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
SUMADAN WASH 9-4.5%	-	3	DERMATOLOGICALS
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

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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
SUMAXIN WASH	-	NC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	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	-	NC	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SUSTIVA CAP	-	NC	ANTIVIRALS
SUSTIVA TAB	-	NC	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	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
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNERA PATCH	-	NC	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	3	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYPRINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES

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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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	NC	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421; Members age 9 or older require Prior Authorization)	MSP-PA	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	2	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ	LD-PA-QL	NC	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
TALTZ INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
TALZENNA CAP 0.25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP	-	NC	ANTIVIRALS
TAMIFLU CAP 30MG	-	NC	ANTIVIRALS
TAMIFLU SUSP	-	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 CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TARPEYO CAP	-	NC	CORTICOSTEROIDS

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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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	2	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv) (QL= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv) (QL= 30gm/30 days)	PA-QL	3	DERMATOLOGICALS
TAZORAC CREAM	-	NC	DERMATOLOGICALS
TAZORAC CREAM 0.05% (QL= 60gm/30 days)	PA-QL	3	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4	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
TEKTURNA TAB	-	NC	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	2	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA 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)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TEMODAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temozolomide cap (TEMODAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	4	ANTIVIRALS
TEPMETKO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS

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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
terflunomide tab (AUBAGIO TAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERIPARATIDE INJ 620MCG/2.48ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	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 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 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	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
TEXACORT SOLN	-	NC	DERMATOLOGICALS
TEZSPIRE INJ (QL= 1 pen/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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	4	ASSORTED CLASSES
THEO-24 CAP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline tab er (THEOPHYLLINE ER equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS

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TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	NC	ANTIARRHYTHMICS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	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)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	MSP-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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	-	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	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	4	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	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	4	ANTIPARKINSON AGENTS
tolmetin cap (TOLECTIN DS equiv) (QL= 3 caps/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	QL--	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB (QL= 3 tabs/day)	QL	3	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	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv)	MSP-PA	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LMSF Lumicera Mandatory Specialty Pharmacy Program	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
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Drug Name	Special Code	Tier	Category
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 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	4	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	-	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 inj (CYKLOKAPRON equiv)	-	NC	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	PA	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	NC	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN Z DROPS	-	NC	OPHTHALMIC AGENTS
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
TREANDA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	3	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	4	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv)	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv)	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv)	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv)	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS

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TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS
tretinoin cream (QL= 23gm/30 days)	PA-QL	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (QL= 23gm/30 days)	PA-QL	2	DERMATOLOGICALS
tretinoin gel 0.05% (ATRALIN equiv) (QL= 45gm/30 days)	PA-QL	3	DERMATOLOGICALS
TRETIN-X CREAM (QL= 35gm/30 days)	PA-QL	3	DERMATOLOGICALS
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetate inj (KENALOG equiv)	-	1	CORTICOSTEROIDS
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
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 DISORDEF AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRICHOSOL SOLN	-	NC	PHARMACEUTICAL ADJUVANTS
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
TRIENTINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
trientine cap (SYPRINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPPTH SOLN	-	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	4	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.

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tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILEPTAL SUSP	-	3	ANTICONVULSANTS
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRIOLOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
TRILURON INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
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
TRIONEX PACK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
TRIVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TRIZIVIR TAB	-	2	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	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	3	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
TRUQAP TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUXIMA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
TUSSIONEX SUSP	-	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
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
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	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

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TYRVAYA SOLN	-	NC	OPHTHALMIC AGENTS
TYSABRI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/ days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	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	4	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	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	-	NC	ANORECTAL AND RELATED PRODUCTS
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 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	4	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 NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
UROXATRAL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB	-	NC	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 60g/fill; Only available through Optum Pharmacy 877-445-6874)	LD-PA-QL	4	DERMATOLOGICALS
VALCYTE SOLN	-	NC	ANTIVIRALS
VALCYTE TAB	-	NC	ANTIVIRALS

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valganciclovir soln (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIVIRALS
valganciclovir tab (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	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
VANOCOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCOCIN equiv) (QL= 56 cap/ fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	OPHTHALMIC AGENTS
VANFLYTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
vardenafil ODT (STAXYN equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
vardenafil tab (LEVITRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
VARENICLINE TAB	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VAROPHEN KIT	-	NC	DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VASCEPA CAP (QL= 4 caps/day)	QL	2	ANTIHYPERLIPIDEMICS
vasoex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
vasopressin iv inj (VASOSTRICT equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOSTRICT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VAXNEUVANCE INJ	VAC	\$0	VACCINES
V-C FORTE CAP	-	3	MULTIVITAMINS
v-c forte cap (V-C FORTE equiv)	-	3	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VELCADE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELIVET PAK	-	NC	CONTRACEPTIVES
VELPHORO CHEW TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2	ASSORTED CLASSES
VEMLIDY TAB	-	4	ANTIVIRALS

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VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine 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	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOZAH TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
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 ER CAP, VERELAN CAP	-	3	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 200MG, 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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB	-	NC	URINARY ANTISPASMODICS
V-GO INJ KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
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	-	4	ANTIVIRALS
VIEKIRA PAK TAB	-	NC	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	4	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
VIIBRYD TAB	-	NC	ANTIDEPRESSANTS

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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
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VIJOICE TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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	4	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day)	PA-QL	2	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	-	4	ANTIVIRALS
VIRAMUNE SUSP	-	NC	ANTIVIRALS
VIREAD TAB 150MG, 200MG, 250MG	-	4	ANTIVIRALS
VIREAD TAB 300MG	-	NC	ANTIVIRALS
VISCO-3 INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	NC	MULTIVITAMINS
vitamin D cap (Rx covered 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
VIVITROL INJ	M	M	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIZIMPRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	NC	ANTIVIRALS
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	4	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 TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
voriconazole susp (VFEND equiv)	-	3	ANTIFUNGALS

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voriconazole tab (VFEND equiv)	MSP	4	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
VOTRIENT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	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	4	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB	-	NC	ANTHYPERLIPIDEMICS
VYTORIN TAB 10-80MG	-	NC	ANTHYPERLIPIDEMICS
VYVANSE CAP	-	NC	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	4	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	ANTHYPERLIPIDEMICS
WELCHOL TAB	-	NC	ANTHYPERLIPIDEMICS
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL (QL= 1 applicator/fill)	QL	2	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	4	ANTIPARKINSON AGENTS

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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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP	-	NC	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
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	MSP-PA-QL	4	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	MSP-PA-QL	4	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	MSP-PA-QL	4	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	4	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	MSP-PA-QL	4	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	MSP-PA-QL	4	ANTICONVULSANTS
XDEMVY DROP	-	NC	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10ml/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	4	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	4	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	MSP	3	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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XOLAIR SYRINGE 150MG/ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOSPATA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
XYREM SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
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.
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT (aAdalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ (adalimumab-aqvh)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
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 DISORDEF AGENTS
ZANTAC CAP	-	NC	ULCER DRUGS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZANTAC SYRUP	-	NC	ULCER DRUGS
ZANTAC TAB	-	NC	ULCER DRUGS
ZARXIO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	HEMATOPOIETIC AGENTS

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ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	2	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
ZEGERID CAP	-	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
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	MSP-PA	4	ANTIVIRALS
ZEPBOUND INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPOSIA CAP (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERVIAE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERTENSIVES
ZETONNA NASAL SPRAY (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAGEN SOLN	-	NC	ANTIVIRALS
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES

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ZOLINZA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	-	NC	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv)	-	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
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.
ZORTRESS TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASS
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS
ZORYVE FOAM	-	NC	DERMATOLOGICALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	3	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	4	ANTICONVULSANTS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZURZUVAE CAP	-	NC	ANTIDEPRESSANTS
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ZYFLO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ASTHMA 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	4	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPTHH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS

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RDX Restricted to Diagnosis	RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months
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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Alphabetical Index
Last Updated 1/1/2024

Drug Name	Special Code	Tier	Category
ZYPITAMAG TAB	-	NC	ANTHYPERLIPIDEMICS
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYTIGA TAB 250MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
methamphetamine tab (DESOXYN equiv)	-	3
ADDERALL XR CAP	-	NC
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP 12.5MG	-	NC
MYDAYIS CAP 25MG	-	NC
MYDAYIS CAP 37.5MG	-	NC
MYDAYIS CAP 50MG	-	NC
VYVANSE CAP	-	NC
VYVANSE CHEW TAB	-	NC
XELSTRYM PAD	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv)	-	1
phentermine tab (ADIPEX equiv)	-	1
DIETHYLPROPION ER TAB	-	EXC
benzphetamine tab	-	NC
diethylpropion tab	-	NC
LOMAIRA TAB	-	NC
PHENDIMETRAZINE ER TAB	-	NC
phendimetrazine tab (BONTRIL PDM equiv)	-	NC
PLENITY CAP	-	NC

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Last Updated* 1/1/2024

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
ANTI-OBESITY AGENTS		
IMCIVREE INJ	-	NC
WEGOVY INJ	-	NC
WEGOVY INJ 1.7MG/0.75ML	-	NC
WEGOVY INJ 2.4MG/0.75ML	-	NC
XENICAL CAP	-	NC
ZEPBOUND INJ	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv)	-	1
guanfacine ER tab (INTUNIV equiv)	-	1
clonidine ER tab (KAPVAY equiv)	-	3
KAPVAY TAB	-	NC
QELBREE ER CAP	-	NC
STRATTERA CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
STIMULANTS - MISC.		
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)	-	1
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
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	3
methylphenidate chew tab (METHYLIN equiv)	-	3
APTENSIO XR CAP	-	NC
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
METHYLIN SOLN	-	NC
methylphenidate ER cap (APTENSIO XR equiv)	-	NC
METHYLPHENIDATE ER TAB 72MG	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
NUVIGIL TAB	-	NC
QUILLIVANT XR SUSP	-	NC
RELEXXI ER TAB	-	NC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ODACTRA SL TAB	PA	3
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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.		
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC

AMEBICIDES

AMEBICIDES		
SOLOSEC GRANULES PACKET	-	NC

AMINOGLYCOSIDES

AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	3
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	4
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	4
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	4
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC
HUMATIN CAP	-	NC
TOBI PODHALER	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	3
RINVOQ ER TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
XELJANZ SOLN (QL= 10ml/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	4
XELJANZ XR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
OLUMIANT TAB 4MG	-	NC

ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
REDITREX INJ	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
HADLIMA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
HADLIMA PUSH INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
HUMIRA INJ 10MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
HUMIRA INJ 20MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
HUMIRA INJ 40MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
HUMIRA INJ 80MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
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	4
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	4
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	4
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	4
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	4
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	4
SIMPONI INJ 100MG (QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ABRILADA INJ	-	NC
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC
AMJEVITA INJ (adalimumab-atto)	-	NC
CYLTEZO AUTO-INJECTOR KIT (aAdalimumab-adbm)	-	NC
CYLTEZO INJ (adalimumab-adbm)	-	NC
HULIO INJ (adalimumab-fkjp)	-	NC
HULIO KIT (adalimumab-fkjp)	-	NC
HYRIMOZ INJ (adalimumab-adaz)	-	NC
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC
IDACIO INJ (adalimumab-aacf)	-	NC
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC
YUFLYMA KIT (aAdalimumab-aaty)	-	NC
YUSIMRY INJ (adalimumab-aqvh)	-	NC

GOLD COMPOUNDS

RIDAURA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
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ANALGESICS - ANTI-INFLAMMATORY Cont.		
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
ACTEMRA SC INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
KEVZARA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ACTEMRA IV INJ	-	NC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
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 covered 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
mefenamic acid cap (PONSTEL equiv)	-	2
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
fenoprofen calcium tab (QL= 4 tabs/day)	QL	3
FENOPROFEN TAB (QL= 4 tabs/day)	QL	3
KETOPROFEN ER CAP	-	3
oxaprozin tab (DAYPRO equiv) (QL= 2 tabs/day)	QL	3
tolmetin cap (TOLECTIN DS equiv) (QL= 3 caps/day)	QL	3
TOLMETIN TAB (QL= 3 tabs/day)	QL	3
CELEBREX CAP	-	NC
COXANTO CAP	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
DUEXIS TAB	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
FENOPROFEN CAP	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	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
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
NAPROSYN SUSP	-	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
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
TOLMETIN CAP	-	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	4
OZEZLA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1

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LMSP Lumicera Mandatory Specialty Pharmacy Program	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
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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
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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	4
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	4
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	4
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	4

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	4
ENBREL INJ 50MG (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ENBREL MINI INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
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	4

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

ALLZITAL TAB	-	NC
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	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
diffunisal 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 tab (DILAUDID equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1

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Last Updated* 1/1/2024

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ANALGESICS - OPIOID Cont.		
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv) (QL= 8 caps/day)	QL	1
oxycodone tab 10mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1
oxycodone tab 15mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1
oxycodone tab 20mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1
oxycodone tab 30mg (ROXICODONE equiv) (QL= 8 tabs/day)	QL	1
oxycodone tab 5mg (ROXICODONE equiv) (QL= 8 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
oxycodone conc (ROXICODONE equiv) (QL= 90ml/30 days)	QL	2
oxycodone soln (ROXICODONE equiv) (QL= 100ml/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
CODEINE SULFATE SOLN	-	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
hydromorphone ER tab (EXALGO equiv) (QL= 2 tabs/day)	QL	3
KADIAN CAP	QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
meperidine tab (DEMEROL equiv)	-	3
morphine sulfate ER cap (KADIAN equiv) (QL= 2 caps/day)	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
DEMEROL TAB	-	NC
DSUVIA SL TAB	-	NC
EMBEDA CAP	-	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
LEVORPHANOL TAB	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
MEPERIDINE TAB	-	NC
METHADONE SOLN	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE TAB	-	NC
OPANA ER TAB	-	NC

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Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
OPANA TAB	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
tramadol hcl tab 100mg	-	NC
XTAMPZA ER CAP	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
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 5mg-300mg (XODOL equiv)	-	3
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	3
HYDROCODONE/IBUPROFEN TAB	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREXIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
OPIOID PARTIAL AGONISTS		

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone sl film (SUBOXONE 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
nalbuphine inj	M	M
BELBUCA FILM	-	NC
BRIXADI SOLN	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
BUTRANS PATCH	-	NC
SUBOXONE SL FILM	-	NC

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

OXANDROLONE TAB	PA	3
ANADROL TAB	-	NC

ANDROGENS

testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	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
methyltestosterone cap	PA	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
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC
ANDROGEL 1.62% 1.25GM	-	NC
ANDROGEL 1.62% 2.5GM	-	NC
ANDROGEL PUMP 1.62%	-	NC
FORTESTA GEL 2%	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
METHITEST TAB	-	NC
NATESTO GEL	-	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 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
RECTAL COMBINATIONS		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
ANALPRAM-HC CREAM	-	NC
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC
VASODILATING AGENTS		
RECTIV OINT	-	3
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	3
UCERIS RECTAL FOAM	-	NC
RECTAL COMBINATIONS		
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2
ivermectin tab (STROMECTOL equiv)	PA	2
praziquantel tab (BILTRICIDE equiv)	-	3
albendazole tab (ALBENZA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ALBENZA TAB	-	NC
BILTRICIDE TAB	-	NC
EGATEN TAB	-	NC
EMVERM TAB	-	NC
STROMECTOL TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
ASPRUZYO SPRINKLE GRANULES	-	NC
RANEXA TAB	-	NC
NITRATES		
isosorbide dinitrate tab (ISORDIL equiv)	-	1

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DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
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
DILATRATE SR CAP	-	3
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
NITROSTAT SL TAB	-	NC

ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv) (QL= 60 tabs/30 days)	QL	3

BENZODIAZEPINES

alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
oxazepam cap (SERAX equiv)	-	2
clorazepate tab (TRANXENE-T equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	NC
LOREEV XR CAP	-	NC

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
procainamide inj	-	NC
QUINIDINE SULFATE TAB	-	NC

ANTIARRHYTHMICS TYPE I-B

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
mexiletine hcl cap	-	2
ANTIARRHYTHMICS TYPE I-C		
propafenone tab (RYTHMOL equiv)	-	1
flecainide tab (TAMBOCOR equiv)	-	2
propafenone ER cap (RYTHMOL SR equiv)	-	2
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	PA	2
MULTAQ TAB	-	2
TIKOSYN CAP	-	NC
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
NUCALA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
NUCALA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
TEZSPIRE INJ (QL= 1 pen/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
XOLAIR SYRINGE (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
XOLAIR SYRINGE 150MG/ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 inhaler/30 days)	QL	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	PA	3
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
ZYFLO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO CR TAB	-	NC
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv)	-	1

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
DALIRESP TAB	-	NC
STEROID INHALANTS		
budesonide inh susp (PULMICORT equiv) (Covered for members age 8 or younger with Prior Authorization)	PA	1
FLUTICASONE DISKUS INHALER	-	1
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT	-	1
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT	-	1
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT	-	1
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
FLUTICASONE HFA INHALER	-	2
FLUTICASONE HFA INHALER 110 MCG/ACT	-	2
FLUTICASONE HFA INHALER 220MCG/ACT	-	2
FLUTICASONE HFA INHALER 44 MCG/ACT	-	2
AEROSPAN INH	-	NC
ALVESCO INHALER	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
FLOVENT DISKUS INHALER	-	NC
FLOVENT HFA INHALER	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
SYMPATHOMIMETICS		
albuterol HFA inhaler (PROAIR, PROVENTIL equiv)	-	1
albuterol neb soln	-	1
ALBUTEROL NEBULIZER SOLN	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	PA	1
METAPROTERENOL SYRUP	-	1
ADVAIR HFA INHALER	-	2
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
arformoterol tartrate neb soln (BROVANA equiv)	PA	2
BREO ELLIPTA INHALER	-	2
BREZTRI AEROSPHERE INHALER	-	2
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	2

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
levalbuterol neb soln (XOPENEX equiv)	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
STRIVERDI RESPIMAT INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
VENTOLIN HFA INHALER	-	2
ARCAPTA NEOHALER	-	3
formoterol fumarate neb soln (PERFOROMIST equiv)	PA	3
METAPROTERENOL TAB	-	3
ADVAIR DISKUS INHALER	-	NC
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BROVANA NEB SOLN	-	NC
DUAKLIR INHALER	-	NC
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC
PERFOROMIST NEB SOLN	-	NC
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC
PROAIR RESPICLICK INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE TAB ER	-	2
theophylline tab er (THEOPHYLLINE ER equiv)	-	2
THEO-24 CAP	-	3
AMINOPHYLLINE INJ	M	M

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

warfarin tab (COUMADIN equiv)	-	1
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DIRECT FACTOR XA INHIBITORS

ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	2
XARELTO TAB	-	2
SAVAYSA TAB	-	NC

HEPARINS AND HEPARINOID-LIKE AGENTS

enoxaparin inj (LOVENOX equiv)	-	2
fondaparinux inj (ARIXTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4

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Last Updated* 1/1/2024

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ANTICOAGULANTS Cont.		
FRAGMIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
heparin porcine inj	-	NC
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2
PRADAXA CAP 110MG	-	3
bivalirudin soln	MSP-PA	4
PRADAXA CAP 75MG, 150MG	-	NC
PRADAXA PELLETT PACK	-	NC
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2
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
DIASTAT ACDL GEL	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1
lacosamide tab (VIMPAT equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
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ANTICONVULSANTS Cont.		
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
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2
rufinamide susp (BANZEL equiv)	PA	2
BANZEL SUSP	PA	3
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
TRILEPTAL SUSP	-	3
ZONISADE SUSP (PA required for members age 9 years or older)	PA	3
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	4
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	4
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	4
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
lacosamide oral solution (VIMPAT equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
rufinamide tab (BANZEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	4
APTIOM TAB	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
ELEPSIA XR TAB	-	NC
LAMICTAL ODT KIT	-	NC
LAMICTAL STARTER KIT	-	NC
LYRICA CAP	-	NC
LYRICA CAP 225MG	-	NC
LYRICA CAP 300MG	-	NC
LYRICA SOLN	-	NC
MOTPOLY XR CAP	-	NC
NEURONTIN CAP	-	NC
NEURONTIN TAB 600MG	-	NC
NEURONTIN TAB 800MG	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
topiramate er cap (TROKENDI XR equiv)	-	NC

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
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
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	MSP-PA-QL	4
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	MSP-PA-QL	4
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	MSP-PA-QL	4
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	MSP-PA-QL	4
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	MSP-PA-QL	4
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	MSP-PA-QL	4
FELBATOL TAB	-	NC
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	4
SABRIL POWDER PACK	-	NC
SABRIL TAB	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 30MG (QL= 3 caps/day)	QL	3
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
ethosuximide cap (ZARONTIN equiv)	-	2
methsuximide cap (CELONTIN equiv)	-	2
CELONTIN CAP	-	NC
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
DEPAKENE SYRUP	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB	-	NC
ANTIDEPRESSANTS - MISC.		
bupropion tab (WELLBUTRIN equiv)	-	1
MAPROTILINE TAB	-	1
bupropion ER tab (WELLBUTRIN equiv)	-	2
bupropion XL tab (WELLBUTRIN XL equiv)	-	2
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
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
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN	-	NC
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab 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
PEXEVA TAB	-	3
CITALOPRAM CAP	-	NC
fluoxetine tab (PROZAC equiv)	-	NC
fluoxetine tab 20mg (RAPIFLUX equiv)	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PAXIL ORAL SUSP	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
SEROTONIN MODULATORS		
trazodone tab (DESYREL equiv)	-	1
NEFAZODONE TAB (QL= 2 tabs/day)	QL	2
nefazodone tab 50mg, 250mg (QL= 2 tabs/day)	QL	2
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day)	PA-QL	2
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
VIIBRYD STARTER KIT (QL= 1 tab/day)	PA-QL	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD TAB	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER TAB	-	1
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
CYMBALTA CAP	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
PRISTIQ TAB	-	NC
venlafaxine ER tab	-	NC
VENLAFAXINE TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
amoxapine tab (AMOXAPINE equiv)	-	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
clomipramine cap (ANAFRANIL equiv)	PA	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
MIGLITOL TAB	-	3
miglitol tab (MIGLITOL equiv)	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	PA	3
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB	-	2
JENTADUETO XR TAB	-	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
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 TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	NC
GLYXAMBI 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
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
metformin soln (RIOMET equiv)	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
METFORMIN TAB	-	NC
RIOMET ER SUSP	-	NC
RIOMET SOLN	-	NC
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2

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NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	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	ST Step Therapy	VAC Vaccine Program

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
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
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	4
GLUCAGON INJ KIT	-	NC
PROGLYCEM SUSP	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL	2
TRADJENTA TAB	-	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
ZITUVIO TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
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
INSULIN		
INSULIN LISPRI INJ	-	1
INSULIN LISPRO INJ	-	1
HUMALOG JR KWIKPEN INJ	-	2
HUMALOG KWIKPEN INJ	-	2
HUMALOG MIX INJ	-	2
HUMALOG MIX KWIKPEN INJ	-	2
HUMALOG PEN INJ	-	2
HUMULIN MIX INJ	OTC	2
HUMULIN MIX PEN INJ	OTC	2
HUMULIN N INJ	OTC	2
HUMULIN N PEN INJ	OTC	2
HUMULIN R INJ	OTC	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
LYUMJEV INJ	-	2
LYUMJEV KWIKPEN 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
APIDRA INJ	PA	3
APIDRA SOLOSTAR INJ	PA	3
FIASP FLEXTOUCH INJ	PA	3
FIASP INJ	PA	3
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	PA	3
INSULIN ASPART FLEXPEN INJ	PA	3
INSULIN ASPART INJ	PA	3
INSULIN ASPART MIX FLEXPEN INJ	PA	3
INSULIN ASPART MIX INJ	PA	3
INSULIN ASPART PENFILL INJ	PA	3
NOVOLIN 70/30 FLEXPEN INJ	OTC-PA	3
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC-PA	3
NOVOLIN 70/30 INJ	OTC-PA	3
NOVOLIN 70/30 RELION INJ	OTC-PA	3
NOVOLIN N FLEXPEN INJ	OTC-PA	3
NOVOLIN N INJ	OTC-PA	3
NOVOLIN R FLEXPEN INJ	OTC-PA	3
NOVOLIN R INJ	OTC-PA	3
NOVOLIN R RELION INJ	OTC-PA	3
NOVOLOG FLEXPEN INJ	PA	3
NOVOLOG INJ	PA	3
NOVOLOG MIX FLEXPEN INJ	PA	3
NOVOLOG MIX INJ	PA	3
NOVOLOG PENFILL INJ	PA	3
HUMULIN R INJ U-500	PA	4
HUMULIN R U-500 KWIKPEN INJ	PA	4
ADMELOG INJ	-	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC INJ	-	NC
HUMALOG INJ	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
INSULIN LISPRO KWIKPEN, INSULIN LISPRO JR KWIKPEN, ADMELOG SOLOSTAR INJ, HUMALOG TEMPO PEN	-	NC
INSULIN LISPRO PROTAMINE PEN INJ	-	NC
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV TEMPO PEN	-	NC
REZVOGLAR INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC

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SMKG Smoking Cessation	ST Step Therapy	VAC Vaccine Program

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
BEXAGLIFLOZN TAB	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
GLYBURID MCR TAB	-	1
glyburide tab (MICRONASE equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
GLIPIZIDE TAB	-	NC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
MOTOFEN TAB	PA	3
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
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LMSP Lumicera Mandatory Specialty Pharmacy Program	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	ST Step Therapy	VAC Vaccine Program

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIDOTES Cont.		
OPIOID ANTAGONISTS		
naloxone inj	-	\$0
naltrexone tab (REVIA equiv)	-	1
VIVITROL INJ	M	M
EVZIO INJ	-	NC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
deferasirox tab (EXJADE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
deferasirox tab 180mg (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
deferasirox tab 90mg, 360mg (JADENU equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4
EXJADE TAB	-	NC
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
JADENU TAB 180MG	-	NC
JADENU TAB 90MG, 360MG	-	NC

ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC

OPIOID ANTAGONISTS		
KLOXXADO NASAL SPRAY	-	\$0
naloxone hcl nasal spray (NARCAN equiv)	OTC	\$0
NALOXONE PREFILLED INJ	-	\$0
OPVEE NASAL SPRAY	-	2
ZIMHI SOLN	-	2
EVZIO INJ	-	NC
NARCAN NASAL SPRAY	OTC	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)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1

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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	ST Step Therapy	VAC Vaccine Program

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
scopolamine patch (TRANSDERM-SCOP equiv)	-	2
ANTIVERT TAB, MECLIZINE TAB	-	NC
meclizine chew tab (BONINE equiv)	-	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
dronabinol cap (MARINOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DICLEGIS TAB	-	NC
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
SYNDROS SOLN	-	NC
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 PAK	-	NC
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB	-	NC
ANTIFUNGALS		
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	2
flucytosine cap (ANCOBON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	2
CRESEMBA CAP	PA	3
itraconazole soln (SPORANOX equiv)	PA	3
NOXAFIL PAK	-	3
posaconazole DR tab (NOXAFIL equiv)	-	3
posaconazole susp (NOXAFIL equiv)	-	3
voriconazole susp (VFEND equiv)	-	3
voriconazole tab (VFEND equiv)	MSP	4
NOXAFIL SUSP	-	NC
NOXAFIL TAB	-	NC
SPORANOX SOLN	-	NC
TOLSURA CAP	-	NC

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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	ST Step Therapy	VAC Vaccine Program

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
VIVJOA CAP	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
RYCLOLA SOLN	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
diphenhydramine inj (BENADRYL equiv)	-	2
CARBINOXAMINE SOLN	-	3
carbinoxamine tab (PALGIC equiv)	-	3
CLEMASTINE TAB	-	3
clemastine tab (TAVIST equiv)	-	3
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC
ANTIHISTAMINES - NON-SEDATING		
cetirizine chew tab (ZYRTEC equiv)	OTC	1
CLARINEX TAB	-	EXC
CLARITIN CHEW TAB	OTC	EXC
DES Loratadine ODT	-	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
ALLEGRA ODT	OTC	NC
CLARINEX SYRUP	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	2
ANTIHYPERLIPIDEMICS - COMBINATIONS		
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	2
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)	-	NC

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

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
VYTORIN TAB	-	NC
VYTORIN TAB 10-80MG	-	NC
ANTIHYPERTENSIVES - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
VASCEPA CAP (QL= 4 caps/day)	QL	2
icosapent ethyl cap (VASCEPA equiv)	-	NC
KYNAMRO INJ	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
TRICOR TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
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
pitavastatin calcium tab (LIVALO equiv)	-	2
ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3

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SMKG Smoking Cessation	ST Step Therapy	VAC Vaccine Program

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older)	PA	3
FLOLIPID SUSP (Members age 9 or older require Prior Authorization)	PA	3
fluvastatin ER tab (LESCOL XL equiv)	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
LESCOL XL TAB	-	NC
LIVALO TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
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
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	3
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DEMSEER CAP	-	NC
DIBENZYLINE CAP	-	NC
metyrosine cap (DEMSEER equiv)	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	2
ATACAND TAB	-	NC
BENICAR TAB	-	NC
EDARBI TAB	-	NC
VALSARTAN ORAL SOLN	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CATAPRES-TTS PATCH	-	NC
NEXICLON XR TAB	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
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/HCTZ 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	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
TEKTURNA HCT TAB	-	3
ACCURETIC TAB	-	NC
amlodipine/olmesartan tab (AZOR equiv)	-	NC

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ANTIHYPERTENSIVES Cont.		
ATACAND HCT TAB	-	NC
AZOR TAB	-	NC
BENICAR HCT TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
EXFORGE TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
TELMISARTAN/AMLODIPINE TAB	-	NC
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
TWINSTA TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMEYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	2
TEKTURNA TAB	-	NC
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
FIRST METRONIDAZOLE SUSP	-	3
PRIMSOL SOLN	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	PA-QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
AEMCOLO TAB	-	NC
FLAGYL CAP	-	NC
IMPAVIDO CAP	-	NC
LIKMEZ SUSP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
NEBUPENT NEB SOLN	-	NC
TRIMETHOPRIM TAB	-	NC
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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	NC
UTA CAP	-	NC
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ALINIA TAB	-	NC
LAMPIT TAB	-	NC
CARBAPENEMS		
meropenem inj (MERREM equiv)	-	3
GLYCOPEPTIDES		
FIRVANQ SOLN	-	2
vancomycin cap (VANCOCIN equiv) (QL= 56 cap/ fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
FIRVANQ SOLN 50MG/ML	-	NC
VANCOCIN CAP	-	NC
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
CLEOCIN CAP	-	NC
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	4
OXAZOLIDINONES		
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-RS	4
ZYVOX SUSP	-	NC
PLEUROMUTILINS		
XENLETA TAB	-	NC
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
methenamine hippurate tab (HIPREX equiv)	-	2
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3
MACRODANTIN CAP	-	NC
MACRODANTIN CAP 25MG	-	NC
MONUROL GRANULE PACK	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC
nitrofurantoin susp (FURADANTIN equiv)	-	NC

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
COARTEM TAB	-	NC
MALARONE TAB	-	NC
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC

ANTIMALARIALS		
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
chloroquine tab (ARALEN equiv)	-	2
KRINTAFEL TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
ARAKODA TAB	-	3
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
DARAPRIM TAB	-	NC
PRIMAQUINE TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
pyridostigmine CR tab (MESTINON equiv)	-	2
GUANIDINE TAB	PA	3
pyridostigmine soln (MESTINON equiv)	-	3
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	4
PYRIDOSTIGMINE TAB 30MG	-	NC

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
RIFATER TAB	PA	3

ANTIMYCOBACTERIAL AGENTS		
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
rifampin cap (RIFADIN equiv)	-	2
cycloserine cap (CYCLOSERINE equiv)	-	3
isoniazid syrup (ISONIAZID equiv)	-	3
PASER GRANULE	-	3
TRECTOR TAB (Restricted to Infectious Disease Specialist)	RS	3
SIRTURO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
CAPASTAT INJ	M	M

ANTINEOPLASTICS

ANTINEOPLASTICS MISC.

tretinoin cap (VESANOID equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
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TOPOISOMERASE I INHIBITORS

HYCANTIN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

HEXALEN CAP	-	2
LEUKERAN TAB	-	2
MELPHALAN TAB	-	2
cyclophosphamide cap (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
GLEOSTINE/LOMUSTINE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
MYLERAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
temozolomide cap (TEMODAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ALKERAN INJ	-	NC
ALKERAN TAB	-	NC
CYCLOPHOSPHAMIDE CAP	-	NC
CYCLOPHOSPHAMIDE TAB	-	NC
melphalan inj (ALKERAN equiv)	-	NC
TEMODAR CAP	-	NC
TREANDA INJ	-	NC

ANTIMETABOLITES

methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
PURIXAN SUSP (Members age 9 or older require Prior Authorization)	PA	3
capecitabine tab (XELODA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
FLUDARABINE INJ	-	NC
JYLAMVO SOLN, XATMEP SOLN	-	NC
ONUREG TAB	-	NC
TREXALL TAB	-	NC

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	4
MVASI INJ	M	M
ZIRABEV INJ	M	M
FRUZAQLA CAP	-	NC
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ	M	M
TRUXIMA INJ	M	M
GAZYVA INJ	-	NC
RIABNI SOLN	-	NC
RITUXAN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
OGIVRI INJ	M	M
TRAZIMERA INJ	M	M
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab (TARCEVA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
EXKIVITY CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
gefitinib tab (IRESSA equiv) (Only available through Lumicera 855-847-3553)	LD-PA	4
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
IRESSA TAB	-	NC
TARCEVA TAB	-	NC
VIZIMPRO TAB	-	NC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
ODOMZO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
toremifene tab (FARESTON equiv)	-	2
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
ERLEADA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ERLEADA TAB 240MG (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
nilutamide tab (NILANDRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
NUBEQA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
ORSERDU TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4
LUPRON DEPOT INJ	M	M
LUPRON DEPOT KIT (3 MONTH) INJ	M	M
LUPRON DEPOT KIT (6 MONTH) INJ	M	M
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
FARESTON TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
leuprolide inj (LUPRON equiv)	-	NC
LUPRON DEPOT INJ	-	NC
ORGOVYX TAB	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK	-	NC
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB (QL= 5 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
KISQALI PAK (QL= 91 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
LONSURF TAB	MSP-PA	4
HERCEPTIN HYLECTA INJ	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		

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LMSP Lumicera Mandatory Specialty Pharmacy Program	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
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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALECENSA CAP (QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4
BOSULIF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	4
CABOMETYX TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
COTELLIC TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
everolimus tab (AFINITOR equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
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	4
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	4
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	4
IDHIFA TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
imatinib tab (GLEEVEC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
JAKAFI TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
JAYPIRCA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
KISQALI TAB (QL= 63 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
lapatinib ditosylate tab (TYKERB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4
MEKINIST SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MEKINIST TAB 0.5MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
MEKINIST TAB 2MG (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	4
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	4
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
PIQRAY TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
RETEVMO CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ROZLYTREK CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	4
RYDAPT CAP (QL= 56 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
sorafenib tosylate tab (NEXAVAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
SPRYCEL TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
STIVARGA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
sunitinib malate cap (SUTENT equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
TABRECTA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
TAFINLAR CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
TAFINLAR TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
TASIGNA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
VERZENIO TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
XALKORI CAP (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
ZELBORAF TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ZOLINZA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ZYKADIA CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZYKADIA TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
BORTEZOMIB INJ	M	M
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
AUGTYRO CAP	-	NC
BORTEZOMIB INJ	-	NC
COPIKTRA CAP	-	NC
FOTIVDA CAP	-	NC
GLEEVEC TAB	-	NC
IBRANCE CAP	-	NC
IBRANCE TAB	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
INREBIC CAP	-	NC
LORBRENA TAB 100MG	-	NC
LORBRENA TAB 25MG	-	NC
NEXAVAR TAB	-	NC
OGSIVEO TAB	-	NC
OJJAARA TAB	-	NC
ROZLYTREK PAK	-	NC
SCEMBLIX TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.25MG	-	NC
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	NC
TEPMETKO TAB	-	NC
TRUQAP TAB	-	NC
TURALIO CAP	-	NC
TYKERB TAB	-	NC
VANFLYTA TAB	-	NC
VELCADE INJ	-	NC
VITRAKVI CAP 100MG	-	NC
VITRAKVI CAP 25MG	-	NC
VITRAKVI SOLN	-	NC
VOTRIENT TAB	-	NC
XALKORI SPRINKLE CAP	-	NC
XOSPATA TAB	-	NC
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
bexarotene cap (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
INTRON-A INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ALFERON-N INJ	-	NC
BESREMI INJ	-	NC

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
TARGRETIN CAP	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB	-	NC
MITOTIC INHIBITORS		
ETOPOSIDE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
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
ropinirole ER tab (REQUIP XL equiv)	-	2
pramipexole ER tab (MIRAPEX ER equiv)	-	3
NEUPRO PATCH (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	-	2
XADAGO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
AZILECT TAB	-	NC
ZELAPAR ODT	-	NC

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUNCTIVE THERAPY

NOURIANZ TAB	-	NC
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ANTIPARKINSON ANTICHOLINERGICS

trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1

ANTIPARKINSON DOPAMINERGICS

CARBIDOPA/LEVODOPA ODT	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
STALEVO TAB	-	3
KYNMOBI FILM (QL= 5 films/day)	MSP-PA-QL	4
KYNMOBI TITRATION KIT (QL=1 kit/fill)	MSP-PA-QL	4
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
INBRIJA INH POWDER	-	NC
OSMOLEX ER TAB	-	NC

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
LITHIUM CARBONATE CAP	-	NC

ANTIPSYCHOTICS - MISC.

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
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC

BENZISOXAZOLES

risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	3
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4
FANAPT TITRATION PACK (QL= 2 tabs/day)	PA-QL	4
INVEGA INJ	M	M
INVEGA HAFYERA INJ	-	NC

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
INVEGA TAB	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
olanzapine tab (ZYPREXA equiv)	-	2
asenapine maleate SL tab (SAPHRIS equiv)	-	4
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC
QUETIAPINE TAB	-	NC
SAPHRIS SL TAB	-	NC
SECUADO PATCH	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
aripiprazole soln (ABILIFY equiv)	-	3
REXULTI TAB	PA	4
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
ABILIFY TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1

ANTISEPTICS & DISINFECTANTS

ANTISEPTICS & DISINFECTANTS

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS Cont.		
HYLAMEND GEL FIRST AID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
DESCOVY TAB	-	\$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
didanosine DR cap (VIDEX EC equiv)	-	1
lamivudine soln (EPIVIR equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
STAVUDINE CAP	-	1
stavudine cap (ZERIT equiv)	-	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine syrup (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
DOVATO TAB	-	2
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2
NEVIRAPINE ER TAB	-	2
nevirapine ER tab (VIRAMUNE XR equiv)	-	2
ritonavir tab (NORVIR equiv)	-	2
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SYMTUZA TAB	-	2
TIVICAY PD TAB	-	2
TIVICAY TAB	-	2
TRIZIVIR TAB	-	2
abacavir soln (ZIAGEN equiv)	-	4
abacavir tab (ZIAGEN equiv)	-	4
abacavir/lamivudine tab (EPZICOM equiv)	-	4
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	4
APTIVUS CAP	-	4
APTIVUS SOLN	-	4
atazanavir cap (REYATAZ equiv)	-	4
BIKTARVY TAB	-	4
COMPLERA TAB	-	4
CRIXIVAN CAP	-	4
darunavir tab (PREZISTA equiv)	-	4
EDURANT TAB	-	4
EFAVIRENZ CAP	-	4
efavirenz tab (SUSTIVA equiv)	-	4
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	4
emtricitabine cap (EMTRIVA equiv)	-	4
EMTRIVA SOLN	-	4
etravirine tab (INTELENCE equiv)	-	4
EVOTAZ TAB	-	4
fosamprenavir tab (LEXIVA equiv)	-	4

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RDX Restricted to Diagnosis	RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months
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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
FUZEON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
GENVOYA TAB (QL= 1 tab/day)	QL	4
INTELENCE TAB	-	4
INVIRASE CAP	-	4
INVIRASE TAB	-	4
ISENTRESS (HD) TAB	-	4
ISENTRESS CHEW TAB	-	4
JULUCA TAB	-	4
lamivudine/zidovudine tab (COMBIVIR equiv)	-	4
LEXIVA SUSP	-	4
lopinavir/ritonavir soln (KALETRA equiv)	-	4
lopinavir/ritonavir tab (KALETRA equiv)	-	4
maraviroc tab (SELZENTRY equiv)	-	4
NEVIRAPINE SUSP	-	4
NORVIR CAP	-	4
NORVIR POWDER PACK	-	4
NORVIR SOLN	-	4
ODEFSEY TAB (QL= 1 tab/day)	QL	4
PREZCOBIX TAB	-	4
PREZISTA SUSP	-	4
PREZISTA TAB	-	4
RESCRIPTOR TAB	-	4
REYATAZ POWDER PACK	-	4
SELZENTRY SOLN	-	4
SELZENTRY TAB	-	4
STRIBILD TAB (QL= 1 tab/day)	QL	4
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	4
TRIUMEQ PD TAB (QL= 1 tab/day)	QL	4
TRIUMEQ TAB (QL= 1 tab/day)	QL	4
VIDEX SOLN	-	4
VIRACEPT TAB	-	4
VIREAD TAB 150MG, 200MG, 250MG	-	4
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC
CIMDUO TAB	-	NC
DELSTRIGO TAB	-	NC
DIDANOSINE DR CAP, VIDEX EC CAP	-	NC
EMTRIVA CAP	-	NC
EPIVIR SOLN	-	NC
EPZICOM TAB	-	NC
INTELENCE TAB	-	NC
ISENTRESS POWDER PACK	-	NC
KALETRA SOLN	-	NC
KALETRA TAB	-	NC
LEXIVA TAB	-	NC
NORVIR TAB	-	NC
PIFELTRO TAB	-	NC

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PREZISTA TAB	-	NC
REYATAZ CAP	-	NC
SELZENTRY TAB	-	NC
SUNLENCA TAB	-	NC
SUSTIVA CAP	-	NC
SUSTIVA TAB	-	NC
SYMFI (LO) TAB	-	NC
TYBOST TAB	-	NC
VIRAMUNE SUSP	-	NC
VIREAD TAB 300MG	-	NC
VOCABRIA TAB	-	NC
ZIAGEN SOLN	-	NC
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2
CMV AGENTS		
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
valganciclovir soln (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
valganciclovir tab (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
VALCYTE SOLN	-	NC
VALCYTE TAB	-	NC
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
RIBAVIRIN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
ribavirin cap (REBETOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
RIBAVIRIN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
adefovir dipivoxil tab (HEPSERA equiv)	-	2
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	3
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
EPIVIR HBV SOLN	-	4
MAVYRET PAK (QL= 5 packs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
MAVYRET TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
PEGASYS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PEG-INTRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
REBETOL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
SOVALDI PELLETT PAK	MSP-PA	4

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SOVALDI TAB	MSP-PA	4
VEMLIDY TAB	-	4
VOSEVI TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ZEPATIER TAB	MSP-PA	4
BARACLUDE SOLN	-	NC
DAKLINZA TAB	-	NC
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA PAK TAB	-	NC
VIEKIRA XR TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	2
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3
TAMIFLU CAP	-	NC
TAMIFLU CAP 30MG	-	NC
TAMIFLU SUSP	-	NC
MISC. ANTIVIRALS		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
IMMUNOMODULATORS		

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
THALOMID CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
cyclosporine modified cap (NEORAL equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
cyclosporine modified soln (NEORAL equiv)	-	2
cyclosporine cap (SANDIMMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mycophenolate DR tab (MYFORTIC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mycophenolate mofetil susp (CELLCEPT SUSP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
SANDIMMUNE SOLN 100MG/ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
sirolimus tab (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
nebivolol hcl tab (BYSTOLIC equiv)	-	2
KAPSPARGO CAP	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
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
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	PA	2
ORALAIR SL TAB	PA	2
RAGWITEK SL TAB	PA	2
BIOLOGICALS MISC		
ADAGEN INJ	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
nimodipine cap (NIMOTOP equiv)	-	2
nicardipine cap (CARDENE equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	3
NISOLDIPINE ER TAB 25.5MG	-	3
NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization)	PA	3
VERAPAMIL ER CAP, VERELAN CAP	-	3
VERELAN PM ER CAP 200MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
KATERZIA SUSP	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL ER CAP 100MG	-	NC

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
DIGOXIN SOLN 0.05MG/ML	-	1
digoxin tab (LANOXIN equiv)	-	1
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
BIDIL TAB	-	NC
CADUET TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB	-	NC
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB	-	NC
IMPOTENCE AGENTS		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3
CIALIS TAB	-	EXC
LEVITRA TAB	-	EXC
sildenafil tab (VIAGRA equiv)	-	EXC
tadalafil tab (CIALIS equiv)	-	EXC
vardenafil ODT (STAXYN equiv)	-	EXC
vardenafil tab (LEVITRA equiv)	-	EXC
CIALIS TAB 2.5MG, 5MG	-	NC
PERIPHERAL VASODILATORS		
isoxsuprine tab	-	NC
PROSTAGLANDIN VASODILATORS		
treprostinil inj 10mg/ml (REMODULIN equiv)	MSP-PA	4
treprostinil inj 1mg/ml (REMODULIN equiv)	MSP-PA	4
treprostinil inj 2.5mg/ml (REMODULIN equiv)	MSP-PA	4
treprostinil inj 5mg/ml (REMODULIN equiv)	MSP-PA	4
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
REMODULIN INJ 10MG/ML	-	NC
REMODULIN INJ 1MG/ML	-	NC
REMODULIN INJ 2.5MG/ML	-	NC
REMODULIN INJ 5MG/ML	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TRACLEER TAB 32MG (Only available through Accredo 800-803-2523)	LD-PA	4
LETAIRIS TAB	-	NC
TRACLEER TAB 62.5MG, 125MG	-	NC
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)	PA	2
tadalafil tab (PAH) (ADCIRCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
TADLIQ SUSP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421; Members age 9 or older require Prior Authorization)	MSP-PA	4
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
REVATIO SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
UPTRAVI INJ	-	NC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
SINUS NODE INHIBITORS		
CORLANOR TAB	PA	3
CORLANOR SOLN	-	NC
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 1 tab/day)	PA-QL	2

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
CEFADROXIL TAB	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

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CEPHALOSPORINS Cont.		
cephalexin susp (KEFLEX equiv)	-	1
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFACLOR CAP	-	3
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
CEFDITOREN TAB	-	3
cefixime cap (SUPRAX equiv)	-	3
cefixime susp (SUPREX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX SUSP	-	NC
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
cesia tab (CYCLESSA equiv)	-	\$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
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0
LO LOESTRIN TAB	-	\$0
loestrin 21 tab	-	\$0
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
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Last Updated* 1/1/2024

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CONTRACEPTIVES Cont.		
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE 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
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
MINASTRIN CHEW TAB	-	NC
SAFYRAL TAB	-	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
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	M	M
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	M	M
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ (QL= 1 inj/90 days)	QL	3
DEPO-PROVERA SC INJ 104MG	M	M
medroxyprogesterone inj (DEPO-PROVERA equiv)	M	M
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	M	M
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
SLYND TAB	-	\$0

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

DEXAMETHASONE CONC	-	1
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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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CORTICOSTEROIDS Cont.		
dexamethasone elixir	-	1
DEXAMETHASONE SOLN	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1
prednisolone soln	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
triamcinolone acetate inj (KENALOG equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
MEDROL TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISOLONE ODT TAB	-	2
PREDNISONONE SOLN	-	2
SOLU-MEDROL INJ 2GM	-	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
DEPO-MEDROL INJ	-	3
ORAPRED ODT TAB	-	3
PREDNISOLONE SOLN	-	3
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	4
ALKINDI SPRINKLE CAP	-	NC
CORTEF TAB	-	NC
DEPO-MEDROL	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
dexamethasone sodium phosphate inj	-	NC
DEXAMETHASONE TAB	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
ENTOCORT EC CAP	-	NC
FLO-PRED SUSP	-	NC
KENALOG INJ	-	NC
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISONONE/DIPHENHYDRAMINE KIT	-	NC

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
RAYOS TAB	-	NC
SOLU-CORTEF INJ	-	NC
SOLU-CORTEF INJ 100MG	-	NC
SOLU-MEDROL INJ	-	NC
SOLU-MEDROL PF INJ	-	NC
TARPEYO CAP	-	NC
UCERIS TAB	-	NC

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
tussion tab (HYCODAN equiv)	-	1
benzonatate cap 150mg (ZONATUSS equiv)	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

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/30 days)	QL	1
promethazine DM syrup	-	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
NEOTUSS PLUS LIQUID	-	3
BROVEX PEB LIQUID	OTC	NC
chlorpheniramine/pseudoephedrine drops (ACCUHIST equiv)	-	NC
CLARINEX-D 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
POLY-TUSSIN DM SYRUP	-	NC
SEMPREX-D CAP	-	NC
TUSSICAPS	-	NC
TUSSIONEX SUSP	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC

EXPECTORANTS

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

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COUGH/COLD/ALLERGY Cont.		
MUCINEX TAB	-	NC
SSKI ORAL SOLN	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
DIFFERIN OTC GEL 0.1%	OTC	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	2
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	2
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 cleanser 10-5% (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH 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
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2
tretinoin cream (QL= 23gm/30 days)	PA-QL	2
tretinoin gel (RETIN-A GEL equiv) (QL= 23gm/30 days)	PA-QL	2
clindamycin/tretinoin gel (ZIANA equiv) (QL= 30g/fill)	PA-QL	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
SUMADAN WASH 9-4.5%	-	3
tretinoin gel 0.05% (ATRALIN equiv) (QL= 45gm/30 days)	PA-QL	3
TRETIN-X CREAM (QL= 35gm/30 days)	PA-QL	3
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	4
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE SOLN	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
adapalene cream (DIFFERIN equiv)	-	NC
adapalene gel (DIFFERIN equiv)	-	NC
ADAPALENE LOTION	-	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
BENZAMYCIN GEL PACK	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CABTREO GEL	-	NC
CLENIA PLUS SUSP	-	NC
CLEOCIN-T GEL	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DAPSONE GEL 7.5%	-	NC
DIFFERIN LOTION	-	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
PLEXION CREAM 9.8-4.8%	-	NC
PLEXION LOTION	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	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/sulfur wash (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC

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DERMATOLOGICALS Cont.		
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN WASH	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
ZIANA GEL	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN equiv)	-	2
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
XEPI CREAM	MSP	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
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
ketconazole cream (NIZORAL CREAM equiv)	-	1
ketconazole 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
naftifine cream (NAFTIN equiv)	-	2
tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	2
EXELDERM SOLN	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
naftifine gel (NAFTIN equiv)	-	3
NAFTIN GEL	-	3
oxiconazole nitrate cream (OXISTAT equiv)	-	3
NIZORAL A-D SHAMPOO	OTC	EXC
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
clotrimazole cream (LOTRIMIN AF equiv)	OTC	NC
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	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% (VYTONA equiv)	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA 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
naftifine hcl gel 2% (NAFTIN equiv)	-	NC
NAFTIN GEL 2%	-	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
VYTONA 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 equiv)	-	NC
diclofenac soln 1.5% (PENNSAID equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
INFLAMMA-K KIT	-	NC

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	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	ST Step Therapy	VAC Vaccine Program

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VAROPHEN KIT	-	NC
VENNGEL ONE KIT	-	NC
VOLTAREN GEL	OTC	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv) (QL= 40g/fill)	QL	1
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2
FLUOROURACIL SOLN (QL= 10ml/fill)	QL	2
TOLAK CREAM 4% (QL= 40g/fill)	QL	2
FLUORAC CREAM	PA	3
FLUOROURACIL CREAM 0.5%	-	3
bexarotene gel (TARGRETIN equiv)	MSP-PA	4
PICATO GEL (QL= 1 box/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
VALCHLOR GEL (QL= 60g/fill; Only available through Optum Pharmacy 877-445-6874)	LD-PA-QL	4
CARAC CREAM	-	NC
FLUOROPLEX CREAM	-	NC
KLISYRI OINT	-	NC
PANRETIN GEL	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
ANTI PRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (QL= 45gm/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
doxepin hcl cream (QL= 45gm/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
DOXEPIN HCL CREAM	-	NC
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv) (QL= 60gm/30 days)	PA-QL	2
calcipotriene oint (QL= 60gm/30 days)	PA-QL	2
calcipotriene soln (DOVONEX SOLN equiv) (QL= 60ml/30 days)	PA-QL	2
tazarotene cream 0.1% (TAZORAC equiv) (QL= 60gm/30 days)	PA-QL	2
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2
DRITHO-SCALP CREAM	-	3
tazarotene gel (TAZORAC equiv) (QL= 30gm/30 days)	PA-QL	3
TAZORAC CREAM 0.05% (QL= 60gm/30 days)	PA-QL	3
acitretin cap (SORIATANE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
CALCITRIOL OINT (QL= 100gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
METHOXSALEN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
methoxsalen cap (OXSORALEN ULTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
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	4
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	4
STELARA INJ (QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
TALTZ INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
TREMFYA INJ (QL= 1 inj/56 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
BIMZELX INJ	-	NC
calcipotriene cream (TRIONEX equiv)	-	NC
CALCIPOTRIENE FOAM	-	NC
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
CALSODORE PAK	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
COSENTYX INJ 300MG/2ML	-	NC
NUDERMRXPAK PAK	-	NC
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
TAZORAC CREAM	-	NC
TAZORAC GEL	-	NC
TRIONEX PACK	-	NC
VTAMA CREAM	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	OTC	1
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
ESKATA SOLN	-	NC
OVACE PLUS GEL	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS SHAMPOO	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
sodium sulfacetamide gel (OVACE equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
ZORYVE FOAM	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv)	PA	3

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ZOVIRAX OINT	-	3
penciclovir cream (DENA VIR equiv) (QL= 5gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
acyclovir cream (ZOVIRAX equiv)	-	NC
DENA VIR CREAM	-	NC
ZOVIRAX CREAM	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
BETAMETHASONE AUGMENTED GEL		
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

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clobetasol propionate ointment (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 equiv) (QL= 59ml/fill)	QL	2
desonide cream (DESOWEN equiv)	-	2
desonide oint	-	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	-	3
calcipotriene/betamethasone dipropionate susp (TACLONEX equiv) (QL= 60ml/30 days)	PA-QL	3
calcipotriene/betamethasone oint (TACLONEX equiv) (QL= 60gm/30 days)	PA-QL	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
NUCORT LOTION	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
amcinonide oint 0.1% (AMCINONIDE OINT equiv)	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
CAPEX SHAMPOO	-	NC
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN LOTION	-	NC
CORDRAN OINTMENT	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion	-	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

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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
DIPROLENE 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
HALOBETASOL AER	-	NC
halobetasol propionate foam (HALOBETASOL equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
HYDROCORTISONE PAK	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1%	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE E CREAM	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
PREDNICARBATE CREAM	-	NC
PREDNICARBATE OIN	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TACLONEX OINT	-	NC
TASOPROL CREAM KIT	-	NC
TEXACORT SOLN	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
TOPICORT OINT 0.05%	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIANEX OINT	-	NC
TRIOLOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC

ECZEMA AGENTS

OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3
ADBRY INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
CIBINQO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
DUPIXENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
DUPIXENT INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
DUPIXENT PEN INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4

EMOLLIENT/KERATOLYTIC AGENTS

CARMOL LOTION	-	NC
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DERMATOLOGICALS Cont.		
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
UREA EMULSION	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
LACTIC ACID LOTION	-	1
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	NC
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	NC
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasoalex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LITFULO CAP	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
pimecrolimus cream (ELIDEL equiv) (QL= 30g/fill; Covered for members 2 years or older)	QL	2
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ELIDEL CREAM	-	NC
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
PODOFILOX SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
podofilox gel (CONDYLOX equiv)	-	3
SALEX SHAMPOO	-	3

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ATRIX SYSTEM KIT	-	NC
CONDYLOX GEL	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALEX SHAMPOO	-	NC
SALICATE LIQUID	-	NC
salicylic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAINE GEL	-	2
lidocaine patch (LIDODERM equiv) (QL= 2 patches/day)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	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
LIDAMANTLE LOTION	-	NC
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC
LIDOCAINE/TETRACAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC

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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	ST Step Therapy	VAC Vaccine Program

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DERMATOLOGICALS Cont.		
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNERA PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
MISC. TOPICAL		
DERMACINRX CREAM	-	NC
DRYSOL SOLN	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
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
FINACEA GEL	-	NC
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
METROGEL 1% ()	-	NC
metronidazole gel 1%	-	NC
NORITATE CREAM	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC

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DERMATOLOGICALS Cont.		
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
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
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	PA-QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGEN INJ (QL= 1 kit/fill)	QL	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	NC
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2
ACCU-CHEK TEST STRIP	OTC	2
ONETOUCH TEST STRIP	OTC	2
ONETOUCH VERIO TEST STRIP	OTC	2
COVID-19 TEST	OTC	EXC

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DIAGNOSTIC PRODUCTS Cont.		
CUE COVID-19 TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
FREESTYLE INSULINX TEST STRIP	OTC	NC
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC
FREESTYLE TEST STRIP	OTC	NC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
PRECISION XTRA TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC

RADIOGRAPHIC CONTRAST MEDIA

OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
METAFOBIC TAB	-	NC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SUCRAID SOLN	-	NC

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

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

DIURETIC COMBINATIONS

AMILORIDE/HCTZ TAB	-	1
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1

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DIURETICS Cont.		
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
ALDACTAZIDE TAB 50-50MG	-	3
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
FUOSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	4
EDECIN TAB	-	NC
SOANZ TAB	-	NC
OSMOTIC DIURETICS		
mannitol soln (OSMITROL equiv)	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	2
DYRENIUM CAP	-	NC
spironolactone susp (CAROSPIR equiv)	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
THALITONE TAB	-	NC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
RECORLEV TAB	-	NC
BONE DENSITY REGULATORS		
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

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ETIDRONATE DISODIUM TAB 400MG	-	3
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
risedronate tab 30mg (ACTONEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
TERIPARATIDE INJ 620MCG/2.48ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
TYMLOS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ACTONEL TAB	-	NC
BINOSTO TAB	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FORTEO INJ	-	NC
FOSAMAX+D TAB	-	NC
MIACALCIN INJ	-	NC
pamidronate inj	-	NC
PROLIA INJ	-	NC
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
CORTROPHIN INJ GEL	-	NC
FERTILITY REGULATORS		
PREGNYL INJ	INF-M	M
CLOMID TAB	INF	NC
CLOMIPHENE TAB	INF	NC
FOLLISTIM AQ INJ	INF	NC
GONAL-F RFF INJ	INF	NC
MENOPUR INJ	INF	NC
OVIDREL INJ	INF	NC
GNRH/LHRH ANTAGONISTS		
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	NC
CETROTIDE KIT	INF	NC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
GROWTH HORMONES		
GENOTROPIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
OMNITROPE INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SOGROYA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
HUMATROPE INJ, ZOMACTON INJ	-	NC
NGENLA INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SKYTROFA INJ	-	NC

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ZOMACTON INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	PA	3
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
LUPRON DEPOT-PED INJ	M	M
FENSOLVI INJ	-	NC
LUPANETA PACK	-	NC
LUPRON DEPOT PED INJ	-	NC
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB (QL= 1 tab/day)	PA-QL	3
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
sapropterin dihydrochloride powder packet (KUVAN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	1
sapropterin dihydrochloride soluble tab (KUVAN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	1
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	4
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	4
cinacalcet tab (SENSIPAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	4
ALDURAZYME INJ	-	NC
BUPHENYL TAB	-	NC
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
CYSTADANE POWDER	-	NC
FABRAZYME INJ	-	NC
GALAFOLD CAP	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
OPFOLDA CAP	-	NC

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ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
PALYNZIQ INJ	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
sodium phenylbutyrate powder (BUPHENYL equiv)	-	NC
STRENSIQ INJ	-	NC
XPHOZAH TAB	-	NC
XURIDEN POWDER	-	NC
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
DDAVP NASAL SOLN	-	3
vasopressin iv inj (VASOSTRICT equiv)	-	3
STIMATE NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
DDAVP INJ	-	NC
desmopressin acetate inj (DDAVP equiv)	-	NC
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
VASOSTRICT INJ	-	NC
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFIPREX equiv)	-	1
MIFIPREX TAB	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
OCTREOTIDE INJ 100MCG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
SOMATULINE INJ	M	M
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SANDOSTATIN INJ	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TOLVAPTAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
JYNARQUE TAB	-	NC
SAMSCA TAB	-	NC

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LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit
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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
tolvaptan tab (SAMSCA equiv)	-	NC

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
ESTRATEST 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

FLUOROQUINOLONES

FLUOROQUINOLONES

ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
LEVOFLOXACIN SOLN 25MG/ML	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPRO SUSP	-	3

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
CIPROFLOXACIN 100MG TAB	-	3
FACTIVE TAB	-	3
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTTEGRITY TAB	-	NC
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	PA	3
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF- g	4
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	3
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROCROM CONC	-	NC
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv)	-	2
AMITIZA CAP	-	NC
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY	-	NC
METZOZOLV ODT	-	NC
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	4
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
mesalamine DR cap (DELZICOL equiv)	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine tab (ASACOL equiv)	-	3
MESALAMINE TAB DR	-	3
SFROWASA ENEMA	-	3
CIMZIA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4

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GASTROINTESTINAL AGENTS - MISC. Cont.		
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	4
DIPENTUM CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mesalamine DR tab (LIALDA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mesalamine ER cap (APRISO equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mesalamine kit (ROWASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mesalamine supp (CANASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
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	4
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	4
AVSOLA INJ	M	M
RENFLEXIS INJ	M	M
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
CIMZIA INJ	-	NC
DELZICOL CAP	-	NC
ENTYVIO INJ	-	NC
LIALDA TAB	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
OMVOH INJ	-	NC
PENTASA CR CAP	-	NC
PENTASA CR CAP 250MG	-	NC
ROWASA KIT	-	NC
VELSIPITY TAB	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
alosetron tab (LOTRONEX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
ZELNORM TAB	-	NC
LIVE FECAL MICROBIOTA		
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	4
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	4
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
RELISTOR TAB	-	NC
SYMPROIC TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
PHOSLYRA SOLN	-	2
AURYXIA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
FOSRENOL POWDER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
lanthanum carbonate chew tab (FOSRENOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
SEVELAMER CARBONATE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
sevelamer powder pak (REVELA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
sevelamer tab (REVELA TAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
VELPHORO CHEW TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
FOSRENOL CHEW TAB	-	NC
RENAGEL TAB 800MG	-	NC
REVELA PAK	-	NC
REVELA TAB	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	1
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
potassium citrate CR tab (UROCID-K TAB equiv)	-	2
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	4
PROCYSBI GRANULES PACKET	-	NC
GENITOURINARY IRRIGANTS		
RENACIDIN SOLN	-	NC
sodium chloride 0.9% irr soln	-	NC

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
PENTOSAN CAP	-	NC
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
JALYN CAP	-	NC
RAPAFLO CAP	-	NC
UROXATRAL TAB	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
AZO URINARY TAB	OTC	NC
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
tiopronin tab (THIOLA equiv)	MSP-PA	4
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	1
colchicine tab (COLCRYS equiv)	-	2
ALLOPURINOL TAB	-	NC
COLCHICINE CAP	-	NC
colchicine cap (COLCHICINE equiv)	-	NC
COLCRYS TAB	-	NC
GLOPERBA SOLN	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC

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DrugName	Special Code	Tier
GOUT AGENTS Cont.		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
AFSTYLA KIT	-	NC
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	1
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	4
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	4
CINRYZE INJ	M	M
BERINERT INJ	-	NC
FABHALTA CAP	-	NC
HAEGARDA INJ	-	NC
RUCONEST INJ	-	NC
HEMATOALOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
ORLADEYO CAP	-	NC
TAKHZYRO INJ	-	NC
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
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
AGGRENOX CAP	-	NC
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
EFFIENT TAB	-	NC
YOSPRALA TAB	-	NC
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4

HEMATOPOIETIC AGENTS

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HEMATOPOIETIC AGENTS Cont.		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	4
CERDELGA CAP	-	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	4
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POWDER PACK (QL= 6 packets/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
COBALAMINS		
cyanocobalamin inj	-	1
CALOMIST NASAL SPRAY	-	NC
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	NC
NASCOBAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
RETACRIT INJ	-	2
ARANESP INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DOPTelet TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
FULPHILA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
NIVESTYM INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
NYVEPRIA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PROMACTA POWDER	MSP-PA	4
PROMACTA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ZARXIO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
EPOGEN INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
JESDUVROQ TAB	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
PROCRIT INJ	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC

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HEMATOPOIETIC AGENTS Cont.		
ZIEXTENZO INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
multivitamin tab	-	3
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CORVITE TAB	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERREX 28 TAB	-	NC
FERRO-PLEX TAB	-	NC
folbee tab	-	NC
FOLITE TAB	-	NC
folvite-d tab (GENICIN equiv)	-	NC
FOLVITE-FE TAB	-	NC
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	NC
MULTIGEN FOLIC TAB	-	NC
MULTIGEN PLUS TAB	-	NC
MULTIGEN TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ACCRUFER CAP	-	NC
ferrous sulfate elixir	OTC	NC
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate soln	OTC	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	NC
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv)	PA	2
aminocaproic acid tab (AMICAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
AMICAR SOLN	-	NC
AMICAR TAB	-	NC
aminocaproic acid soln (AMICAR equiv)	-	NC
CYKLOKAPRON INJ	-	NC
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv)	-	1

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	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	ST Step Therapy	VAC Vaccine Program

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
HYPNOTICS Cont.		
AMBIEN CR TAB	-	NC
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB (QL= 15 tabs/fill)	PA-QL	3
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
PHENOBARBITAL TAB	-	1
SECONAL CAP	-	2
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	3
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
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
FLURAZEPAM CAP	-	3
temazepam cap 22.5mg (RESTORIL equiv)	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3
AMBIEN TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
ZOLPIDEM CAP	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
ROZEREM TAB	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC

LAXATIVES

LAXATIVE COMBINATIONS	Special Code	Tier
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

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Last Updated* 1/1/2024

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LAXATIVES Cont.		
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 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)	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
peg 3350/electrolytes 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
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	\$0
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PEG-PREP KIT	-	NC
PLENVU SOLN	-	NC
SUFLAVE SOLN	-	NC
SUPREP BOWEL PREP PACK	-	NC
SUTAB TAB	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
GIALAX KIT	-	NC
KRISTALOSE PACK, LACTULOSE PACK	-	NC
KRISTALOSE PACKET	-	NC
MIRALAX	OTC	NC
MIRALAX PACKET	OTC	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	NC
polyethylene glycol packet (MIRALAX equiv)	OTC	NC
SALINE LAXATIVES		
OSMOPREP TAB	-	3
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
CLARITHROMYCIN		
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYCIN SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2

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EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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	ST	Step Therapy	VAC	Vaccine Program

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier																					
MACROLIDES Cont.																							
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3																					
erythromycin tab (ERY-TAB equiv)	-	3																					
PCE TAB	-	3																					
erythromycin ethylsuccinate susp (ERYPED equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4																					
ERYPED SUSP	-	NC																					
FIDAXOMICIN																							
DIFICID TAB (QL= 20 tabs/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4																					
DIFICID SUSP	-	NC																					
MEDICAL DEVICES																							
PARENTERAL THERAPY SUPPLIES																							
INPEN INSULIN INJECTION DEVICE	-	NC																					
MEDICAL DEVICES AND SUPPLIES																							
CONTRACEPTIVES																							
CERVICAL CAP	-	\$0																					
DIAPHRAGM	-	\$0																					
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0																					
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0																					
DIABETIC SUPPLIES																							
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																					
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 DEVICE	OTC	1																					
LANCET KIT	OTC	1																					
LANCETS	OTC	1																					
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	QL	2																					
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	QL	2																					
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	QL	2																					
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	QL	2																					
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	QL	2																					
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	QL	2																					
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year)	QL	2																					
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	QL	2																					
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	QL	2																					
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	QL	2																					
NON-PREFERRED CGM SENSOR (QL= 3 sensors/30 days)	QL	2																					
ONETOUCH DELICA LANCETS	OTC	2																					
ONETOUCH DELICA PLUS LANCETS	OTC	2																					
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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	2
OMNIPOD 5 INTRO KIT	-	EXC
OMNIPOD 5 PACK PODS	-	EXC
OMNIPOD DASH INTRO KIT	-	EXC
OMNIPOD DASH PODS	-	EXC
OMNIPOD STARTER KIT	-	EXC
V-GO INJ KIT	-	EXC
DIABETIC METER (all other diabetic meters)	OTC	NC
FREESTLY LITE METER	OTC	NC
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
OMNIPOD GO KIT	-	NC
PRECISION XTRA METER	OTC	NC
MISC. DEVICES		
ALCOHOL SWABS	-	EXC
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
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
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	2
QULIPTA TAB	-	NC
MIGRAINE COMBINATIONS		
ergotamine tartrate/cafeine tab (CAFERGOT equiv)	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/cafeine/acetaminophen tab (PRODRIN equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC

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Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	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	4
D.H.E. INJ	-	NC
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
ERGOMAR SL TAB	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC
ELYXYB SOLN	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	MSP-PA-QL	4
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

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MIGRAINE PRODUCTS Cont.		
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	-	NC
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride 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
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
MAGNESIUM		
magnesium sulfate inj	-	NC
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
potassium phosphate monobasic tab (K-PHOS equiv)	-	2
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
POKONZA POWDER	-	NC
potassium chloride soln	-	NC
SODIUM		
SOD CHLORIDE INJ	-	3
sodium chloride inj	-	NC
ZINC		
GALZIN CAP	-	2

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

penicillamine tab (DEPEN TITRATAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
CUPRIMINE CAP	-	NC
CUVRIOR TAB	-	NC
DEPEN TITRATAB	-	NC
penicilliamine cap (CUPRIMINE equiv)	-	NC
SYPRINE CAP	-	NC
TRIENTINE CAP	-	NC

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
trientine cap (SYPRINE equiv)	-	NC
IMMUNOMODULATORS		
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	4
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	4
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	MSP-PA	4
sirolimus soln (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
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
ZORTRESS TAB	-	NC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
VIJOICE TAB 250MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
POTASSIUM REMOVING AGENTS		
SPS SUSP	-	1
LOKELMA PAK	PA	3
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
BENLYSTA INJ (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	1
FIRST MOUTHWASH BLM	-	3
LIDOCAINE ORAL SOLN 4%	-	NC
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
DEBACTEROL SOLN	-	NC
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
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 SOLN	-	2
PREVIDENT GEL	-	NC
PREVIDENT PASTE	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
MULTIVITAMINS		
B-COMPLEX VITAMINS		
EB-N3 DR CAP	-	NC
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
DIALYVITE/ZINC TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	NC
FIBRIK CAP	-	NC
FOLBEE PLUS CZ TAB	-	NC
renaphro cap (NEPHROCAP equiv)	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
V-C FORTE CAP	-	3
v-c forte cap (V-C FORTE equiv)	-	3
DEXATLAN CAP	-	NC
FOLAGENT DHA CAP	-	NC
FOLAMED DHA CAP	-	NC
FORTAVIT CAP	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC

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MULTIVITAMINS Cont.

PED MULTI VITAMINS W/FL & FE

pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
ESCAVITE CHEW TAB	-	NC
POLY-VI-FLOR CHEW W/IRON	-	NC

PED MV W/ FLUORIDE

pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	NC
POLY-VI-FLOR SUSP	-	NC
QUFLORA PEDIATRIC CHEW TAB	-	NC

PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE

FLORIVA CHEW TAB	-	NC
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PRENATAL VITAMINS

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 VITAMIN (RX ONLY)	-	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

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
chlorzoxazone tab 500mg	-	2
tizanidine cap (ZANAFLEX equiv)	-	2
BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	3
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
LYVISPAN 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
AMRIX CAP	-	NC
baclofen intrathecal inj (BACLOFEN equiv)	-	NC
baclofen susp (BACLOFEN equiv)	-	NC
BACLOFEN TAB 5MG	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
FLEQSUVY SUSP	-	NC
METHOCARBAMOL TAB	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP	-	NC
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	3
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
TIZANIDINE COMFORT KIT	-	NC
VISCOSUPPLEMENTS		
DUROLANE INJ	-	M
EUFLEXXA INJ, SUPARTZ INJ	-	M
GELSYN-3 INJ	-	M
SUPARTZ FX INJ	M	M
EUFLEXXA INJ, SUPARTZ INJ	-	NC
GENVISC 850 INJ	-	NC
HYALGAN INJ	-	NC
HYMOVIS INJ	-	NC
MONOVISC INJ, ORTHOVISC INJ	-	NC
SODIUM HYALU INJ	-	NC
SYNVISC INJ	-	NC

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
SYNVISC ONE INJ	-	NC
TRILURON INJ	-	NC
TRIVISC INJ	-	NC
VISCO-3 INJ	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
RYALTRIS SPRAY	-	NC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	-	EXC
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	NC
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2
olopatadine nasal spray (PATANASE equiv) (QL= 2 bottles/fill)	QL	3
PATANASE NASAL SPRAY	-	NC
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1
flunisolide nasal soln (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	3
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	3
ZETONNA NASAL SPRAY (QL= 2 bottles/fill)	QL	3
BECONASE AQ NASAL SPRAY	-	NC
budesonide nasal spray (RHINOCORT AQUA equiv) (Rx Only)	-	NC
FLONASE SENSIMIST NASAL SPRAY	OTC	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC

NEUROMUSCULAR AGENTS

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NEUROMUSCULAR AGENTS Cont.		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	2
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
RELYVRIO PAK (QL= 2 packets/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
EXSERVAN FILM	-	NC
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
DYSPORT INJ	M	M
XEOMIN INJ	M	M
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	4
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN	-	NC
NUTRIENTS		
LIPIDS		
DOJOLVI ORAL LIQUID	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN	-	1
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
LEVOBUNOLOL OPHTH SOLN	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	3
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	3
COMBIGAN OPHTH SOLN	-	NC
ISTALOL OPHTH SOLN 0.5%	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	NC
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OPHTHALMIC AGENTS Cont.		
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC
CHOLINERGIC AGONISTS		
TYRVAYA SOLN	-	NC
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
ATROPINE SULFATE OPHTH OINT	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
HOMATROPINE OPHTH SOLN	-	2
CYCLOGYL OPHTH SOLN	-	3
ATROPINE SUL SOLN 1% OPHTH	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	NC
VUITY OPHTH SOLN	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2%	-	1
APRACLONIDINE OPHTH SOLN	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	2
IOPIDINE OPHTH SOLN	-	2
SIMBRINZA OPHTH SUSP	-	2
ALPHAGAN P OPHTH SOLN 0.15%	-	NC
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	NC
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
LEVOFLOXACIN OPHTH SOLN 0.5%	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2

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OPHTHALMIC AGENTS Cont.		
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2
TRIFLURIDINE OPHTH SOLN	-	2
ZIRGAN OPHTH GEL	-	2
CILOXAN OPHTH OINT	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
TOBREX OPHTH OINT	-	3
BESIVANCE OPHTH SUSP	-	NC
ERYTHROMYCIN OPHTH OINT	-	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
XDEMVIY DROP	-	NC
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (Restricted to Ophthalmology or Optometry Specialist)	RS	2
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
IHEEZO GEL	-	NC
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1
PREDNISOLONE OPHTH SUSP	-	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2

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OPHTHALMIC AGENTS Cont.		
DEXAMETHASONE OPHTH SOLN	-	2
difluprednate ophth emulsion (DUREZOL equiv)	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	2
loteprednol ophth susp (LOTEMAX equiv)	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX ST OPHTH SUSP	-	3
DEXTENZA OPHTH INSERT	-	NC
DUREZOL OPHTH EMULSION	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX OPHTH SUSP	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC
OPHTHALMICS - MISC.		
cromolyn ophth soln (CROLOM equiv)	-	1
CROMOLYN SODIUM OPHTH SOLN	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv) (QL= 10ml/30 days)	OTC-QL	1
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 5ml/30 days)	QL	1
ALOCRIAL OPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2
brinzolamide ophth susp (AZOPT equiv)	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2

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Last Updated* 1/1/2024

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OPHTHALMIC AGENTS Cont.		
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2
FLURBIPROFEN OPHTH SOLN	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	2
PROLENSA OPHTH SOLN	-	2
ACUVAIL OPHTH SOLN	-	3
azelastine ophth soln (OPTIVAR equiv)	-	3
bepotastine ophth soln (BEPREVE equiv)	-	3
EMADINE OPHTH SOLN	-	3
epinastine ophth soln (ELESTAT equiv)	-	3
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
UPNEEQ SOLN	-	EXC
AZOPT OPHTH SUSP	-	NC
BEPREVE OPHTH SOLN	-	NC
BROMSITE OPHTH SOLN	-	NC
CYSTADROPS SOLN	-	NC
CYSTARAN OPHTH SOLN	-	NC
MIEBO OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
ZERVIATE OPHTH 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
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	2
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2
IYUZEH OPHTH DROPS	-	NC
TRAVATAN Z DROPS	-	NC
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1

OTIC ANTI-INFECTIVES

ofloxacin otic soln (FLOXIN equiv)	-	1
CIPROFLOXACIN OTIC SOLN	-	2

OTIC COMBINATIONS

antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	2

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OTIC AGENTS Cont.		
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	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
OTIC STEROIDS		
ACETASOL HC OTIC SOLN	-	1
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
MPM PAK	-	NC
OXYTOCICS		
methylegonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
oxytocin inj	-	3
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	-	NC
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	-	NC
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	-	NC
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	-	M
CUTAQUIG INJ	-	NC
HIZENTRA INJ	-	NC
XEMBIFY INJ	-	NC
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ	VAC	EXC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (AMPICILLIN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
PENICILLIN VK SOLN	-	1
penicillin vk tab (VEETIDS equiv)	-	1

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PENICILLINS Cont.		
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3
AUGMENTIN SUSP	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
TRICHOSOL SOLN	-	NC
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
progesterone oil inj	-	1
megestrol ES susp (MEGACE ES equiv)	-	3
MEGACE ES SUSP	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	4
ANTABUSE TAB	-	NC
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	4
XYREM SOLN	-	NC
XYWAV SOLN	-	NC
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine sol (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
rivastigmine patch (EXELON equiv)	-	2

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
ADLARITY PATCH	-	NC
NAMENDA TAB	-	NC
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	PA	2
SAVELLA TAB (QL= 2 tabs/day)	PA-QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	PA	3
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
AUSTEDO XR TAB (QL= 2 tabs/day)	MSP-PA-QL	4
AUSTEDO XR TAB 6MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	MSP-PA-QL	4
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
tetrabenazine tab (XENAZINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
AUSTEDO TITRATION PACK	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	1
dimethyl fumarate DR cap (TECFIDERA equiv)	-	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	-	1
ingolimod hcl cap 0.5mg (GILENYA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
glatiramer inj (COPAXONE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
teriflunomide tab (AUBAGIO TAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
AVONEX INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
EXTAVIA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
GILENYA CAP 0.25MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
KESIMPTA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
MAVENCLAD PAK (Only available through Walgreens 888-347-3416)	LD	4
MAYZENT TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4

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Last Updated* 1/1/2024

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
MAYZENT TAB STARTER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PLEGRIDY INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PLEGRIDY PEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
REBIF INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ZEPOSIA CAP (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ZEPOSIA STARTER PACK (QL= 1 cap/day)	MSP-PA-QL	4
AMPYRA TAB	-	NC
AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC
BETASERON INJ	-	NC
COPAXONE INJ	-	NC
GILENYA CAP 0.5MG	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
TYSABRI INJ	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
LYRICA CR TAB	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine cap (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP (QL= 2 caps/day)	MSP-PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	3
ORAP TAB	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
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

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0
NICOTROL INHALER	SMKG	\$0
NICOTROL NASAL SPRAY	SMKG	\$0
VARENICLINE TAB	SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv)	SMKG	\$0
varenicline tartrate tab starter pack (VARENICLINE PAK equiv)	SMKG	\$0
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ	-	NC
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
PULMOZYME INH SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
BRONCHITOL CAP	-	NC
PULMONARY FIBROSIS AGENTS		
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LMSP-PA-QL-SF	4
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	4
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	4
ESBRIET CAP	-	NC
ESBRIET TAB 267MG	-	NC
ESBRIET TAB 801MG	-	NC
PIRFENIDONE TAB	-	NC
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	3
SULFADIAZINE TAB	-	NC
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1

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TETRACYCLINES Cont.		
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
DORYX TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	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
SOLODYN TAB	-	NC

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
SODIUM IODIDE I-131 SOLN	-	NC

THYROID HORMONES

ARMOUR THYROID TAB, NATURE THROID TAB	-	1
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
THYROLAR TAB	-	2
SYNTHROID TAB	-	3
LEVOTHYROXINE INJ	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC

TOXOIDS

TOXOID COMBINATIONS

DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	\$0
KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE	VAC	\$0
PENTACEL INJ	VAC	\$0

ULCER DRUGS

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
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ULCER DRUGS Cont.

ANTISPASMODICS

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 ELIXIR	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
LEVSIN INJ	-	NC
LIBRAX CAP	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC

H-2 ANTAGONISTS

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
PEPCID SUSP	-	NC
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC
ZANTAC CAP	-	NC
ZANTAC EFFER TAB	-	NC
ZANTAC SYRUP	-	NC
ZANTAC TAB	-	NC

MISC. ANTI-ULCER

sucralfate tab (CARAFATE equiv)	-	1
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PROTON PUMP INHIBITORS

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

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
LANSOPRAZOLE SUSP	-	3
ACIPHEX SPRINKLE CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PREVACID OTC CAP	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	OTC	NC
PRILOSEC POWDER PACKET	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
HELIDAC PACK	-	NC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
glycopyrrolate oral soln (CUVPOSA equiv)	-	3
CUVPOSA SOLN	-	NC
DARTISLA ODT TAB	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
H-2 ANTAGONISTS		
CIMETIDINE SOLN	-	1
NIZATIDINE CAP	-	1
NIZATIDINE SOLN	-	NC
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	2
CARAFATE SUSP	-	NC
PROTON PUMP INHIBITORS		
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
FIRST PANTOPRAZOLE SUSP	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
NEXIUM 24HR TAB	OTC	NC
NEXIUM GRANULE PACK	-	NC
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC
PREVACID SOLUTAB	-	NC
PRILOSEC OTC DR TAB	OTC	NC
VOQUEZNA TAB	-	NC

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
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Last Updated* 1/1/2024

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
KONVOMEK SUSP	-	NC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC
PYLERA CAP	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
PROSED DS TAB	-	NC
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
tropium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day)	QL	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
OXYTROL PATCH (OTC)	OTC	1
solifenacin tab (VESICARE equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
tropium tab (SANCTURA equiv) (QL= 2 tabs/day)	QL	1
darifenacin SR tab (ENABLEX equiv)	-	2
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 TAB	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
VESICARE TAB	-	NC
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	PA	3

VACCINES

BACTERIAL VACCINES

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**MercyCare Select 4-Tier Qualified Health Plan Formulary
Category/Class**

Last Updated* 1/1/2024

DrugName	Special Code	Tier
VACCINES Cont.		
ACTHIB INJ, HIBERIX INJ	VAC	\$0
MENVEO INJ	VAC	\$0
PEDVAXHIB INJ	VAC	\$0
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0
VAXNEUVANCE INJ	VAC	\$0
BCG INJ	VAC	EXC
VIRAL VACCINES		
ABRYSVO INJ	VAC	\$0
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AREXVY INJ	VAC	\$0
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	\$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	\$0
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	\$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	\$0
DENGVAIXA SUSP	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	\$0
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/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
IPOL INJ	VAC	\$0
PREHEVBRIO SUSP	VAC	\$0
PRIORIX INJ	VAC	\$0
ROTARIX SUSP	VAC	\$0
ROTATEQ INJ	VAC	\$0
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	\$0
IMOVAX INJ	VAC	EXC
RABAVERT INJ	VAC	EXC

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

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VAGINAL AND RELATED PRODUCTS Cont.		
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	2
XACIATO GEL (QL= 1 applicator/fill)	QL	2
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 1 box/fill)	QL	\$0
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
CONCEPTROL GEL	OTC	NC
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	1
metronidazole vaginal gel (METROGEL equiv)	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3
GYNAZOLE CREAM	-	3
MICONAZOLE 3 SUPP 200MG	-	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
FEMRING (3 copays per Rx)	-	3
ESTRACE VAGINAL CREAM	-	NC
IMVEXXY SUPP	-	NC
VAGIFEM TAB	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	1
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	1
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
SYMJEPI INJ (QL= 2 inj/fill)	QL	1
EPIPEN (JR) INJ (QL= 2 inj/fill)	QL	2
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC

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DrugName	Special Code	Tier
VASOPRESSORS Cont.		
AUVI-Q INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit	OTC	\$0
vitamin D cap 400unit	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
vitamin D cap (Rx covered Only)	-	1
cholecalciferol cap 50000 unit	-	NC
ERGOCAL CAP	-	NC
MEPHYTON TAB	-	NC
phytonadione tab (MEPHYTON equiv)	-	NC
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	2
niacin cap	-	NC
niacin CR tab (SLO-NIACIN equiv)	-	NC
niacin tab	-	NC
NIACIN TR TAB	-	NC
niacinamide tab	-	NC
POTABA CAP	-	NC

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABSTRAL SL TAB	3
acitretin cap	4
ACTEMRA ACTPEN INJ	4
ACTEMRA SC INJ	4
ACTHAR GEL INJ	4
ACTIMMUNE INJ	4
acyclovir oint	3
ADALIMUMAB-ADAZ INJ	4
ADALIMUMAB-ADAZ PFS INJ	4
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	4
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	4
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	4
ADBRY INJ	4
ADDYI TAB	3
ADEMPAS TAB	4
AIMOVIG INJ	2
AJOVY INJ	2
albendazole tab	4
ALECENSA CAP	4
ALINIA SUSP	2
ALKINDI SPRINKLE CAP 0.5MG	3
ALKINDI SPRINKLE CAP 1MG	3
almotriptan tab	3
alosetron tab	4
ALUNBRIG TAB 30MG	4
ALUNBRIG TAB 90MG, 180MG	4
ambrisentan tab	4
ANDRODERM PATCH	3
ANZEMET TAB	3
APIDRA INJ	3
APIDRA SOLOSTAR INJ	3
ARANESP INJ	4
arformoterol tartrate neb soln	2
ARIKAYCE SUSP	4
ATORVALIQ SUSP	3
atovaquone susp	4
AUSTEDO TAB	4
AUSTEDO XR TAB	4
AUSTEDO XR TAB 6MG	4
AUSTEDO XR TAB TITRATION KIT	4
AYVAKIT TAB	4
BACLOFEN SUSP	3

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BALVERSA TAB 3MG	4
BALVERSA TAB 4MG	4
BALVERSA TAB 5MG	4
BANZEL SUSP	3
BAXDELA TAB	2
BELSOMRA TAB	3
BENLYSTA AUTO-INJECTOR	4
BENLYSTA INJ	4
bexarotene cap	4
bexarotene gel	4
bivalirudin soln	4
bosentan tab	4
BOSULIF TAB	4
BRAFTOVI CAP 75MG	4
BRUKINSA CAP	4
budesonide ER tab	4
budesonide inh susp	1
budesonide rectal foam	3
BYLVAY CAP 1200MCG	4
BYLVAY CAP 400MCG	4
BYLVAY SPRINKLE CAP 200MCG	4
BYLVAY SPRINKLE CAP 600MCG	4
CABLIVI INJ KIT	4
CABOMETYX TAB	4
calcipotriene cream	2
calcipotriene oint	2
calcipotriene soln	2
calcipotriene/betamethasone dipropionate susp	3
calcipotriene/betamethasone oint	3
CALCITRIOL OINT	4
CALQUENCE CAP	4
CALQUENCE TAB	4
CAMZYOS CAP	4
capecitabine tab	4
CAPRELSA TAB	4
carglumic acid tab	4
CHOLBAM CAP	4
CIBINQO TAB	4
CIMZIA INJ	4
CIMZIA STARTER INJ KIT	4
clindamycin/tretinoin gel	3
clobazam susp	2

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Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
clomipramine cap	3
COMETRIQ KIT	4
CORLANOR TAB	3
COTELLIC TAB	4
CRESEMBA CAP	3
CRINONE GEL	2
CYSTAGON CAP	4
DAYBUE SOLN	4
DAYVIGO TAB	3
deferasirox granules packet	4
deferasirox tab	4
deferasirox tab 180mg	4
deferasirox tab 90mg, 360mg	4
deferiprone tab	4
DIACOMIT CAP	4
DIACOMIT POWDER PACK	4
diclofenac gel	2
DIFICID TAB	4
dihydroergotamine mesylate nasal spray	4
dofetilide cap	2
DOPTELET TAB	4
dronabinol cap	4
DUPIXENT INJ	4
DUPIXENT PEN INJ	4
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	4
EMSAM PATCH	3
enalapril maleate oral soln	3
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL MINI INJ	4
ENBREL SURECLICK INJ 50MG	4
ENDOMETRIN INSERT	2
entecavir tab	4
EPIDIOLEX SOLN	4
EPRONTIA SOLN	3
ERIVEDGE CAP	4
ERLEADA TAB	4
ERLEADA TAB 240MG	4
erlotinib tab	4
everolimus tab	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
everolimus tab for oral susp	4
EXKIVITY CAP	4
EZALLOR SPRINKLE CAP	3
FANAPT TAB	4
FANAPT TITRATION PACK	4
FASENRA PEN INJ	4
fentanyl citrate lollipop	3
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	4
FIASP FLEXTOUCH INJ	3
FIASP INJ	3
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	3
FILSPARI TAB	4
FINTEPLA SOLN	4
FIRDAPSE TAB	4
flavoxate tab	3
FLOLIPID SUSP	3
flucytosine cap	4
FLUORAC CREAM	3
formoterol fumarate neb soln	3
FRAGMIN INJ	4
frovatriptan tab	3
GAVRETO CAP	4
gefitinib tab	4
GENOTROPIN INJ	4
GILOTRIF TAB	4
GRASTEK SL TAB	2
GUANIDINE TAB	3
HADLIMA INJ	4
HADLIMA INJ 40MG/0.8ML	4
HADLIMA PUSH INJ	4
HADLIMA PUSH INJ 40MG/0.8ML	4
HEMLIBRA INJ	4
HUMIRA INJ 10MG	4
HUMIRA INJ 20MG	4
HUMIRA INJ 40MG	4
HUMIRA INJ 80MG	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4
HUMIRA INJ PEDIATRIC UC STARTER PACK	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	4
HUMIRA PEN INJ 40MG	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
HUMULIN R INJ U-500	4
HUMULIN R U-500 KWIKPEN INJ	4
HYCAMTIN CAP	4
HYFTOR GEL	4
icatibant inj	1
ICLUSIG TAB	4
IDHIFA TAB	4
IMBRUVICA CAP 140MG	4
IMBRUVICA CAP 70MG	4
IMBRUVICA SUSP	4
IMBRUVICA TAB 420MG, 560MG	4
INCRELEX INJ	4
INGREZZA CAP	4
INGREZZA PACK 40-80MG	4
INLYTA TAB	4
INQOVI TAB	4
INSULIN ASPART FLEXPEN INJ	3
INSULIN ASPART INJ	3
INSULIN ASPART MIX FLEXPEN INJ	3
INSULIN ASPART MIX INJ	3
INSULIN ASPART PENFILL INJ	3
INTRON-A INJ	4
ISTURISA TAB 10MG	4
ISTURISA TAB 1MG	4
ISTURISA TAB 5MG	4
itraconazole soln	3
ivermectin tab	2
JAKAFI TAB	4
JAYPIRCA TAB	4
JOENJA TAB	4
JYNARQUE PAK	4
KALYDECO PAK	4
KALYDECO TAB	4
KERENDIA TAB	3
KEVZARA INJ	4
KINERET INJ	4
KISQALI PAK	4
KISQALI TAB	4
KITABIS PAK NEB SOLN	4
KORLYM TAB	4
KOSELUGO CAP	4
KOSELUGO CAP 10MG	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
KRAZATI TAB	4
KYNMOBI FILM	4
KYNMOBI TITRATION KIT	4
lacosamide oral solution	4
lapatinib ditosylate tab	4
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	3
LENVIMA CAP	4
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	1
LINZESS CAP	3
LIVMARLI SOLN	4
LIVTENCITY TAB	4
LOKELMA PAK	3
LONSURF TAB	4
LUCEMYRA TAB	4
LUMAKRAS TAB	4
LUMAKRAS TAB 320MG	4
LUMRYZ PACK	4
LYNPARZA TAB	4
LYSODREN TAB	4
LYTGOBI THERAPY PACK	4
LYVISPAH GRANULE PACKET	3
MAVYRET PAK	4
MAVYRET TAB	4
MEKINIST SOLN	4
MEKINIST TAB 0.5MG	4
MEKINIST TAB 2MG	4
MEKTOVI TAB	4
MESNEX TAB	4
methoxsalen cap	4
methyltestosterone cap	3
miglustat cap	4
MOTOFEN TAB	3
MOVANTIK TAB	4
MYFEMBREE TAB	2
NATPARA INJ	4
NERLYNX TAB	4
NEUPRO PATCH	4
NEXLETOL TAB	2
NEXLIZET TAB	2
NINLARO CAP	4
nitazoxanide tab	2

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
NORLIQVA ORAL SOLN	3
NOVOLIN 70/30 FLEXPEN INJ	3
NOVOLIN 70/30 FLEXPEN RELION INJ	3
NOVOLIN 70/30 INJ	3
NOVOLIN 70/30 RELION INJ	3
NOVOLIN N FLEXPEN INJ	3
NOVOLIN N INJ	3
NOVOLIN R FLEXPEN INJ	3
NOVOLIN R INJ	3
NOVOLIN R RELION INJ	3
NOVOLOG FLEXPEN INJ	3
NOVOLOG INJ	3
NOVOLOG MIX FLEXPEN INJ	3
NOVOLOG MIX INJ	3
NOVOLOG PENFILL INJ	3
NUBEQA TAB	4
NUCALA INJ	4
NUEDEXTA CAP	2
OCALIVA TAB	4
octreotide inj	4
OCTREOTIDE INJ 100MCG	4
ODACTRA SL TAB	3
ODOMZO CAP	4
OFEV CAP	4
OLUMIANT TAB	3
OMNITROPE INJ	4
OPSUMIT TAB	4
OPZELURA CREAM	3
ORALAIR SL TAB	2
ORENCIA CLICK INJ	4
ORENCIA SC INJ 125MG/ML	4
ORENCIA SC INJ 50MG/0.4ML	4
ORENCIA SC INJ 87.5MG/0.7ML	4
ORIAHNN CAP	2
ORLISSA TAB 150MG	2
ORLISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	4
ORKAMBI TAB	4
ORSERDU TAB	4
ORSERDU TAB 345MG	4
OSPHENA TAB	3
OTEZLA STARTER PACK	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
OTEZLA TAB	4
OXANDROLONE TAB	3
OXBRYTA TAB	4
OXBRYTA TAB FOR ORAL SUSP	4
OZOBAX SOLN, BACLOFEN SOLN	3
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	4
pazopanib tab	4
PEMAZYRE TAB	4
penciclovir cream	4
phenoxybenzamine cap	4
PICATO GEL	4
PIQRAY TAB	4
pirfenidone cap	4
pirfenidone tab 267mg	4
pirfenidone tab 801mg	4
POMALYST CAP	4
PREVYMIS TAB	4
PROGESTERONE SUPP	3
PROMACTA POWDER	4
PROMACTA TAB	4
PULMOZYME INH SOLN	4
PURIXAN SUSP	3
pyrimethamine tab	4
PYRUKYND TAB	4
PYRUKYND TAPER PACK	4
QBRELIS SOLN	3
QINLOCK TAB	4
RADICAVA ORS STARTER KIT	4
RADICAVA ORS SUSP	4
RAGWITEK SL TAB	2
REGRANEX GEL	2
RELYVRIO PAK	4
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RETEVMO CAP	4
REXULTI TAB	4
REYVOW TAB	4
REZLIDHIA CAP	4
REZUROCK TAB	4
RIFATER TAB	3
RINVOQ ER TAB	4
ROZLYTREK CAP	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
RUBRACA TAB	4
rufinamide susp	2
rufinamide tab	4
RYDAPT CAP	4
SANCUSO PATCH	3
sapropterin dihydrochloride powder packet	1
sapropterin dihydrochloride soluble tab	1
SAVELLA PAK	2
SAVELLA TAB	2
SIGNIFOR INJ	4
sildenafil susp	2
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	4
SIMPONI INJ 100MG	4
SIRTURO TAB	4
SKYCLARYS CAP	4
SKYRIZI INJ 150MG/ML	4
SKYRIZI INJ 180 MG/1.2ML	4
SKYRIZI INJ 360MG/2.4ML	4
SKYRIZI INJ 75MG/0.83ML	4
SODIUM OXYBATE SOLN	4
SOFOSBUVIR/VELPATASVIR TAB	4
SOGROYA INJ	4
SOMAVERT INJ	4
sorafenib tosylate tab	4
SOVALDI PELLETT PAK	4
SOVALDI TAB	4
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	3
SPRYCEL TAB	4
STELARA INJ	4
STIVARGA TAB	4
sunitinib malate cap	4
SUNOSI TAB	2
SYMDEKO TAB	4
SYMLINPEN INJ	3
SYNAREL NASAL SOLN	4
TABRECTA TAB	4
tadalafil tab (PAH)	4
tadalafil tab 2.5mg, 5mg	3
TADLIQ SUSP	4
TAFINLAR CAP	4
TAFINLAR TAB	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
tafluprost preservative free (pf) ophth soln	2
TAGRISSO TAB	4
TAKHZYRO INJ	4
TAKHZYRO INJ 150MG/ML	4
TALTZ INJ	4
TASIGNA CAP	4
TAVALISSE TAB	4
TAVNEOS CAP	4
tazarotene cream 0.1%	2
tazarotene gel	3
TAZORAC CREAM 0.05%	3
TAZVERIK TAB	4
temozolomide cap	4
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	4
TEZSPIRE INJ	4
THALOMID CAP	4
TIBSOVO TAB	4
tiopronin tab	4
tolcapone tab	4
TOLVAPTAN TAB	4
TRACLEER TAB 32MG	4
tranexamic acid tab	2
TREMFYA INJ	4
treprostinil inj 10mg/ml	4
treprostinil inj 1mg/ml	4
treprostinil inj 2.5mg/ml	4
treprostinil inj 5mg/ml	4
tretinoin cap	4
tretinoin cream	2
tretinoin gel	2
tretinoin gel 0.05%	3
TRETIN-X CREAM	3
TRIKAFTA TAB	4
TRIKAFTA THERAPY PACK	4
TRINTELLIX TAB	3
TRULANCE TAB	3
TUKYSA TAB	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
TYVASO DPI POWDER	4
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	4
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	4
TYVASO DPI POWDER TITRATION KIT 16-32MCG	4
TYVASO INH SOLN	4
UBRELVY TAB	2
UPTRAVI TAB	4
VALCHLOR GEL	4
valganciclovir soln	4
valganciclovir tab	4
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VENTAVIS INH SOLN	4
VEOZAH TAB	3
VERQUVO TAB	2
VERZENIO TAB	4
vigabatrin powder pack	4
vigabatrin tab	4
vigadrone powder pack	4
VIIBRYD STARTER KIT	3
VIJOICE TAB	4
VIJOICE TAB 250MG	4
vilazodone hcl tab	2
VONJO CAP	4
VOSEVI TAB	4
VOWST CAP	4
VOXZOGO INJ	4
VYNDAMAX CAP	4
VYNDAQEL CAP	4
WAKIX TAB	4
WELIREG TAB	4
XADAGO TAB	4
XALKORI CAP	4
XCOPRI PAK 100-150MG	4
XCOPRI PAK 150-200MG	4
XCOPRI PAK 50-200MG	4
XCOPRI TITRATION PAK 12.5-25MG	4
XCOPRI TITRATION PAK 150-200MG	4
XCOPRI TITRATION PAK 50-100MG	4
XELJANZ SOLN	4
XELJANZ TAB	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 1/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
XELJANZ XR TAB	4
XIFAXAN TAB 200MG	3
XIFAXAN TAB 550MG	4
XOLAIR SYRINGE	4
XOLAIR SYRINGE 150MG/ML	4
ZAVZPRET NASAL SPRAY	2
ZEJULA CAP	4
ZEJULA TAB	4
ZELBORAF TAB	4
ZEPATIER TAB	4
ZEPOSIA CAP	4
ZEPOSIA STARTER PACK	4
ZOLINZA CAP	4
ZONISADE SUSP	3
ZORYVE CREAM	2
ZTALMY SUSP	4
ZYDELIG TAB	4
ZYFLO TAB	4
ZYKADIA CAP	4
ZYKADIA TAB	4

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Last Updated* 1/1/2024
RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

OCALIVA TAB

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Last Updated* 1/1/2024
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 chew tab	cimetidine tab	CLINISTIX TEST STRIP	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%
esomeprazole cap	esomeprazole magnesium DR tab	famotidine tab	FEMALE CONDOMS
folic acid tab 400mcg	folic acid tab 800mcg	GUAIFENESIN/CODEINE SYRUP	HUMULIN MIX INJ
HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ
KETO-DIASTIX TEST STRIP	KETOSTIX	ketotifen ophth soln	LANCET DEVICE
LANCET KIT	LANCETS	lansoprazole cap	levonorgestrel tab
MALE CONDOMS	naloxone hcl nasal spray	NASACORT OTC NASAL SPRAY	nicotine gum
NICOTINE KIT	nicotine lozenge	nicotine patch	NOVOFINE PEN NEEDLE
NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN 70/30 FLEXPEN RELION INJ	NOVOLIN 70/30 INJ	NOVOLIN 70/30 RELION IN.
NOVOLIN N FLEXPEN INJ	NOVOLIN N INJ	NOVOLIN R FLEXPEN INJ	NOVOLIN R INJ
NOVOLIN R RELION INJ	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE	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	selenium sulfide lotion	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 Qualified Health Plan Formulary
Last Updated* 1/1/2024
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 ACTHAR GEL INJ	acitretin cap ACTIMMUNE INJ	ACTEMRA ACTPEN INJ ADALIMUMAB-ADAZ INJ	ACTEMRA SC INJ ADALIMUMAB-ADAZ PFS INJ ADBRY INJ
ADALIMUMAB-FKJP AUTO-INJECTOR KIT ADEMPAS TAB ALUNBRIG TAB 30MG	ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML albendazole tab ALUNBRIG TAB 90MG, 180MG ARANESP INJ	ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML ALECENSA CAP ambrisentan tab	alosectron tab aminocaproic acid tab
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap AURYXIA TAB AUSTEDO XR TAB TITRATION KIT BALVERSA TAB 4MG betaine powder for oral solution bosentan tab budesonide ER tab	AUSTEDO TAB AVONEX INJ BALVERSA TAB 5MG bexarotene cap BOSULIF TAB BYLVAY CAP 1200MCG	ARIKAYCE SUSP AUSTEDO XR TAB AYVAKIT TAB BENLYSTA AUTO-INJECTOI bexarotene gel BRAFTOVI CAP 75MG BYLVAY CAP 400MCG	atovaquone susp AUSTEDO XR TAB 6MG BALVERSA TAB 3MG BENLYSTA INJ bivalirudin soln BRUKINSA CAP BYLVAY SPRINKLE CAP 200MCG CALCITRIOL OINT
BYLVAY SPRINKLE CAP 600MCG CALQUENCE CAP CAPRELSA TAB CIBINQO TAB COMETRIQ KIT cyclosporine cap deferasirox granules packet deferiprone tab dihydroergotamine mesylate nasal spray	CABLIVI INJ KIT CALQUENCE TAB carglumic acid tab CIMZIA INJ COTELLIC TAB CYSTAGON CAP deferasirox tab DIACOMIT CAP DIPENTUM CAP	CABOMETYX TAB CAMZYOS CAP CAYSTON INH SOLN CIMZIA STARTER INJ KIT CREON CAP dalfampridine ER tab deferasirox tab 180mg DIACOMIT POWDER PACK DOPTELET TAB	capecitabine tab CHOLBAM CAP cinacalcet tab cyclophosphamide cap DAYBUE SOLN deferasirox tab 90mg, 360mg DIFICID TAB DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM DUPIXENT INJ ENBREL INJ 25MG ENDARI POWDER PACK
doxepin hcl cream DUPIXENT PEN INJ ENBREL INJ 50MG	D-PENAMINE TAB ELMIRON CAP ENBREL MINI INJ	dronabinol cap EMPAVELI INJ ENBREL SURECLICK INJ 50MG ERIVEDGE CAP	ERLEADA TAB
entecavir tab ERLEADA TAB 240MG	EPIDIOLEX SOLN erlotinib tab		

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erythromycin ethylsuccinate susp	ETOPOSIDE CAP	everolimus tab	everolimus tab for oral susp
EXKIVITY CAP	EXTAVIA INJ	FASENRA PEN INJ	FERRIPROX SOLN
FILSPARI TAB	fingolimod hcl cap 0.5mg	FINTEPLA SOLN	FIRDAPSE TAB
flucytosine cap	fondaparinux inj	FOSRENOL POWDER PACK	FRAGMIN INJ
FULPHILA INJ	FUROSCIX KIT	FUZEON INJ	GAVRETO CAP
gefitinib tab	GENOTROPIN INJ	GILENYA CAP 0.25MG	GILOTRIF TAB
glatiramer inj	GLEOSTINE/LOMUSTINE CAP	HADLIMA INJ	HADLIMA INJ 40MG/0.8ML
HADLIMA PUSH INJ	HADLIMA PUSH INJ 40MG/0.8ML	HEMLIBRA INJ	HUMIRA INJ 10MG
HUMIRA INJ 20MG	HUMIRA INJ 40MG	HUMIRA INJ 80MG	HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	HUMIRA INJ PEDIATRIC UC STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	HUMIRA PEN INJ 40MG
HYCAMTIN CAP	HYFTOR GEL	icatibant inj	ICLUSIG TAB
IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG
IMBRUVICA SUSP	IMBRUVICA TAB 420MG, 560MG	INCRELEX INJ	INGREZZA CAP
INGREZZA PACK 40-80MG	INLYTA TAB	INQOVI TAB	INTRON-A INJ
ISTURISA TAB 10MG	ISTURISA TAB 1MG	ISTURISA TAB 5MG	JAKAFI TAB
JAYPIRCA TAB	JOENJA TAB	JYNARQUE PAK	KALYDECO PAK
KALYDECO TAB	KESIMPTA INJ	KEVZARA INJ	KINERET INJ
KISQALI PAK	KISQALI TAB	KITABIS PAK NEB SOLN	KORLYM TAB
KOSELUGO CAP	KOSELUGO CAP 10MG	KRAZATI TAB	KYNMOBI FILM
KYNMOBI TITRATION KIT	lacosamide oral solution	lanthanum carbonate chew tab	lapatinib ditosylate tab
LEDIPASVIR/SOFOSBUVIR TAB	lenalidomide cap	LENVIMA CAP	linezolid susp
linezolid tab	LIVMARLI SOLN	LIVTENCITY TAB	LONSURF TAB
LUMAKRAS TAB	LUMAKRAS TAB 320MG	LUMRYZ PACK	LYNPARZA TAB
LYSODREN TAB	LYTGOBI THERAPY PACK	MAVENCLAD PAK	MAVYRET PAK
MAVYRET TAB	MAYZENT TAB	MAYZENT TAB STARTER PACK	MEKINIST SOLN
MEKINIST TAB 0.5MG	MEKINIST TAB 2MG	MEKTOVI TAB	mesalamine DR tab
mesalamine ER cap	mesalamine kit	mesalamine supp	MESNEX TAB
methoxsalen cap	miglustat cap	mycophenolate DR tab	mycophenolate mofetil susp
MYLERAN TAB	NATPARA INJ	NERLYNX TAB	NEUPRO PATCH
nilutamide tab	NINLARO CAP	NIVESTYM INJ	NUBEQA TAB
NUCALA INJ	NUDEXTA CAP	NYVEPRIA INJ	OCALIVA TAB
octreotide inj	OCTREOTIDE INJ 100MCG	ODOMZO CAP	OFEV CAP
OLUMIANT TAB	OMNITROPE INJ	OPSUMIT TAB	ORENCIA CLICK INJ
ORENCIA SC INJ 125MG/MI	ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML	ORKAMBI GRANULES PACKET
ORKAMBI TAB	ORSERDU TAB	ORSERDU TAB 345MG	OTEZLA STARTER PACK
OTEZLA TAB	OXBRYTA TAB	OXBRYTA TAB FOR ORAL SUSP	PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP

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pazopanib tab	PEGASYS INJ	PEG-INTRON INJ	PEMAZYRE TAB
penciclovir cream	penicillamine tab	PHEBURANE ORAL PELLETS	phenoxybenzamine cap
PICATO GEL	PIQRAY TAB	pirfenidone cap	pirfenidone tab 267mg
pirfenidone tab 801mg	PLEGRIDY INJ	PLEGRIDY PEN INJ	POMALYST CAP
PREVYMIS TAB	PROMACTA POWDER	PROMACTA TAB	PULMOZYME INH SOLN
pyrimethamine tab	PYRUKYND TAB	PYRUKYND TAPER PACK	QINLOCK TAB
RADICAVA ORS STARTER KIT	RADICAVA ORS SUSP	REBETOL SOLN	REBIF INJ
RELYVRIO PAK	RETEVMO CAP	REVLIMID CAP	REYVOW TAB
REZLIDHIA CAP	REZUROCK TAB	RIBAVIRIN CAP	RIBAVIRIN TAB
RIDAURA CAP	RINVOQ ER TAB	risedronate tab 30mg	ROZLYTREK CAP
RUBRACA TAB	rufinamide tab	RYDAPT CAP	SANDIMMUNE SOLN 100MG/ML
sapropterin dihydrochloride powder packet	sapropterin dihydrochloride soluble tab	SEVELAMER CARBONATE TAB	sevelamer powder pak
sevelamer tab	SIGNIFOR INJ	SIMPONI AUTO-INJECTOR 100MG	SIMPONI INJ 100MG
sirolimus soln	sirolimus tab	SIRTURO TAB	SKYCLARYS CAP
SKYRIZI INJ 150MG/ML	SKYRIZI INJ 180 MG/1.2ML	SKYRIZI INJ 360MG/2.4ML	SKYRIZI INJ 75MG/0.83ML
SODIUM OXYBATE SOLN	SOFOSBUVIR/VELPATASVIR TAB	SOGROYA INJ	SOMAVERT INJ
sorafenib tosylate tab	SOVALDI PELLET PAK	SOVALDI 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	TAFINLAR TAB	TAGRISSO TAB
TAKHZYRO INJ	TAKHZYRO INJ 150MG/ML	TALTZ INJ	TASIGNA CAP
TAVALISSE TAB	TAVNEOS CAP	TAZVERIK TAB	temozolomide cap
teriflunomide tab	TERIPARATIDE INJ 620MCG/2.48ML	tetrabenazine tab	TEZSPIRE INJ
THALOMID CAP	TIBSOVO TAB	tiopronin tab	tobramycin neb soln
tolcapone tab	TOLVAPTAN TAB	TRACLEER TAB 32MG	TREMFYA INJ
treprostinil inj 10mg/ml	treprostinil inj 1mg/ml	treprostinil inj 2.5mg/ml	treprostinil inj 5mg/ml
tretinoin cap	TRIKAFTA TAB	TRIKAFTA THERAPY PACK	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	UPTRAVI TAB	VALCHLOR GEL
valganciclovir soln	valganciclovir tab	vancomycin cap	VELPHORO CHEW TAB
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
VOWST CAP	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	XEPI CREAM	XIFAXAN TAB 550MG	XOLAIR SYRINGE

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XOLAIR SYRINGE
150MG/ML
ZELBORAF TAB
ZOLINZA CAP
ZYKADIA CAP

ZARXIO INJ
ZEPATIER TAB
ZTALMY SUSP
ZYKADIA TAB

ZEJULA CAP
ZEPOSIA CAP
ZYDELIG TAB

ZEJULA TAB
ZEPOSIA STARTER PACK
ZYFLO TAB

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Last Updated* 1/1/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
tavorole soln	QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Smoking Cessation Agents
Last Updated* 1/1/2024

Drug Name	Tier # for Drug Copay
BUPROPION SR TAB	\$0
NICOTINE GUM	\$0
NICOTINE KIT	\$0
NICOTINE LOZENGE	\$0
NICOTINE PATCH	\$0
NICOTROL INHALER	\$0
NICOTROL NASAL SPRAY	\$0
VARENICLINE TAB	\$0
VARENICLINE TARTRATE TAB	\$0
VARENICLINE TARTRATE TAB STARTER PACK	\$0

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Infertility Drug List
Last Updated* 1/1/2024

Drug Name	Tier # for Drug Copay
cetorelix acetate for inj kit	NC
CETROTIDE KIT	NC
CLOMID TAB	NC
CLOMIPHENE TAB	NC
FOLLISTIM AQ INJ	NC
GONAL-F RFF INJ	NC
MENOPUR INJ	NC
OVIDREL INJ	NC
PREGNYL INJ	M

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MercyCare Select 4-Tier Qualified Health Plan Formulary
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ABSTRAL SL TAB	QL= 120 tabs/30 days
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
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ADALIMUMAB-ADAZ PFS INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
AFLURIA INJ	QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIJ INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ALINIA SUSP	QL= 60ml/3 days
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
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
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046

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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
armodafinil tab	QL= 1 tab/day
AUSTEDO TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
AUSTEDO XR TAB	QL= 2 tabs/day
AUSTEDO XR TAB 6MG	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/28 days
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
azelastine nasal spray 0.1%	QL= 2 bottles/fill
azelastine nasal spray 0.15%	QL= 2 bottles/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
BAXDELA TAB	QL= 2 tabs/day
BELSOMRA TAB	QL= 15 tabs/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
bimatoprost ophth soln	QL= 2.5ml/30 days
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
BRUKINSA CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
budesonide ER tab	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
budesonide nasal spray	QL= 2 bottles/fill
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= 60gm/30 days
calcipotriene oint	QL= 60gm/30 days
calcipotriene soln	QL= 60ml/30 days

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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
calcipotriene/betamethasone dipropionate susp	QL= 60ml/30 days
calcipotriene/betamethasone oint	QL= 60gm/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 Biologics 800-850-4306
CAMZYOS CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
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
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
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
clindamycin vaginal cream	QL=1 tube/fill
clindamycin/tretinoin gel	QL= 30g/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
clobetasol E foam	QL= 50gm/fill
clobetasol foam	QL= 50gm/fill
clobetasol lotion	QL= 59ml/fill
clobetasol propionate cream	QL= 45gm/fill
clobetasol propionate emollient cream	QL= 45gm/fill
clobetasol propionate gel	QL= 30gm/fill
clobetasol propionate ointment	QL= 45gm/fill
clobetasol propionate soln	QL= 50ml/fill
clobetasol shampoo	QL= 118ml/fill
clobetasol spray	QL= 59ml/fill
COMIRNATY INJ	QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
COTELLIC TAB	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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

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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
DAYBUE SOLN	QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
DAYVIGO TAB	QL= 1 tab/day
DEPO-PROVERA INJ	QL= 1 inj/90 days
desipramine tab	QL= 2 tabs/day
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/30 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER	QL= 1 receiver/year
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
diazepam rectal gel	QL=2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill
DIFICID TAB	QL= 20 tabs/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	QL= 45gm/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
doxepin hcl cream	QL= 45gm/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
doxepin tab	QL= 1 tab/day
DUPIXENT INJ	QL= 2 inj/28 days
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

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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ELMIRON CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
entecavir tab	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ENTRESTO TAB	QL= 2 tabs/day
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
ERLEADA TAB 240MG	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
febuxostat tab	QL= 1 tab/day
FEMALE CONDOMS	QL= 12 condoms/fill
fenoprofen calcium tab	QL= 4 tabs/day
FENOPROFEN TAB	QL= 4 tabs/day
fentanyl citrate lollipop	QL= 120 lozenges/30 days
fentanyl patch 100mcg	QL= 10 patches/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 Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
FILSPARI TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLUAD INJ	QL= 1 inj/28 days
FLUAD QUAD 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
fluorouracil cream	QL= 40g/fill
FLUOROURACIL SOLN	QL= 10ml/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUZONE HD PF INJ	QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ	QL= 1 inj/28 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
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
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
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
GLUCAGEN INJ	QL= 1 kit/fill
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GOLYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay

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 Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
HADLIMA INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HADLIMA PUSH INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
halobetasol propionate cream	QL= 15gm/fill
halobetasol propionate oint	QL= 15gm/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ 20MG	QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ 40MG	QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ 80MG	QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
HYD POL/CPM SUSP	QL= 120ml/fill; 2 fills/30 days
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/30 days
hydromorphone ER tab	QL= 2 tabs/day
HYFTOR GEL	QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
ibandronate tab 150mg	QL= 1 tab/30 days
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144

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 Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
IDHIFA TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
INGREZZA PACK 40-80MG	QL= 1 pack/28 days; Only available through PantheRx 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
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
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
JAYPIRCA TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
JOENJA TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KADIAN CAP	
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KERENDIA TAB	QL= 1 tab/day
ketorolac tab	QL= 20 tabs/5 days
ketotifen ophth soln	QL= 10ml/30 days
KEVZARA INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
KISQALI TAB	QL= 63 tabs/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

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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KRAZATI TAB	QL= 6 tabs/day; Only available through Biologics 800-850-4306
KYNMOBI FILM	QL= 5 films/day
KYNMOBI TITRATION KIT	QL=1 kit/fill
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
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; Only available through Walgreens 888-347-3416
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 2 patches/day
LINZESS CAP	QL= 1 cap/day
LIVMARLI SOLN	QL= 90ml/30 days; Only available through Eversana 866-849-4481
LIVTENCITY TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMAKRAS TAB	QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG	QL= 3 tabs/day; Only available through Biologics 800-850-4306
LUMIGAN OPTH SOLN	QL= 2.5ml/30 days
LUMRYZ PACK	QL= 1 pack/day; Only available through Accredo 800-803-2523
lurasidone hcl tab	QL= 1 tab/day
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI THERAPY PACK	QL= 5 tabs/day; Only available through Onco360 877-662-6633
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
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
meprobamate tab	QL= 60 tabs/30 days
metaxalone tab	QL= 4 tabs/day
METAXALONE TAB 400MG	QL= 4 tabs/day
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
METIPRANOLOL OPTH SOLN	QL= 2 bottles/fill
mometasone nasal spray	QL= 2 bottles/fill

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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
morphine sulfate ER cap	QL= 2 caps/day
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
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEXLETOL TAB	QL= 1 tab/day
NEXLIZET TAB	QL= 1 tab/day
nitazoxanide tab	QL= 6 tabs/3 days
NON-PREFERRED CGM SENSOR	QL= 3 sensors/30 days
NUBEQA TAB	QL= 4 tabs/day; 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
NUDEXTA CAP	QL= 2 caps/day
NULYTELY SOLN	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
OCALIVA TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
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
OPZELURA CREAM	QL= 12 tubes/year
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

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 Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ORLISSA 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
ORSERDU TAB	QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Onco360 877-662-6633
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
OTEZLA TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
oxaprozin tab	QL= 2 tabs/day
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 Accredo 800-803-2523
oxycodone cap	QL= 8 caps/day
oxycodone conc	QL= 90ml/30 days
oxycodone soln	QL= 100ml/30 days
oxycodone tab 10mg	QL= 8 tabs/day
oxycodone tab 15mg	QL= 8 tabs/day
oxycodone tab 20mg	QL= 8 tabs/day
oxycodone tab 30mg	QL= 8 tabs/day
oxycodone tab 5mg	QL= 8 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 150-100MG	QL= 20 tabs/fill
PAXLOVID TAB 300-100MG	QL= 30 tabs/fill
pazopanib tab	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
peg 3350 soln (100 gram Moviprep equiv)	QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
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
penciclovir cream	QL= 5gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
PHEXXI GEL	QL= 1 box/fill
PICATO GEL	QL= 1 box/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
pimecrolimus cream	QL= 30g/fill; Covered for members 2 years or older
pirfenidone cap	QL= 9 caps/day

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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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
POTIGA TAB 50MG	QL= 9 tabs/day
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS TAB	QL= 1 tab/day; Limit 200 tabs/365 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
RELYVRIO PAK	QL= 2 packets/day; Only available through Accredo 800-803-2523
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETEVMO CAP	QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZLIDHIA CAP	QL= 2 caps/day; Only available through Biologics 800-850-4306
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
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)

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 Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
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
SKYCLARYS CAP	QL= 3 caps/day; Only available through Biologics 800-850-4306
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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 sodium/magnesium/potassium soln	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688 QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SOLQUA INJ	QL= 15ml/25 days
SPIKEVAX INJ	QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML	QL= 1 dose/24 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
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

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 Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Prior Authorization for BPH
TAFINLAR CAP	QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
tafluprost preservative free (pf) ophth soln	QL= 1 vial/day
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
tavorole soln	QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
TAVALISSE TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
tazarotene cream 0.1%	QL= 60gm/30 days
tazarotene gel	QL= 30gm/30 days
TAZORAC CREAM 0.05%	QL= 60gm/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
TEZSPIRE INJ	QL= 1 pen/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
TIBSOVO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
tiotropium bromide cap inhaler	QL= 1 inhaler/30 days
TOLAK CREAM 4%	QL= 40g/fill
tolmetin cap	QL= 3 caps/day
TOLMETIN TAB	QL= 3 tabs/day
tolterodine SR cap	QL= 1 cap/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= 45gm/30 days
TRETIN-X CREAM	QL= 35gm/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 Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
triamcinolone OTC nasal spray	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
TRIKAFTA THERAPY PACK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
TRINTELLIX TAB	QL= 1 tab/day
TRIUMEQ PD TAB	QL= 1 tab/day
TRIUMEQ TAB	QL= 1 tab/day
tropium chloride SR cap	QL= 1 cap/day
tropium 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	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
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
VALCHLOR GEL	QL= 60g/fill; Only available through Optum Pharmacy 877-445-6874
VALTOCO NASAL SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
vancomycin cap	QL= 56 cap/ 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
VASCEPA CAP	QL= 4 caps/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VEOZAH TAB	QL= 1 tab/day
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

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 Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VOSEVI TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VOWST CAP	QL= 12 caps/fill; Only available through Orsini 800-410-8575
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
XACIATO GEL	QL= 1 applicator/fill
XADAGO TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XALKORI CAP	QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI PAK 50-200MG	QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XELJANZ SOLN	QL= 10ml/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XELJANZ TAB	QL= 2 tabs/day
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
ZAVZPRET NASAL SPRAY	QL= 6 units/fill; 60 units/365 days
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118

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MercyCare Select 4-Tier Qualified Health Plan Formulary Cont.
Last Updated* 1/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
ZETONNA NASAL SPRAY	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	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
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZORYVE CREAM	QL= 60 grams/30 days
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
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.