

**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 QHP Formulary**  
**Alphabetical Index**  
**Last Updated 3/1/2023**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
abacavir soln (ZIAGEN equiv)	-	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
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCURETIC TAB	-	NC	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	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
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS

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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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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 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	EXC	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
ACTOPLUS MET XR TAB	-	3	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
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)	PA	3	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.
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, INSULIN LISPRO INJ	PA	3	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	PA	3	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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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	PA	3	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.
AGGRENEX CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL HFA INHALER	QL--	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS

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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 SOLN	-	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 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 (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLOPURINOL TAB	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3	MIGRAINE PRODUCTS
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 (LOTROXEX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	2	OPHTHALMIC AGENTS
ALPHAGAN P OPHTH SOLN 0.15%	-	NC	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANSIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	NC	ANTIANSIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANSIETY AGENTS
ALREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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 DISORDEF 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	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	NC	HEMOSTATICS
AMICAR TAB	-	NC	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	NC	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	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	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	NC	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	NC	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	NC	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv) (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS

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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
AMPICILLIN CAP	-	1	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANADROL TAB	PA	3	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3	ANDROGENS-ANABOLIC
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	ANTIHYPERTENSIVES
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERTENSIVES
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1	OTIC AGENTS
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 (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.

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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
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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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**MercyCare Select 4-Tier QHP Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
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 (QL= 30 units/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUIITY ELLIPTA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv)	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ASMANEX HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX 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 CLASSE

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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)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atorvastatin tab (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	-	NC	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN SUSP	-	3	PENICILLINS
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.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVANDIA TAB	-	2	ANTIDIABETICS
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
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

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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
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 tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	\$0	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	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	ANTICONSULSANTS
BANZEL TAB	-	NC	ANTICONSULSANTS
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
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

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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
BENLYSTA INJ (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
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	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 (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

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BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bexarotene cap (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	MSP-PA	4	DERMATOLOGICALS
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	4	ANTIVIRALS
BILTRICIDE TAB	-	NC	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL--	EXC	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
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 (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	NC	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	2	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONSULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONSULSANTS
BRIVIACT TAB	-	NC	ANTICONSULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	2	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2	OPHTHALMIC AGENTS

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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 Biologics 800-850-4306)	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 SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS
BUDESONIDE/FORMOTEROL INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL 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
bupropion tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
BUTALBITAL/ACETAMINOPHEN CAP	-	NC	ANALGESICS - NONNARCOTIC
bitalbit/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
bitalbit/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
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

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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	VAC Vaccine Program	¢ RxCENTS

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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
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 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.
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 Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.

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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	VAC Vaccine Program	¢ RxCENTS

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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/ANTICHOLINERCS
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
CARDIZEM LA TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
CARETOUCH MIS	OTC	1	MEDICAL DEVICES AND SUPPLIES
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CAROSPIR SUSP	-	NC	DIURETICS
CARTEOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC 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
SMKG	Smoking Cessation	VAC	Vaccine Program	¢	RxCENTS

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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
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	2	ANTICONVULSANTS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN CAP	-	NC	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
cetirizine chew tab (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
cetrotirelix acetate for inj kit (CETROTIDE equiv)	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE INJ KIT	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2	MOUTH/THROAT/DENTAL AGENTS
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS

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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	OTC	1	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 (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 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.
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP 5%	-	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

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citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX REDITAB	-	EXC	ANTIHISTAMINES
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
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	-	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 soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv) (QL= 30g/fill)	PA-QL	3	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL 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
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

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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	VAC	Vaccine Program	¢	RxCENTS

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**MercyCare Select 4-Tier QHP Formulary Cont.**  
**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clorcortolone pivalate cream	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
CLOMID TAB	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE CITRATE POWDER	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 (LOTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COARTEM TAB	-	3	ANTIMALARIALS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLLANEX	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COLYTE SOLN	-	2	LAXATIVES
COMBIGAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	4	ANTIVIRALS
CONCEPT DHA CAP	-	3	MULTIVITAMINS
CONCEPTROL GEL	OTC	NC	VAGINAL PRODUCTS

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**MercyCare Select 4-Tier QHP Formulary Cont.**

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CONDYLOX GEL	-	3	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
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	-	3	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
CORVITE TAB	-	NC	HEMATOPOIETIC AGENTS
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL	\$0	VACCINES
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days)	QL	\$0	VACCINES

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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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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
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR (QL= 1 kit/year)	OTC-QL	\$0	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVPOSA SOLN	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	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
cycloserine cap (CYCLOSERINE equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv)	-	NC	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYMBALTA CAP	-	NC	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTADANE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
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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)	QL-RS	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB	-	NC	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	2	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	M	M	MOUTH/THROAT/DENTAL AGENTS
DECON-A LIQUID	OTC	NC	COUGH/COLD/ALLERGY
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.

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demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DEMEROL TAB	-	NC	ANALGESICS - OPIOID
DEMSEER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENGVAIXIA SUSP	VAC	NC	VACCINES
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPAKENE SYRUP	-	NC	ANTICONVULSANTS
DEPEN TITRATAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
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)	-	2	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.
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 (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	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

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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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**MercyCare Select 4-Tier QHP Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXATLAN CAP	-	NC	MULTIVITAMINS
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
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	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 RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIANSXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIANSXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIANSXIETY 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

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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
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	1	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	NC	ANTIVIRALS
DIETHYLPROPION ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN 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	-	1	CARDIOTONICS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill, 2 fills/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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.

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<b>LMS</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program
<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit
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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	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIIDIARRHEALS
DIPROLENE OINT	-	NC	DERMATOLOGICALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
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
DOPTLET 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 tab (SILENOR equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

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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
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 (QL= 1 inhaler/fill)	QL	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; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
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

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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
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 (SUSTIVA equiv)	-	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

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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
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	EXC	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.
ENVARUSUS 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

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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	VAC Vaccine Program	¢ RxCENTS

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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.
ERGOMAR SL TAB	PA	3	MIGRAINE PRODUCTS
ergotamine tartrate/caffeine 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
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 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

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

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esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv)	-	NC	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
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	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
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

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EVRYSDI SOLN	-	NC	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	3	ANTIHYPERTENSIVES
EXFORGE TAB	-	NC	ANTIHYPERTENSIVES
EXJADE TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
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	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	3	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	2	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	1	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	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 (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4	ANTIASTHMATIC 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	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERLIPIDEMICS

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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
FIRVANQ SOLN	-	2	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	-	NC	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	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

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FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv) (QL= 40g/fill)	QL	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	3	DERMATOLOGICALS
FLUOROURACIL SOLN (QL= 10ml/fill)	QL	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	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	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
FLURBIPROFEN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE/MILANTEROL INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	3	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
fluvoxamine ER cap (LUVOX CR equiv)	-	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUZONE QUADRIVALENT INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES

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LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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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 (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	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
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	-	3	ANTICOAGULANTS
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	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES

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FREESTYLE LIBRE 3 SENSOR	-	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3	MIGRAINE PRODUCTS
FULPHILA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	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
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
gavilyte-h kit	-	3	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
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
GELSYN-3 INJ	-	M	MUSCULOSKELETAL THERAPY AGENTS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERTENSIVES
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS

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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	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gliimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN	-	NC	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ (QL= 1 kit/fill)	QL	2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON INJ KIT	-	NC	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB	-	NC	ANTIDIABETICS

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GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY PACKET	-	1	LAXATIVES
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
GUAIFENESIN 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
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GYNAZOLE CREAM	-	3	VAGINAL PRODUCTS
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALFLYTELY BOWEL PREP KIT	-	3	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI PELLETT PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS

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HELIDAC PACK	-	NC	ULCER DRUGS
HEMADY TAB	-	NC	CORTICOSTEROIDS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	M	M	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 AND TREATMENT AGENTS
HOMATROPINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	PA	3	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	PA	3	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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

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HUMULIN MIX PEN INJ	OTC-PA	3	ANTIDIABETICS
HUMULIN N INJ	OTC-PA	3	ANTIDIABETICS
HUMULIN N PEN INJ	OTC-PA	3	ANTIDIABETICS
HUMULIN R INJ	OTC-PA	3	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
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
HYDROCODONE BITARTRATE ER CAP	-	NC	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 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 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

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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
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	-	NC	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMOVIS INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
hyoscyamine inj (LEVSIN equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYQVIA INJ	-	NC	PASSIVE IMMUNIZING AGENTS
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	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)	M	M	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
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
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

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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
IMCIVREE INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (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
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	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 (NOVOLOG equiv)	-	2	ANTIDIABETICS

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INSULIN ASPART INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
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 OPHTH SUSP	-	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% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN 1%	-	2	OPHTHALMIC AGENTS
IPOL INJ	VAC	EXC	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	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	-	3	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH 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

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ISOSORBIDE MONONITRATE TAB	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
ISOXSUPRINE TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	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 (STROMECTOL equiv)	PA	2	ANTHELMINTICS
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
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JAYPIRCA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB	-	2	ANTIDIABETICS
JENTADUETO XR TAB	-	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	4	ANTIVIRALS
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
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
KALETRA TAB	-	NC	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.

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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 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	EXC	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	EXC	TOXOIDS
KISQALI PAK	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB	MSP-PA	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

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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	VAC	Vaccine Program	¢	RxCENTS

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KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	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	-	NC	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	ANTIHYPERTENSIVES
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	LAXATIVES
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
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

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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
lanthanum carbonate chew tab (FOSRENOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	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
LASTACRAFT 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	4	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	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	ANTIHYPERLIPIDEMICS
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 (QL= 1 inhaler/fill)	PA-QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
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.

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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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SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	1	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	1	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEVSIN INJ	-	NC	ULCER DRUGS
LXETTE FOAM	-	NC	DERMATOLOGICALS
LXIVA SUSP	-	4	ANTIVIRALS
LXIVA TAB	-	NC	ANTIVIRALS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIBRAX CAP	-	NC	ULCER DRUGS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDAMANTLE LOTION	-	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
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
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.

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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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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
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHIUM CARBONATE CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	3	ANTIHYPERTENSIVES
LIVMARLI SOLN	-	NC	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
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 CLASSES
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide 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	ANTI-ANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTI-ANXIETY AGENTS
LORBRENA TAB 100MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTI-ANXIETY 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

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LOTEMAX OPHTH GEL	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH GEL	-	NC	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	ANTIHYPERTENSIVES
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv)	PA	3	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
LUMIFY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUPANETA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPKYNIS CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ	M	M	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	M	M	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
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	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

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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
LYTGOBI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	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.
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)	-	3	DIURETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	4	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
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	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MECLIZINE 50MG TAB	-	NC	ANTIEMETICS
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)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
MEGACE ES SUSP	-	NC	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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

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meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine 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	EXC	VACCINES
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	ANTIANSIETY 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.
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	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv) (QL= 4 tabs/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG (QL= 4 tabs/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS

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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
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
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methyl dopa 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

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methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	PA	3	ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METZOZLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
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
metirosine 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 DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
mifepristone tab (MIFIPREX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIFIPREX TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (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

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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
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP, COLCHICINE CAP	-	NC	GOUT AGENTS
modafinil tab (PROVIGIL equiv)	-	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	ANTI PSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
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	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTI ASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	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.

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MOTOFEN TAB	PA	3	ANTIDIARRHEALS
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
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	NC	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	NC	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	NC	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
multivitamin 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	-	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

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSPLumicera 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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NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	M	M	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	-	\$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.
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	-	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 NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS
NATAZIA TAB	-	\$0	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	2	ANTI-DIABETICS
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/POLYMXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS

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neomycin/polymyxin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/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
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEPHRO-VITE TAB	-	NC	MULTIVITAMINS
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 OPHTH 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	-	NC	ANTIHYPERLIPIDEMICS
NEXLIZET TAB	-	NC	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	M	M	CONTRACEPTIVES
NEXTSTELLIS TAB	-	\$0	CONTRACEPTIVES
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.

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NICOTINE KIT	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	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 (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.

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LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
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NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN (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
NORTRIPTYLINE SOLN	-	2	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	1	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	1	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	1	ANTIDIABETICS
NOVOLIN N INJ	OTC	1	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	1	ANTIDIABETICS
NOVOLIN R INJ	OTC	1	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL PAK	-	3	ANTIFUNGALS
NOXAFIL SUSP	-	3	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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	-	NC	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
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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

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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
OLUMIANT 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
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 STARTER KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONETOUCH DELICA LANCETS	OTC	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
ONETOUCH VERIO IQ METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO REFLECT METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ONEXTON GEL	-	NC	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGENTYS CAP	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS

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<b>NC/3P</b> = Not Covered, Third Party Reviewer		
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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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 ER TAB (CRUSH RESISTANT) (QL= 2 tabs/day)	QL	3	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	3	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
OPZELURA CREAM	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS BIOLOGICALS MISC
ORALAIR SL TAB	PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAP TAB	-	NC	CORTICOSTEROIDS
ORAPRED ODT TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORAVIG TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
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.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2	ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1	ANTIVIRALS

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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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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.
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	ANALGESICS - ANTI-INFLAMMATORY
OZEZLA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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 LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab (OXANDRIN equiv)	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 CVS Specialty 800-237-2767)	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 SOLN	-	NC	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 4 caps/day)	QL	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (QL= 90ml/30 days)	QL	2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL= 100ml/30 days)	QL	2	ANALGESICS - OPIOID
oxycodone tab 10mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 15mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 20mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 30mg (ROXICODONE equiv) (QL= 2 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 5mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID

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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	VAC Vaccine Program	¢ RxCENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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	-	NC	MUSCULOSKELETAL THERAPY AGENTS
OZOBAX SOLN, BACLOFEN SOLN	PA	3	MUSCULOSKELETAL THERAPY AGENTS
PALFORZIA POWDER PACK	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DIGESTIVE AIDS
PANCRELIPASE 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 (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	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
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 (QL= 20 tabs/fill)	QL	\$0	ANTIVIRALS
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0	ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ	VAC	EXC	TOXOIDS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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
RDX Restricted to Diagnosis	RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	EXC	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	3	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
PEG-INTRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
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
peniclovir 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
penicilliamine 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	EXC	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	NC	ULCER DRUGS
PERFOROMIST NEB SOLN	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PERINDOPRIL TAB	-	1	ANTI-HYPERTENSIVES
perindopril tab (ACEON equiv)	-	1	ANTI-HYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTI-PSYCHOTICS/ANTI-MANIC 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

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

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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 DISORDEF AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF 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
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.

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<b>NC/3P</b> = 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	VAC Vaccine Program	¢ RxCENTS

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**MercyCare Select 4-Tier QHP Formulary Cont.**

**Alphabetical Index  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
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
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 soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
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 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.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	3	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA 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

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**MercyCare Select 4-Tier QHP Formulary Cont.**

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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	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	3	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	NC	DERMATOLOGICALS
PREDNICARBATE OIN	-	3	DERMATOLOGICALS
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/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

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**MercyCare Select 4-Tier QHP Formulary Cont.**  
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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	EXC	VACCINES
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	3	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	3	MULTIVITAMINS
PRENATAL 19 TAB	-	3	MULTIVITAMINS
PRENATAL VITAMIN (RX ONLY)	-	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
PREPOPIK PAK	PA	3	LAXATIVES
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
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
PREVNAR 20 INJ	VAC	EXC	VACCINES
PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
PREZCOBIX TAB	-	4	ANTIVIRALS
PREZISTA SUSP	-	4	ANTIVIRALS
PREZISTA TAB	-	4	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS
PRILOSEC POWDER PACKET	-	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
PRIMAQUINE TAB	-	NC	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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
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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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
PRIORIX INJ	VAC	EXC	VACCINES
PRISTIQ TAB	-	NC	ANTIDEPRESSANTS
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
PROCAINAMIDE INJ	M	M	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIEMETICS/ANTIMIGRAINE AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIEMETICS/ANTIMIGRAINE 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 CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROLIA INJ	M	M	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 (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	2	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	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

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

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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	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	NC	ULCER DRUGS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmime soln (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	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	ANTIIDIABETICS
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/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS

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**MercyCare Select 4-Tier QHP Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
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.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF 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 CLASSE
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
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAX TAB	-	NC	MIGRAINE PRODUCTS

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RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELYVRIO PAK	-	NC	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 (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	NC	MULTIVITAMINS
RENFLEXIS INJ	M	M	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA PAK	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENVELA 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 MULTIDOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2	OPHTHALMIC AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	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; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-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	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS

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RIABNI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RIBAPAK TAB	-	NC	ANTIVIRALS
ribavirin cap (REBETOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC	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
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	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv)	-	\$0	ANTHYPERLIPIDEMICS

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ROSZET TAB	-	NC	ANTHYPERLIPIDEMICS
ROTARIX SUSP	VAC	EXC	VACCINES
ROTATEQ INJ	VAC	EXC	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
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
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
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
salicyclic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
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

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sapropterin dihydrochloride powder packet (KUVAN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	-	4	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.
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ASTHMA 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 (QL= 1 inhaler/fill)	QL	2	ASTHMA 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.

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sevelamer hydrochloride tab (RENAGEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA 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
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	ANTIHYPERTENSIVES
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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 SUSP	-	NC	ANTIHYPERTENSIVES
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERTENSIVES
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERTENSIVES
SINUVA NASAL IMPLANT	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	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
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.

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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	VAC Vaccine Program	¢ RxCENTS

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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
sodium chloride 0.9% irr soln	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
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 PLUS equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	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

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SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP BOWEL PREP PACK equiv)	-	3	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	2	ANTIDIABETICS
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
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.
SOMNOTE CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	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 PELLETT PAK	MSP-PA	4	ANTIVIRALS
SOVALDI TAB	MSP-PA	4	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	-	NC	ANTIFUNGALS
SPRAVATO NASAL SOLN	-	NC	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	1	MISCELLANEOUS THERAPEUTIC CLASSES

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SSKI ORAL SOLN	-	NC	COUGH/COLD/ALLERGY
STALEVO TAB	-	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
STAMARIL INJ	-	NC	VACCINES
STAVUDINE CAP	-	1	ANTIVIRALS
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 (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMECTOL TAB	-	NC	ANTHELMINTICS
SUBLOCADE INJ	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	3	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	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
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS

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SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN PAD	-	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	-	3	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	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	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
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 (QL= 1 patch/fill)	QL	3	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

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SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYNVISC INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYNVISC ONE INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SYPRINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
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
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/ANTICHOLINEFCS
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

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TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv)	-	NC	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	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 (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
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

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terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERIPARATIDE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 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	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	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 (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
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
TICOVAC INJ	VAC	EXC	VACCINES
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS

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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)	-	3	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	MSP-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL	-	NC	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	-	NC	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	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) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS
TOPICORT OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONVULSANTS
topiramate er cap (TROKENDI XR CAP equiv)	-	NC	ANTICONVULSANTS

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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)	M	M	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
TRECTOR TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TRELSTAR INJ	INF	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
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

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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 acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
TRIAMINIC SYRUP	OTC	NC	COUGH/COLD/ALLERGY
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL 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.
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILEPTAL SUSP	-	3	ANTICONVULSANTS
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
TRILURON INJ	-	NC	MUSCULOSKELETAL THERAPY AGENTS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.

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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	ANTI-DIABETICS
TRUXIMA INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUDORZA PRESSAIR INHALER	-	NC	ANTI-ASTHMATIC 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
TUSNEL SYRUP	-	3	COUGH/COLD/ALLERGY
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	ANTI-HYPERTENSIVES
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.
TYRVAYA SOLN	-	NC	OPHTHALMIC AGENTS
TYVASO DPI POWDER (Only available through Accredo 800-803-2523; QL= 4 cartridges/day)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (Only available through Accredo 800-803-2523; QL= 224 cartridges/28 days)	LD-PA-QL	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.

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

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**MercyCare Select 4-Tier QHP Formulary Cont.**  
**Alphabetical Index**  
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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 (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANORECTAL AGENTS
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
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

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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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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 SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
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 PAK	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARENICLINE TAB	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv)	SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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
vasolex 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	EXC	VACCINES
V-C FORTE CAP	-	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.
VELTASSA POWDER	PA	2	ASSORTED CLASSES
VEMLIDY TAB	-	4	ANTIVIRALS
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 (QL= 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAPAMIL ER CAP 100MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	NC	CALCIUM CHANNEL BLOCKERS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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
RDX Restricted to Diagnosis	RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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**MercyCare Select 4-Tier QHP Formulary Cont.**

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VERAPAMIL ER CAP 300MG	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN PM ER CAP 100MG, 300MG	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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
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

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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	VAC Vaccine Program	¢ RxCENTS

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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
VIVOTIF CAP	VAC	EXC	VACCINES
VIZIMPRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	NC	ANTIVIRALS
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	OTC	NC	DERMATOLOGICALS
VONJO CAP (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 TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
voriconazole susp (VFEND equiv)	-	3	ANTIFUNGALS
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 (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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.

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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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VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB	-	NC	ANTIHYPERTENSIVES
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERTENSIVES
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYVANSE CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	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	ANTIHYPERTENSIVES
WELCHOL TAB	-	NC	ANTIHYPERTENSIVES
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	-	NC	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO SUSP	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XATMEP SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	MSP-PA-QL	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
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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
XOLEGEL	-	NC	DERMATOLOGICALS
XOSPATA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP	-	NC	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	QL	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES

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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	VAC Vaccine Program	¢ RxCENTS

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**MercyCare Select 4-Tier QHP Formulary Cont.**  
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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.
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZANTAC 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
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	-	NC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	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	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	MSP-PA	4	ANTIVIRALS
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	ANTIHYPERLIPIDEMICS
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

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**MercyCare Select 4-Tier QHP Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZIEXTENZO INJ	MSP	4	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILRETTA INJ (QL= 2 inj/365 days)	MSP-QL	3	CORTICOSTEROIDS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTI-PSYCHOTICS/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
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	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, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL--	NC	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv)	-	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZONISADE SUSP (PA required for members age 9 years or older)	PA	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	4	ANTICONVULSANTS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS

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LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
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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 QHP Formulary Cont.**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
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	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	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 OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
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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DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
methamphetamine tab (DESOXYN equiv)	-	3
ADDERALL XR CAP	-	NC
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP	-	NC
VYVANSE CHEW TAB	-	NC
XELSTRYM PAD	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
<b>ANALEPTICS</b>		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
phentermine cap (ADIPEX equiv)	-	1
phentermine tab (ADIPEX equiv)	-	1
benzphetamine tab	-	NC
DIETHYLPROPION ER TAB	-	NC
diethylpropion tab	-	NC
LOMAIRA TAB	-	NC
PHENDIMETRAZINE ER TAB	-	NC
phendimetrazine tab (BONTRIL PDM equiv)	-	NC
PLENITY CAP	-	NC
<b>ANTI-OBESITY AGENTS</b>		
IMCIVREE INJ	-	NC
WEGOVY INJ	-	NC
WEGOVY INJ 1.7MG/0.75ML	-	NC
WEGOVY INJ 2.4MG/0.75ML	-	NC
XENICAL CAP	-	NC
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA equiv)	-	2

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program
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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
clonidine ER tab (KAPVAY equiv)	-	3
KAPVAY TAB	-	NC
QELBREE ER CAP	-	NC
STRATTERA CAP	-	NC
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
<b>STIMULANTS - MISC.</b>		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv)	-	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
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
ODACTRA SL TAB	PA	3
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - R'S</b>		
RESERVAPAK SYRUP	-	NC
<b>AMEBICIDES</b>		
<b>AMEBICIDES</b>		
SOLOSEC GRANULES PACKET	-	NC
<b>AMINOGLYCOSIDES</b>		

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<b>AMINOGLYCOSIDES Cont.</b>		
<b>AMINOGLYCOSIDES</b>		
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**

<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
OLUMIANT TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
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

<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RHEUMATREX TAB	-	3
REDITREX INJ	-	NC

<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
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

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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
SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
AMJEVITA AUTO-INJECTOR	-	NC
AMJEVITA INJ	-	NC
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ	-	NC
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
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
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
celecoxib cap (CELEBREX equiv)	-	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx 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
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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
TOLMETIN TAB (QL= 3 tabs/day)	QL	3
CELEBREX CAP	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
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
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
ketorolac inj 15mg/ml (TORADOL equiv)	-	NC
ketorolac inj 30mg/ml (TORADOL equiv)	-	NC
ketorolac inj 60mg/2ml (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
mefenamic acid cap (PONSTEL equiv)	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
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
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**MercyCare Select 4-Tier QHP Formulary  
Category/Class**

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
OTEZLA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	-	1
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
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
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
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
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
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
<b>SALICYLATES</b>		
aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2
ASPIRIN EC TAB 325MG	OTC	NC
aspirin tab 325mg	OTC	NC
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
CODEINE SULFATE TAB	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln	-	1

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<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program
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**Last Updated\* 3/1/2023**

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<b>ANALGESICS - OPIOID Cont.</b>		
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv) (QL= 4 caps/day)	QL	1
oxycodone tab 10mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1
oxycodone tab 15mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1
oxycodone tab 20mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1
oxycodone tab 30mg (ROXICODONE equiv) (QL= 2 tabs/day)	QL	1
oxycodone tab 5mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl patch 100mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 12mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 25mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 50mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 75mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2
MORPHINE SULFATE SUPP	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
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 BEAD CAP (QL= 2 caps/day)	QL	3
morphine sulfate ER cap (KADIAN equiv) (QL= 2 caps/day)	QL	3
NUCYNTA TAB (QL= 4 tabs/day)	QL	3
OPANA ER TAB (CRUSH RESISTANT) (QL= 2 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 (LEVORPHANOL equiv)	-	NC

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - OPIOID Cont.</b>		
MEPERIDINE TAB	-	NC
METHADONE SOLN	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE TAB	-	NC
OPANA ER TAB	-	NC
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
<b>OPIOID COMBINATIONS</b>		
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

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SEGLENTIS TAB	-	NC																					
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC																					
VERDROCET TAB 2.5MG-325MG	-	NC																					
XARTEMIS XR TAB	-	NC																					
<b>OPIOID PARTIAL AGONISTS</b>																							
buprenorphine SL tab (SUBUTEX equiv)	-	1																					
buprenorphine/naloxone sl film (SUBOXONE 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																					
BUNAVAIL FILM	-	NC																					
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC																					
BUTRANS PATCH	-	NC																					
SUBLOCADE INJ	-	NC																					
SUBOXONE SL FILM	-	NC																					
<b>ANDROGENS-ANABOLIC</b>																							
<b>ANABOLIC STEROIDS</b>																							
ANADROL TAB	PA	3																					
oxandrolone tab (OXANDRIN equiv)	PA	3																					
<b>ANDROGENS</b>																							
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 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																					
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Last Updated\* 3/1/2023

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANDROGENS-ANABOLIC Cont.</b>		
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
UCERIS RECTAL FOAM (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
<b>RECTAL COMBINATIONS</b>		
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
<b>RECTAL STEROIDS</b>		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC
<b>VASODILATING AGENTS</b>		
RECTIV OINT	-	3
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>RECTAL COMBINATIONS</b>		
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
<b>RECTAL LOCAL ANESTHETICS</b>		
LIDOCAINE SUPP	-	NC
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
BENZNIDAZOLE TAB	PA	2
ivermectin tab (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
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
ranolazine tab (RANEXA equiv)	-	2
ASPRUZYO SPRINKLE GRANULES	-	NC

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<b>ANTIANGINAL AGENTS Cont.</b>		
RANEXA TAB	-	NC
<b>NITRATES</b>		
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
ISOSORBIDE MONONITRATE TAB	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
NITRO-BID OINT	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
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

**ANTIANGIETY AGENTS**

**ANTIANGIETY 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

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PROCAINAMIDE INJ	M	M
QUINIDINE SULFATE TAB	-	NC
<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine hcl cap	-	2
<b>ANTIARRHYTHMICS TYPE I-C</b>		
propafenone tab (RYTHMOL equiv)	-	1
flecainide tab (TAMBOCOR equiv)	-	2
propafenone ER cap (RYTHMOL SR equiv)	-	2
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	PA	2
MULTAQ TAB	-	2
TIKOSYN CAP	-	NC
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA PEN INJ (QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
NUCALA INJ (QL= 1 inj/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
TEZSPIRE INJ	-	NC
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn neb soln (INTAL equiv)	-	NC
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	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
<b>LEUKOTRIENE MODULATORS</b>		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
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
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	QL	2
DALIRESP TAB	-	NC
<b>STEROID INHALANTS</b>		

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER	-	1
ASMANEX INHALER	-	1
budesonide inh susp (PULMICORT equiv) (Covered for members age 8 or younger with Prior Authorization)	PA	1
FLOVENT DISKUS INHALER	-	1
FLOVENT HFA INHALER	-	1
AEROSPAN INH	PA	3
ALVESCO INHALER	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
ARMONAIR RESPICLICK	-	NC
FLUTICASONE HFA INHALER	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
<b>SYMPATHOMIMETICS</b>		
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1
albuterol neb soln	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
ADVAIR DISKUS INHALER (QL= 1 inhaler/fill)	QL	2
ADVAIR HFA INHALER (QL= 1 inhaler/fill)	QL	2
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
arformoterol tartrate neb soln (BROVANA equiv)	PA	2
BREO ELLIPTA INHALER (QL= 1 inhaler/fill)	QL	2
BREZTRI AEROSPHERE INHALER	-	2
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2
DULERA INHALER (QL= 1 inhaler/fill)	QL	2
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2
STIOLTO INHALER	-	2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2
SYMBICORT INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/fill)	QL	2
ARCAPTA NEOHALER (QL= 30 units/fill)	QL	3
formoterol fumarate neb soln (PERFOROMIST equiv)	PA	3
LEVAlBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill)	PA-QL	3
levAlbuterol neb soln (XOPENEX equiv)	-	3
METAPROTERENOL TAB	-	3
AIRDUO POWDER INHALER W/SENSOR	-	NC

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
AIRDUO RESPICLICK	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BROVANA NEB SOLN	-	NC
BUDESONIDE/FORMOTEROL INHALER	-	NC
DUAKLIR INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
FLUTICASONE/VILANTEROL INHALER	-	NC
PERFORMIST NEB SOLN	-	NC
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC
PROAIR RESPICLICK INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
<b>XANTHINES</b>		
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
theophylline tab er (THEOPHYLLINE ER equiv)	-	2
THEO-24 CAP	-	3
AMINOPHYLLINE INJ	M	M
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
warfarin tab (COUMADIN equiv)	-	1
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	2
XARELTO TAB	-	2
SAVAYSA TAB	-	NC
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
enoxaparin inj (LOVENOX equiv)	-	2
FRAGMIN INJ	-	3
fondaparinux inj (ARIXTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
FRAGMIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
heparin porcine inj	M	M
<b>THROMBIN INHIBITORS</b>		
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
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC

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<b>ANTICONVULSANTS Cont.</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2
clonazepam ODT (KLONOPIN equiv)	-	3
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
<b>ANTICONVULSANTS - MISC.</b>		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1
lacosamide 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
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

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
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
NEURONTIN CAP	-	NC
NEURONTIN TAB 600MG	-	NC
NEURONTIN TAB 800MG	-	NC
OXTELLAR XR TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
topiramate er cap (TROKENDI XR CAP equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
<b>CARBAMATES</b>		
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
<b>GABA MODULATORS</b>		

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<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program
<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit
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**MercyCare Select 4-Tier QHP Formulary  
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
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
<b>HYDANTOINS</b>		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 30MG (QL= 3 caps/day)	QL	3
<b>SUCCINIMIDES</b>		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
<b>VALPROIC ACID</b>		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
DEPAKENE SYRUP	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY TAB	-	NC
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion 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
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	PA	3

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDEPRESSANTS Cont.</b>		
NARDIL TAB 15MG	-	3
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO NASAL SOLN	-	NC
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
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
<b>SEROTONIN MODULATORS</b>		
trazodone tab (DESYREL equiv)	-	1
NEFAZODONE TAB (QL= 2 tabs/day)	QL	2
nefazodone tab 50mg, 250mg (QL= 2 tabs/day)	QL	2
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
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
CYMBALTA CAP	-	NC
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC

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DrugName	Special Code	Tier
<b>ANTIDEPRESSANTS Cont.</b>		
PRISTIQ TAB	-	NC
venlafaxine ER tab	-	NC
VENLAFAXINE TAB	-	NC
<b>TRICYCLIC AGENTS</b>		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
desipramine tab (NORPRAMIN equiv) (QL= 2 tabs/day)	QL	2
NORTRIPTYLINE SOLN	-	2
clomipramine cap (ANAFRANIL equiv)	PA	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (MIGLITOL equiv)	-	3
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	PA	3
<b>ANTIDIABETIC COMBINATIONS</b>		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
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 XR TAB	-	3
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

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<b>ANTIDIABETICS Cont.</b>		
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
<b>BIGUANIDES</b>		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
metformin soln (RIOMET equiv)	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
METFORMIN TAB	-	NC
RIOMET ER SUSP	-	NC
RIOMET SOLN	-	NC
<b>DIABETIC OTHER</b>		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 2 inj/fill)	QL	2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2
diazoxide susp (PROGLYCEM equiv)	-	3
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
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB (QL= 1 tab/day)	QL	2
TRADJENTA TAB	-	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	3
<b>INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2

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BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
ADLYXIN INJ	-	NC
MOUNJARO INJ	-	NC
TANZEUM INJ	-	NC
<b>INSULIN</b>		
NOVOLIN 70/30 FLEXPEN INJ	OTC	1
NOVOLIN 70/30 INJ	OTC	1
NOVOLIN N FLEXPEN INJ	OTC	1
NOVOLIN N INJ	OTC	1
NOVOLIN R FLEXPEN INJ	OTC	1
NOVOLIN R INJ	OTC	1
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ	-	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
ADMELOG INJ, INSULIN LISPRO INJ	PA	3
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	PA	3
APIDRA INJ	PA	3
APIDRA SOLOSTAR INJ	PA	3
HUMALOG MIX INJ	PA	3
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	PA	3
HUMULIN MIX INJ	OTC-PA	3
HUMULIN MIX PEN INJ	OTC-PA	3
HUMULIN N INJ	OTC-PA	3

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HUMULIN N PEN INJ	OTC-PA	3
HUMULIN R INJ	OTC-PA	3
HUMULIN R INJ U-500	PA	4
HUMULIN R U-500 KWIKPEN INJ	PA	4
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC INJ	-	NC
HUMALOG INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
<b>MEGLITINIDE ANALOGUES</b>		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
<b>SULFONYLUREAS</b>		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide soln (LOPERAMIDE equiv)	OTC	NC
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB	-	NC
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC

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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	VAC Vaccine Program	¢ RxCENTS

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIARRHEALS Cont.</b>		
<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
MOTOFEN TAB	PA	3
opium tincture	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC

**ANTIDOTES**

<b>ANTIDOTES</b>		
VISTOGARD PAK	-	NC
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
<b>OPIOID ANTAGONISTS</b>		

naloxone inj	-	\$0
naltrexone tab (REVIA equiv)	-	1
VIVITROL INJ	M	M
EVZIO INJ	-	NC

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

<b>ANTIDOTES - CHELATING AGENTS</b>		
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

<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
CETYLEV TAB	-	NC
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO NASAL SPRAY	-	\$0
naloxone hcl nasal spray (NARCAN equiv)	-	\$0
naloxone prefilled inj	-	\$0
ZIMHI SOLN	-	2
EVZIO INJ	-	NC
NARCAN NASAL SPRAY	-	NC

**ANTIEMETICS**

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<b>ANTIEMETICS Cont.</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
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
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
meclizine tab (ANTIVERT equiv)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	2
MECLIZINE 50MG TAB	-	NC
meclizine chew tab (BONINE equiv)	-	NC
TRANSDERM-SCOP PATCH	-	NC
<b>ANTIEMETICS - MISCELLANEOUS</b>		
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
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
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
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</b>		
BREXAFEMME TAB	-	NC
<b>ANTIFUNGALS</b>		
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
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		

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<b>ANTIFUNGALS Cont.</b>		
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
NOXAFIL SUSP	-	3
posaconazole DR tab (NOXAFIL equiv)	-	3
voriconazole susp (VFEND equiv)	-	3
voriconazole tab (VFEND equiv)	MSP	4
NOXAFIL TAB	-	NC
SPORANOX SOLN	-	NC
TOLSURA CAP	-	NC
VIVJOA CAP	-	NC

**ANTIHISTAMINES**

**ANTIHISTAMINES - ALKYLAMINES**

DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
RYCLORA 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
levocetirizine soln (XYZAL equiv)	-	1
levocetirizine tab (XYZAL equiv)	-	1
CLARINEX REDITAB	-	EXC
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
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC

**ANTIHISTAMINES - PHENOTHIAZINES**

promethazine syrup	-	1
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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHISTAMINES Cont.</b>		
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
<b>ANTIHYPERTENSIVES</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB	-	NC
<b>ANTIHYPERTENSIVES - COMBINATIONS</b>		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
NEXLIZET TAB	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
VYTORIN TAB	-	NC
VYTORIN TAB 10-80MG	-	NC
<b>ANTIHYPERTENSIVES - MISC.</b>		
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
<b>BILE ACID SEQUESTRANTS</b>		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC

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<b>ANTIHYPERTENSIVES Cont.</b>		
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
TRICOR TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab (CRESTOR equiv)	-	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
fluvastatin cap (LESCOL equiv)	-	2
fluvastatin ER tab (LESCOL XL equiv)	-	3
LIVALO TAB	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
EZALLOR SPRINKLE CAP	-	NC
FLOLIPID SUSP	-	NC
LESCOL XL TAB	-	NC
SIMCOR TAB	-	NC
SIMVASTATIN SUSP	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZYPITAMAG TAB	-	NC
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP	-	NC
<b>NICOTINIC ACID DERIVATIVES</b>		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2

**ANTIHYPERTENSIVES**

**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

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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
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
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
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	2
ATACAND TAB	-	NC
BENICAR TAB	-	NC
EDARBI TAB	-	NC
VALSARTAN ORAL SOLN	-	NC
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methylidopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CATAPRES-TTS PATCH	-	NC
NEXICLON XR TAB	-	NC
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
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

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olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
EXFORGE HCT TAB	-	3
TEKTURNA HCT TAB	-	3
ACCURETIC TAB	-	NC
amlodipine/olmesartan tab (AZOR equiv)	-	NC
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 (TWINSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
TWINSTA TAB	-	NC
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMEYL TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
aliskiren tab (TEKTURNA equiv)	-	2
TEKTURNA TAB	-	NC
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPRA equiv)	-	1
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2

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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	VAC Vaccine Program	¢ RxCENTS

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
FIRST METRONIDAZOLE SUSP	-	3
PRIMSOL SOLN	-	3
tinidazole tab (TINDAMAX equiv)	-	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
metronidazole cap (FLAGYL equiv)	-	NC
NEBUPENT NEB SOLN	-	NC
TRIMETHOPRIM TAB	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	NC
UTA CAP	-	NC
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2
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
<b>CARBAPENEMS</b>		
meropenem inj (MERREM equiv)	-	3
<b>GLYCOPEPTIDES</b>		
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
VANCOCIN CAP	-	NC
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN SOLN	-	NC
<b>LEPROSTATICS</b>		
dapsone tab	-	1
<b>LINCOSAMIDES</b>		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
CLEOCIN CAP	-	NC
<b>MONOBACTAMS</b>		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	4
<b>OXAZOLIDINONES</b>		
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
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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
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
<b>PLEUROMUTILINS</b>		
XENLETA TAB	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3
MACRODANTIN CAP	-	NC
MACRODANTIN CAP 25MG	-	NC
MONUROL GRANULE PACK	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
nitrofurantoin susp (FURADANTIN equiv)	-	NC
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	1
COARTEM TAB	-	3
MALARONE TAB	-	NC
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
<b>ANTIMALARIALS</b>		
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
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
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
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	2

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIMYCOBACTERIAL AGENTS Cont.</b>		
RIFATER TAB	PA	3
<b>ANTIMYCOBACTERIAL AGENTS</b>		
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
cycloserine cap (CYCLOSERINE equiv)	-	3
ISONIAZID SYRUP	-	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
CYCLOSERINE CAP	-	NC

**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 (ALKERAN equiv)	-	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 TAB	-	NC
CYCLOPHOSPHAMIDE CAP	-	NC
CYCLOPHOSPHAMIDE TAB	-	NC
TEMODAR CAP	-	NC

**ANTIMETABOLITES**

METHOTREXATE INJ	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
capecitabine tab (XELODA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ONUREG TAB	-	NC
PURIXAN SUSP	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
TREXALL TAB	-	NC
XATMEP SOLN	-	NC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
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
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RITUXAN INJ	M	M
RUXIENCE INJ	M	M
TRUXIMA INJ	M	M
GAZYVA INJ	-	NC
RIABNI SOLN	-	NC
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
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
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
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
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
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
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
TARCEVA TAB	-	NC
VIZIMPRO TAB	-	NC
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
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
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	2

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
EULEXIN CAP	-	2
FLUTAMIDE CAP	-	2
flutamide cap (EULEXIN equiv)	-	2
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
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
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
FARESTON TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
leuprolide inj (LUPRON equiv)	-	NC
ORGOVYX TAB	-	NC
ORSERDU TAB	-	NC
TRELSTAR INJ	INF	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK	-	NC
<b>ANTINEOPLASTIC COMBINATIONS</b>		
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	MSP-PA	4
HERCEPTIN HYLECTA INJ	-	NC
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA CAP (QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4

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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 Biologics 800-850-4306)	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 Diplomat Pharmacy 877-977-9118)	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
IBRANCE CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
IBRANCE TAB (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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
KISQALI TAB	MSP-PA	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
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
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	4
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	4
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

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
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
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
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
VOTRIENT TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	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-SF	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
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
BORTEZOMIB INJ	-	NC
COPIKTRA CAP	-	NC
FOTIVDA CAP	-	NC

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
GLEEVEC TAB	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
INREBIC CAP	-	NC
JAYPIRCA TAB	-	NC
KRAZATI TAB	-	NC
LORBRENA TAB 100MG	-	NC
LORBRENA TAB 25MG	-	NC
LYTGOBI TAB	-	NC
NEXAVAR TAB	-	NC
REZLIDHIA CAP	-	NC
SCEMBLIX TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.25MG	-	NC
TALZENNA CAP 0.5MG, 0.75MG, 1MG	-	NC
TEPMETKO TAB	-	NC
TURALIO CAP	-	NC
TYKERB TAB	-	NC
VELCADE INJ	-	NC
VITRAKVI CAP 100MG	-	NC
VITRAKVI CAP 25MG	-	NC
VITRAKVI SOLN	-	NC
XOSPATA TAB	-	NC
<b>ANTINEOPLASTICS MISC.</b>		
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
PROLEUKIN INJ	-	NC
SYLATRON INJ	-	NC
SYNRIBO INJ	-	NC
TARGRETIN CAP	-	NC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
leucovorin tab	-	1
MESNEX TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
carbidopa tab (LODOSYN equiv)	-	2
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine tab	-	1

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIPARKINSON AGENTS Cont.</b>		
trihexyphenidyl tab (ARTANE equiv)	-	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
<b>ANTIPARKINSON DOPAMINERGICS</b>		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
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
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
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
AZILECT TAB	-	NC
ZELAPAR ODT	-	NC
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
NOURIANZ TAB	-	NC
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
ONGENTYS CAP	-	NC
<b>ANTIPARKINSON DOPAMINERGICS</b>		
CARBIDOPA/LEVODOPA ODT	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
STALEVO TAB	-	3
KYNMOBI FILM (QL= 5 films/day)	MSP-PA-QL	4
KYNMOBI TITRATION KIT (QL=1 kit/fill)	MSP-PA-QL	4

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.</b>		
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
INBRIJA INH POWDER	-	NC
OSMOLEX ER TAB	-	NC
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
LITHIUM CARBONATE CAP	-	NC
<b>ANTIPSYCHOTICS - MISC.</b>		
lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day)	QL	1
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
CAPLYTA CAP	-	NC
LATUDA TAB	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
<b>BENZISOXAZOLES</b>		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	3
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
INVEGA TAB	-	NC
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
<b>DIBENZAPINES</b>		
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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>																					
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>																							
clozapine ODT 25mg, 100mg (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																					
<b>DIHYDROINDOLONES</b>																							
MOLINDONE TAB	-	NC																					
<b>PHENOTHIAZINES</b>																							
chlorpromazine tab (THORAZINE equiv)	-	1																					
fluphenazine tab (PROLIXIN equiv)	-	1																					
perphenazine tab (TRILAFON equiv)	-	1																					
prochlorperazine supp (COMPAZINE equiv)	-	1																					
prochlorperazine tab (COMPAZINE equiv)	-	1																					
thioridazine tab (MELLARIL equiv)	-	1																					
trifluoperazine tab (STELAZINE equiv)	-	1																					
CHLORPROMAZINE CONC	-	NC																					
<b>QUINOLINONE DERIVATIVES</b>																							
aripiprazole tab (ABILIFY equiv)	-	1																					
aripiprazole soln (ABILIFY equiv)	-	3																					
REXULTI TAB	PA	4																					
ABILIFY MYCITE PACK	-	NC																					
ABILIFY MYCITE TAB	-	NC																					
ABILIFY TAB	-	NC																					
aripiprazole ODT (ABILIFY equiv)	-	NC																					
<b>THIOXANTHENES</b>																							
thiothixene cap (NAVANE equiv)	-	1																					
<b>ANTISEPTICS &amp; DISINFECTANTS</b>																							
<b>ANTISEPTICS &amp; DISINFECTANTS</b>																							
HYLAMEND GEL FIRST AID	-	NC																					
<b>IODINE ANTISEPTICS</b>																							
IODOFLEX PAD	-	NC																					
<b>ANTIVIRALS</b>																							
<b>ANTIRETROVIRALS</b>																							
DESCOVY TAB	-	\$0																					
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0																					
didanosine DR cap (VIDEX EC equiv)	-	1																					
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																					
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
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
EDURANT TAB	-	4
efavirenz cap (SUSTIVA equiv)	-	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
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

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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	VAC Vaccine Program	¢ RxCENTS

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
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
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
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB (QL= 20 tabs/fill)	QL	\$0
PAXLOVID TAB (QL= 30 tabs/fill)	QL	\$0
<b>CMV AGENTS</b>		

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
PREVYMIS TAB (QL= 1 tab/day; Limit 100 tabs/6 months; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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
<b>HEPATITIS AGENTS</b>		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
ribavirin cap (REBETOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
ribavirin tab (COPEGUS equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
adefovir dipivoxil tab (HEPSERA equiv)	-	2
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
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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
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
RIBAVIRIN TAB 400MG	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA PAK TAB	-	NC

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
VIEKIRA XR TAB	-	NC
<b>HERPES AGENTS</b>		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	2
SITAVIG TAB	-	NC
<b>INFLUENZA AGENTS</b>		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3
TAMIFLU CAP	-	NC
TAMIFLU CAP 30MG	-	NC
TAMIFLU SUSP	-	NC
<b>MISC. ANTIVIRALS</b>		
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	\$0
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln (VIRAZOLE equiv)	-	NC

**ASSORTED CLASSES**

<b>CHELATING AGENTS</b>		
D-PENAMINE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
<b>IMMUNOMODULATORS</b>		
THALOMID CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine tab (IMURAN equiv)	-	1
cyclosporine modified cap (NEORAL equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
cyclosporine modified soln (NEORAL equiv)	-	2
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

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

DrugName	Special Code	Tier
<b>ASSORTED CLASSES Cont.</b>		
ENVARUSUS XR TAB	-	NC
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
nebivolol hcl tab (BYSTOLIC equiv)	-	2
KAPSPARGO CAP	-	NC
<b>BETA BLOCKERS NON-SELECTIVE</b>		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORCARD equiv)	-	2
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
SOTYLIZE SOLN 5MG/ML	-	NC
<b>BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SL TAB	PA	2
ORALAIR SL TAB	PA	2
RAGWITEK SL TAB	PA	2
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
CONSENSI TAB	-	NC
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
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
CARDIZEM LA TAB	-	3
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
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
KATERZIA SUSP	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL ER CAP 100MG	-	NC
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC

**CARDIOTONICS**

**CARDIAC GLYCOSIDES**

DIGOXIN SOLN	-	1
digoxin soln (LANOXIN equiv)	-	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
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**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
BIDIL TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC

**IMPOTENCE AGENTS**

tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3
CIALIS TAB	-	EXC

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<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
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
<b>PERIPHERAL VASODILATORS</b>		
ISOXSUPRINE TAB	-	NC
<b>PROSTAGLANDIN VASODILATORS</b>		
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 (Only available through Accredo 800-803-2523; QL= 4 cartridges/day)	LD-PA-QL	4
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (Only available through Accredo 800-803-2523; QL= 224 cartridges/28 days)	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
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
REMODULIN INJ 10MG/ML	-	NC
REMODULIN INJ 1MG/ML	-	NC
REMODULIN INJ 2.5MG/ML	-	NC
REMODULIN INJ 5MG/ML	-	NC
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	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
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil tab 20mg (REVATIO equiv)	PA	1
sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)	PA	2
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
REVATIO SUSP	-	NC
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
UPTRAVI INJ	-	NC

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Last Updated\* 3/1/2023

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

**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
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**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
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**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
CEFADROXIL TAB	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN CAP	-	NC
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
KEFLEX CAP 750MG	-	NC

**CEPHALOSPORINS - 2ND GENERATION**

cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime 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**

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CONTRACEPTIVES Cont.</b>		
amethyst tab (LYBREL equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
BALCOLTRA TAB	-	\$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
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
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
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
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
TWIRLA PATCH	-	\$0
zafemy patch (XULANE equiv)	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA RING (QL= 1 ring/year)	QL	\$0
NUVARING	-	\$0
eluryng vaginal ring (NUVARING equiv)	-	NC
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD	M	M
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0

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SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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<b>CONTRACEPTIVES Cont.</b>		
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPLANT	M	M
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
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
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
MIRENA IUD	M	M
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	-	\$0
SLYND TAB	-	\$0

**CORTICOSTEROIDS**

<b>GLUCOCORTICOSTEROIDS</b>		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE SOLN	-	1
DEXAMETHASONE TAB	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1
prednisolone soln	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
MEDROL TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISOLONE ODT TAB	-	2
PREDNISONE 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
ORAPRED ODT TAB	-	3
PREDNISOLONE SOLN	-	3
ZILRETTA INJ (QL= 2 inj/365 days)	MSP-QL	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
dexamethasone pak (DEXPAK equiv)	-	NC
dexamethasone sodium phosphate inj	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CORTICOSTEROIDS Cont.</b>		
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
ENTOCORT EC CAP	-	NC
FLO-PRED SUSP	-	NC
HEMADY TAB	-	NC
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
SOLU-CORTEF INJ	-	NC
SOLU-CORTEF INJ 100MG	-	NC
SOLU-MEDROL 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 (PHENERGAN VC equiv)	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
NEOTUSS PLUS LIQUID	-	3
TUSNEL SYRUP	-	3
CLARINEX-D TAB	-	EXC
BROVEX PEB LIQUID	OTC	NC
chlorpheniramine/pseudoephedrine drops (ACCUHIST equiv)	-	NC
CLARINEX-D TAB	-	NC
DECON-A LIQUID	OTC	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC

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

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<b>COUGH/COLD/ALLERGY Cont.</b>																							
lohist liquid (DECON-A equiv)	OTC	NC																					
MUCINEX LIQUID	-	NC																					
POLY-TUSSIN DM SYRUP	-	NC																					
SEMPREX-D CAP	-	NC																					
TRIAMINIC SYRUP	OTC	NC																					
TUSSICAPS	-	NC																					
TUSSIONEX SUSP	-	NC																					
TUXARIN ER TAB	-	NC																					
TUZISTRA XR SUSP	-	NC																					
<b>EXPECTORANTS</b>																							
potassium iodide oral soln (SSKI equiv)	-	2																					
GUAIFENESEN SYRUP	-	NC																					
guaifenesin tab (ALLFEN JR equiv)	-	NC																					
MUCINEX TAB	-	NC																					
SSKI ORAL SOLN	-	NC																					
<b>MISC. RESPIRATORY INHALANTS</b>																							
sodium chloride neb soln (HYPER-SAL equiv)	-	1																					
NEBUSAL NEB SOLN	-	2																					
<b>MUCOLYTICS</b>																							
acetylcysteine soln (MUCOMYST equiv)	-	1																					
<b>DERMATOLOGICALS</b>																							
<b>ACNE PRODUCTS</b>																							
clindamycin gel (CLEOCIN GEL equiv)	-	1																					
clindamycin lotion (CLEOCIN- T equiv)	-	1																					
clindamycin pad (CLEOCIN-T equiv)	-	1																					
clindamycin topical soln (CLEOCIN-T equiv)	-	1																					
DIFFERIN OTC GEL 0.1%	OTC	1																					
erythromycin gel	-	1																					
erythromycin pad	-	1																					
erythromycin soln	-	1																					
AVAR GEL	-	2																					
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2																					
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2																					
ERY PAD	-	2																					
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2																					
PRASCION RA CREAM	-	2																					
sodium sulfacetamide lotion (KLARON equiv)	-	2																					
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2																					
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2																					
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2																					
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2																					
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2																					
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2																					
tretinoin cream (QL= 23gm/30 days)	PA-QL	2																					
tretinoin gel (RETIN-A GEL equiv) (QL= 23gm/30 days)	PA-QL	2																					
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	PA	3																					
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
clindamycin/tretinoin gel (ZIANA equiv) (QL= 30g/fill)	PA-QL	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
tretinoin gel 0.05% (ATRALIN equiv) (QL= 45gm/30 days)	PA-QL	3
TRETIN-X CREAM (QL= 35gm/30 days)	PA-QL	3
amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE equiv) (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE SOLN	-	NC
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
CLENIA PLUS SUSP	-	NC
CLEOCIN-T GEL	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN 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
ONEXTON GEL	-	NC
PLEXION CREAM 9.8-4.8%	-	NC
PLEXION LOTION	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	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/sunscreen kit (SUMADEN XLT equiv)	-	NC
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN PAD	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
ZIANA GEL	-	NC
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	NC
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
<b>ANALGESICS - TOPICAL</b>		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN 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
<b>ANTIFUNGALS - TOPICAL</b>		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv) (QL= 30gm/fill)	QL	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
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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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SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
naftifine cream (NAFTIN equiv)	-	2
EXELDERM SOLN	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
naftifine gel (NAFTIN equiv)	-	3
NAFTIN GEL	-	3
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
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
NAFTIN GEL 2%	-	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
tavaborole soln (KERYDIN equiv)	-	NC
VYTONA CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
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

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**MercyCare Select 4-Tier QHP Formulary  
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<b>DERMATOLOGICALS Cont.</b>		
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
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
PANRETIN GEL (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	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
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC

**ANTIPRURITICS - 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
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**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
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

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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																					
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																					
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC																					
COSENTYX INJ (1-PACK)	-	NC																					
COSENTYX INJ (2-PACK)	-	NC																					
NUDERMRXPAK PAK	-	NC																					
SILIQ INJ	-	NC																					
SOTYKTU TAB	-	NC																					
TAZORAC CREAM	-	NC																					
TAZORAC GEL	-	NC																					
TRIONEX PACK	-	NC																					
VTAMA CREAM	-	NC																					
ZORYVE CREAM	-	NC																					
<b>ANTISEBORRHEIC PRODUCTS</b>																							
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																					
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3																					
sodium sulfacetamide shampoo (OVACE equiv)	-	3																					
ESKATA SOLN	-	NC																					
OVACE PLUS LOTION	-	NC																					
OVACE PLUS FOAM	-	NC																					
PROMISEB CREAM	-	NC																					
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC																					
SELRX SHAMPOO 2.3%	-	NC																					
<b>ANTIVIRALS - TOPICAL</b>																							
acyclovir oint (ZOVIRAX equiv)	PA	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																					
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**MercyCare Select 4-Tier QHP Formulary  
Category/Class**

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
ZOVIRAX CREAM	-	NC
ZOVIRAX OINT	-	NC
<b>BURN PRODUCTS</b>		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SULFAMYLON PACK	-	NC
<b>CORTICOSTEROIDS - TOPICAL</b>		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
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
<b>BETAMETHASONE AUGMENTED GEL</b>	-	2
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2
clobetasol foam (OLUX equiv) (QL= 50gm/fill)	QL	2
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/fill)	QL	2
clobetasol propionate emollient cream (TEMOVATE-E equiv) (QL= 45gm/fill)	QL	2
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 30gm/fill)	QL	2
clobetasol propionate 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

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<b>DERMATOLOGICALS Cont.</b>		
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
CORDRAN TAPE	-	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3
NUCORT LOTION	-	3
PREDNICARBATE OIN	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE OINT	-	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
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
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC

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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
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 valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LEXETTE FOAM	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1%	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC

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

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<b>DERMATOLOGICALS Cont.</b>		
PRAMOSONE E CREAM	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
PREDNICARBATE CREAM	-	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**

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; 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
OPZELURA CREAM	-	NC

**EMOLLIENT/KERATOLYTIC AGENTS**

CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC

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SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
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
<b>EMOLLIENTS</b>		
LACTIC ACID LOTION	-	1
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	NC
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	NC
HYLINATE LOTION	-	NC
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
<b>HAIR GROWTH AGENTS</b>		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
<b>HAIR REDUCTION AGENTS</b>		
VANIQA CREAM	-	EXC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	1
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
pimecrolimus cream (ELIDEL equiv) (QL= 30g/fill; Covered for members 2 years or older)	QL	2
ELIDEL CREAM	-	NC
HYFTOR GEL	-	NC
OXIANUJO CREAM	-	NC
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOCON SOLN	-	2
podoflox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
SALEX SHAMPOO	-	3
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALEX SHAMPOO	-	NC
salicylic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
XALIX SOL	-	NC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAINE GEL	-	2
lidocaine patch (LIDODERM equiv) (QL= 2 patches/day)	QL	3
SYNERA PATCH (QL= 1 patch/fill)	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
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
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
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
ZYLOTROL-L KIT	-	NC
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
<b>MISC. TOPICAL</b>		
DERMACINRX CREAM	-	NC
DRYSOL SOLN	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT	-	NC
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
<b>ROSACEA AGENTS</b>		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
metronidazole lotion (METROLOTION equiv)	-	2
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
DOXYCYCLINE CAP, ORACEA CAP	-	NC
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
ZILXI FOAM	-	NC
<b>SCABICIDES &amp; PEDICULICIDES</b>		
permethrin cream (ELIMITE CREAM equiv)	-	1
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
CROTAN LOTION	-	3
LINDANE SHAMPOO	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
<b>SCAR TREATMENT PRODUCTS</b>		
SCARCIN GEL	-	NC

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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL (QL= 30gm/fill)	PA-QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC BIOLOGICALS</b>		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN INJ (QL= 1 kit/fill)	QL	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
FREESTYLE LITE TEST STRIP	OTC	NC
<b>DIAGNOSTIC TESTS</b>		
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0
CUE COVID-19 INJ TEST CARTRIDGE (QL= 8 cartridges/30 days)	OTC-QL	\$0
CUE HEALTH MONITOR (QL= 1 kit/year)	OTC-QL	\$0
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
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
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		

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<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
METAFOBIC TAB	-	NC

**DIGESTIVE AIDS**

<b>DIGESTIVE ENZYMES</b>		
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
PANCRELIPASE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SUCRAID SOLN	-	NC

**DIURETICS**

<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide tab	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC

<b>DIURETIC COMBINATIONS</b>		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
ALDACTAZIDE TAB 50-50MG	-	3

<b>LOOP DIURETICS</b>		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torseamide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	4
EDECIN TAB	-	NC
SOANZ TAB	-	NC

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<b>DIURETICS Cont.</b>																							
<b>OSMOTIC DIURETICS</b>																							
mannitol soln (OSMITROL equiv)	-	3																					
<b>POTASSIUM SPARING DIURETICS</b>																							
amiloride tab (MIDAMOR equiv)	-	1																					
spironolactone tab (ALDACTONE equiv)	-	1																					
triamterene cap (DYRENIUM equiv)	-	2																					
CAROSPIR SUSP	-	NC																					
DYRENIUM CAP	-	NC																					
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>																							
CHLOROTHIAZIDE TAB	-	1																					
chlorothiazide tab (DIURIL equiv)	-	1																					
chlorthalidone tab	-	1																					
hydrochlorothiazide cap (MICROZIDE equiv)	-	1																					
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1																					
indapamide tab (LOZOL equiv)	-	1																					
METHYCLOTHIAZIDE TAB	-	1																					
metolazone tab (ZAROXOLYN equiv)	-	1																					
DIURIL SUSP	-	2																					
THALITONE TAB	-	NC																					
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>																							
<b>ADRENAL STEROID INHIBITORS</b>																							
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																					
<b>BONE DENSITY REGULATORS</b>																							
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																					
ALENDRONATE SOLN	-	3																					
ETIDRONATE DISODIUM TAB 400MG	-	3																					
FORTEO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4																					
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																					
TYMLOS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4																					
PROLIA INJ	M	M																					
ACTONEL TAB	-	NC																					
BINOSTO TAB	-	NC																					
calcitonin inj (MIACALCIN equiv)	-	NC																					
FOSAMAX+D TAB	-	NC																					
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**MercyCare Select 4-Tier QHP Formulary  
Category/Class**

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
MIACALCIN INJ	-	NC
TERIPARATIDE INJ	-	NC
<b>CORTICOTROPIN</b>		
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
<b>FERTILITY REGULATORS</b>		
PREGNYL INJ	INF-M	M
CLOMID TAB	INF	NC
CLOMIPHENE CITRATE POWDER	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
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
cetorelix acetate for inj kit (CETROTIDE equiv)	INF	NC
CETROTIDE INJ KIT	INF	NC
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ (Only available through Accredo-800-803-2523 or Walgreens-888-347-3416)	LD-PA	4
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	EXC
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SKYTROFA INJ	-	NC
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	PA	3
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
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
LUPRON DEPOT-PED INJ	M	M
FENSOLVI INJ	-	NC
LUPANETA PACK	-	NC
<b>METABOLIC MODIFIERS</b>		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
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 Accredo 888-773-7376)	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
sapropterin dihydrochloride soluble tab (KUVAN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	-	4
BUPHENYL TAB	-	NC
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
CYSTADANE POWDER	-	NC
GALAFOLD CAP	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
PALYNZIQ INJ	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
sapropterin dihydrochloride powder packet (KUVAN equiv)	-	NC
SENSIPAR TAB	-	NC
sodium phenylbutyrate powder (BUPHENYL equiv)	-	NC
STRENSIQ INJ	-	NC
XURIDEN POWDER	-	NC
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate inj (DDAVP equiv)	-	2
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
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
VASOSTRICT INJ	-	NC
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
mifepristone tab (MIFIPREX equiv)	-	1
MIFIPREX TAB	-	NC
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	-	1
<b>SOMATOSTATIC AGENTS</b>		
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
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
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
tolvaptan tab (SAMSCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
JYNARQUE TAB	-	NC
SAMSCA TAB	-	NC
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
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
<b>ESTROGENS</b>		
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

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<b>ESTROGENS Cont.</b>		
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

**FLUROQUINOLONES**

<b>FLUROQUINOLONES</b>		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	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 5%	-	3
CIPROFLOXACIN 100MG TAB	-	3
FACTIVE TAB	-	3
PROQUIN XR TAB	-	NC

**GASTROINTESTINAL AGENTS - MISC.**

<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTTEGRITY TAB	-	NC

<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB	PA	3

<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4

<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF-¢	4

<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	3
RELTONE CAP	-	NC
URSODIOL CAP	-	NC

<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROCROM CONC	-	NC

<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
lubiprostone cap (AMITIZA equiv)	PA	3
AMITIZA CAP	-	NC

<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide soln (REGLAN equiv)	-	1

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metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY	-	NC
METZOZOLV ODT	-	NC
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
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	-	NC
<b>INFLAMMATORY BOWEL AGENTS</b>		
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
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
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
DELZICOL CAP	-	NC
LIALDA TAB	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
PENTASA CAP	-	NC
PENTASA CR CAP	-	NC
ROWASA KIT	-	NC
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	1

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
alosetron tab (LOTROXEX 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
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB	PA	4
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
SYMPROIC TAB	-	NC
<b>PHOSPHATE BINDER AGENTS</b>		
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
RENAGEL TAB (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 hydrochloride tab (RENAGEL equiv) (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
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT	-	NC
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB	-	NC
<b>GENERAL ANESTHETICS</b>		
<b>ANESTHETICS - MISC.</b>		
KETAMINE HCL TROCHES	-	NC
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		

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

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

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
<b>ALKALINIZERS</b>		
CYTRA K CRYSTALS	-	1
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	4
PROCYSBI GRANULES PACKET	-	NC
<b>GENITOURINARY IRRIGANTS</b>		
RENACIDIN SOLN	-	NC
sodium chloride 0.9% irr soln	-	NC
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI TAB	-	NC
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
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
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
silodosin cap (RAPAFLO equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride/tamsulosin cap (JALYN equiv)	-	2
CARDURA XL TAB	-	NC
ENTADFI CAP	-	NC
RAPAFLO CAP	-	NC
UROXATRAL TAB	-	NC
<b>URINARY ANALGESICS</b>		
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
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TAB	-	3
tiopronin tab (THIOLA equiv)	MSP-PA	4
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC

**GOUT AGENTS**

**GOUT AGENT COMBINATIONS**

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<b>GOUT AGENTS Cont.</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	-	1
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	1
colchicine tab (COLCRYS equiv)	-	2
ALLOPURINOL TAB	-	NC
COLCRYS TAB	-	NC
GLOPERBA SOLN	-	NC
MITIGARE CAP, COLCHICINE CAP	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	1
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
AFSTYLA KIT	-	NC
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
icatibant inj (FIRAZYR equiv)	M	M
FIRAZYR INJ	-	NC
<b>COMPLEMENT INHIBITORS</b>		
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
HAEGARDA INJ	-	NC
RUCONEST INJ	-	NC
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	-	1
<b>PLASMA KALLIKREIN INHIBITORS</b>		
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
<b>PLATELET AGGREGATION INHIBITORS</b>		
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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
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
<b>PYRUVATE KINASE ACTIVATORS</b>		
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
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	4
CERDELGA CAP	-	NC
ZAVESCA CAP	-	NC
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	-	2
OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
SIKLOS TAB	-	NC
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
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 CVS Specialty 800-237-2767)	LD-PA-QL	4
<b>COBALAMINS</b>		
cyanocobalamin inj	-	1
CALOMIST NASAL SPRAY	-	NC
NASCOBAL NASAL SPRAY	-	NC
<b>FOLIC ACID/FOLATES</b>		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
RETACRIT INJ	-	2
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
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
ZIEXTENZO INJ	MSP	4
EPOGEN INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
LEUKINE INJ	-	NC

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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYVEPRIA INJ	-	NC
PROCRIT INJ	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC

**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
ferrous sulfate syrup (FERROUS SULFATE equiv)	OTC	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
tranexamic acid inj (CYKLOKAPRON equiv)	M	M

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<b>HEMOSTATICS Cont.</b>		
AMICAR SOLN	-	NC
AMICAR TAB	-	NC
aminocaproic acid soln (AMICAR equiv)	-	NC
<b>HYPNOTICS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
zolpidem tab (AMBIEN equiv)	-	1
AMBIEN CR TAB	-	NC
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB (QL= 15 tabs/fill)	PA-QL	3
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
<b>BARBITURATE HYPNOTICS</b>		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
BUTISOL TAB	-	3
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	3
<b>NON-BARBITURATE HYPNOTICS</b>		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2
SOMNOTE CAP	-	3
temazepam cap 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 tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3
QUVIVIQ TAB	-	NC
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC

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<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
ROZEREM TAB	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC

**LAXATIVES**

**LAXATIVE COMBINATIONS**

GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
GOLYTELY PACKET	-	1
COLYTE SOLN	-	2
gavilyte-h kit	-	3
HALFLYTELY BOWEL PREP KIT	-	3
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	3
PREPOPIK PAK	PA	3
sodium/potassium/magnesium soln (SUPREP BOWEL PREP PACK equiv)	-	3
SUCLEAR KIT	-	3
SUPREP BOWEL PREP PACK	-	3
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PLENVU SOLN	-	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
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**LOCAL ANESTHETICS-PARENTERAL**

**LOCAL ANESTHETIC COMBINATIONS**

ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
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**MACROLIDES**

**AZITHROMYCIN**

azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3

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<b>MACROLIDES Cont.</b>		
<b>CLARITHROMYCIN</b>		
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYCIN SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3
<b>ERYTHROMYCINS</b>		
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
erythromycin tab (ERY-TAB equiv)	-	3
PCE TAB	-	3
erythromycin ethylsuccinate susp (ERYPED equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ERYPED SUSP	-	NC
<b>FIDAXOMICIN</b>		
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
<b>MEDICAL DEVICES</b>		
<b>PARENTERAL THERAPY SUPPLIES</b>		
INPEN INSULIN INJECTION DEVICE	-	NC
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
ONETOUCH METER	OTC	\$0
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
ONETOUCH DELICA LANCETS	OTC	2
ONETOUCH DELICA PLUS LANCETS	OTC	2
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	2
OMNIPOD 5 INTRO KIT	-	EXC

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<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program
<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization	<b>QL</b> Quantity Limit
<b>RDX</b> Restricted to Diagnosis	<b>RS</b> Restricted to Specialist	<b>SF</b> Limited to two 15 day fills per month for first 3 months
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**MercyCare Select 4-Tier QHP Formulary  
Category/Class**

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
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 LIBRE 2 RECEIVER	-	NC
FREESTYLE LIBRE 2 SENSOR	-	NC
FREESTYLE LIBRE 3 SENSOR	-	NC
FREESTYLE PRECISION NEO METER	OTC	NC
PRECISION XTRA METER	OTC	NC
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	-	EXC
<b>ORAL HYGIENE PRODUCTS</b>		
HURRISEAL MIS SNAP	-	NC
<b>PARENTERAL THERAPY SUPPLIES</b>		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
CARETOUCH MIS	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
CEQR SIMPLICITY	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
QULIPTA TAB	-	NC
<b>MIGRAINE COMBINATIONS</b>		
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC

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<b>MIGRAINE PRODUCTS Cont.</b>		
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
<b>MIGRAINE PRODUCTS</b>		
ERGOMAR SL TAB	PA	3
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
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC
ELYXYB SOLN	-	NC
<b>SEROTONIN AGONISTS</b>		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
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
RELPAX TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MIGRAINE PRODUCTS Cont.</b>		
ZECUITY PAD	-	NC
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	-	NC

**MINERALS & ELECTROLYTES**

<b>FLUORIDE</b>		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-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

<b>PHOSPHATE</b>		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
potassium phosphate monobasic tab (K-PHOS equiv)	-	2

<b>POTASSIUM</b>		
K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
POTASSIUM CHLORIDE TAB ER	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	NC

<b>ZINC</b>		
zinc sulfate cap	-	1
GALZIN CAP	-	2

**MISCELLANEOUS THERAPEUTIC CLASSES**

<b>CHELATING AGENTS</b>		
penicillamine tab (DEPEN TITRATAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
CUPRIMINE CAP	-	NC
DEPEN TITRATAB	-	NC
penicillamine cap (CUPRIMINE equiv)	-	NC
SYPRINE CAP	-	NC
trientine cap (SYPRINE equiv)	-	NC

<b>IMMUNOMODULATORS</b>		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	4
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL-RS	4
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4

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<b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>																							
<b>IMMUNOSUPPRESSIVE AGENTS</b>																							
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																					
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>																							
VIJOICE TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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																					
<b>POTASSIUM REMOVING AGENTS</b>																							
SPS SUSP	-	1																					
LOKELMA PAK	PA	3																					
<b>PROGERIA TREATMENT AGENTS</b>																							
ZOKINVY CAP	-	NC																					
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>																							
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	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																					
<b>MOUTH/THROAT/DENTAL AGENTS</b>																							
<b>ANESTHETICS TOPICAL ORAL</b>																							
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	1																					
FIRST MOUTHWASH BLM	-	3																					
LIDOCAINE ORAL SOLN 4%	-	NC																					
<b>ANTI-INFECTIVES - THROAT</b>																							
clotrimazole troches (MYCELEX TROCHES equiv)	-	1																					
nystatin susp	-	1																					
ORAVIG TAB	-	3																					
<b>ANTISEPTICS - MOUTH/THROAT</b>																							
chlorhexidine gluconate soln (PERIDEX equiv)	-	1																					
DEBACTEROL SOLN	M	M																					
<b>DENTAL PRODUCTS</b>																							
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																					
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<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT GEL	-	NC
PREVIDENT PASTE	-	NC
<b>STEROIDS - MOUTH/THROAT</b>		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
<b>THROAT PRODUCTS - MISC.</b>		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
EB-N3 DR CAP	-	NC
<b>B-COMPLEX W/ FOLIC ACID</b>		
DIALYVITE TAB	-	1
DIALYVITE/ZINC TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	NC
FIBRIK CAP	-	NC
FOLBEE PLUS CZ TAB	-	NC
NEPHRO-VITE TAB	-	NC
renaphro cap (NEPHROCAP equiv)	-	NC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin/minerals tab (STROVITE equiv)	-	1
V-C FORTE CAP	-	3
DEXATRAN CAP	-	NC
FOLAGENT DHA CAP	-	NC
FOLAMED DHA CAP	-	NC
FORTAVIT CAP	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
<b>MULTIVITAMINS</b>		
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
ESCAVITE CHEW TAB	-	NC
<b>PED MV W/ FLUORIDE</b>		
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	NC
POLY-VI-FLOR SUSP	-	NC

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<b>MULTIVITAMINS Cont.</b>		
QUFLORA PEDIATRIC CHEW TAB	-	NC
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
CONCEPT DHA CAP	-	3
MYNATAL-Z TAB	-	3
PRENATABS RX TAB	-	3
PRENATAL 19 CHEW TAB	-	3
PRENATAL 19 TAB	-	3
PRENATAL 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
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
chlorzoxazone tab 500mg	-	2
tizanidine cap (ZANAFLEX equiv)	-	2
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	3
metaxalone tab (SKELAXIN equiv) (QL= 4 tabs/day)	QL	3
METAXALONE TAB 400MG (QL= 4 tabs/day)	QL	3
OZOBAX SOLN, BACLOFEN SOLN	PA	3
AMRIX CAP	-	NC
baclofen intrathecal inj (BACLOFEN equiv)	-	NC

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
BACLOFEN TAB 5MG	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
FLEQSUVY SUSP	-	NC
METHOCARBAMOL TAB	-	NC
OZOBAX SOLN	-	NC
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	2
<b>MUSCLE RELAXANT COMBINATIONS</b>		
carisoprodol/aspirin/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
<b>VISCOSUPPLEMENTS</b>		
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
SYNVISC ONE INJ	-	NC
TRILURON INJ	-	NC
TRIVISC INJ	-	NC
VISCO-3 INJ	-	NC
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
RYALTRIS SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALCOHOL SWABS	-	EXC
ALZAIR NASAL SPRAY	-	NC

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Last Updated\* 3/1/2023

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<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
TICANASE PAK	-	NC
<b>NASAL ANESTHETICS</b>		
GOPRELTO SOLN	-	NC
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2
olopatadine nasal spray (PATANASE equiv) (QL= 2 bottles/fill)	QL	3
PATANASE NASAL SPRAY	-	NC
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	-	1
<b>NASAL ANTI-INFECTIVES</b>		
BACTROBAN NASAL OINT	-	3
<b>NASAL STEROIDS</b>		
budesonide nasal spray (RHINOCORT AQUA equiv) (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
SINUVA NASAL IMPLANT	-	NC
XHANCE NASAL EXHALER	-	NC
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
riluzole tab (RILUTEK equiv)	-	2
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
EXSERVAN FILM	-	NC
RELYVRIO PAK	-	NC
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
DYSPOIN INJ	M	M
XEOMIN INJ	M	M
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOLN	-	NC

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Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>NUTRIENTS</b>		
<b>LIPIDS</b>		
DOJOLVI ORAL LIQUID	-	NC
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
LACRISERT OPHTH INSERT	-	NC
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
orzolamide/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
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA SOLN	-	NC
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	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
ATROPINE SUL SOLN 1% OPHTH	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
<b>MIOTICS</b>		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	NC
VUITY OPHTH SOLN	-	NC
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
brimonidine ophth soln 0.2%	-	1
ALPHAGAN P OPTH SOLN 0.1%	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
IOPIDINE OPTH SOLN 1%	-	2
SIMBRINZA OPTH SUSP	-	2
ALPHAGAN P OPTH SOLN 0.15%	-	NC
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	NC
LUMIFY OPTH SOLN	-	NC
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPTH OINT	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln (VIGAMOX OPTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPTH 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 OPTH OINT	-	2
NATACYN OPTH SUSP (QL= 15ml/fill)	QL	2
TRIFLURIDINE OPTH SOLN	-	2
ZIRGAN OPTH GEL	-	2
CILOXAN OPTH OINT	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
TOBREX OPTH OINT	-	3
BESIVANCE OPTH SUSP	-	NC
LEVOFLOXACIN OPTH SOLN	-	NC
MOXEZA OPTH SOLN, MOXIFLOXACIN OPTH SOLN, VIGAMOX OPTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
VIGAMOX OPTH SOLN	-	NC
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS OPTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	2
CEQUA (PF) OPTH SOLN	-	NC
cyclosporine ophth emulsion (RESTASIS equiv)	-	NC
CYCLOSPORINE OPTH EMULSION 0.1%	-	NC
RESTASIS MULTIDOSE	-	NC
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPTH SOLN	-	NC
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA OPTH SOLN	-	NC

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

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<b>OPHTHALMIC AGENTS Cont.</b>		
ROCKLATAN OPHTH SOLN	-	NC
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	1
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE OPHTH SOLN	-	NC
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
<b>OPHTHALMIC STEROIDS</b>		
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
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 GEL	-	NC
LOTEMAX OPHTH SUSP	-	NC

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<b>OPHTHALMIC AGENTS Cont.</b>		
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
<b>OPHTHALMIC SURGICAL AIDS</b>		
DUOVISC KIT	-	NC
<b>OPHTHALMICS - MISC.</b>		
cromolyn ophth soln (CROLOM equiv)	-	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
ALOCRILOPHTH SOLN	-	2
ALOMIDOPHTH SOLN	-	2
brinzolamide ophth susp (AZOPT equiv)	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
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
LASTACAFT 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
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
ZERVIATE OPHTH SOLN	-	NC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2

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<b>OPHTHALMIC AGENTS Cont.</b>		
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
TRAVATAN Z DROPS	-	NC
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC

**OTIC AGENTS**

<b>OTIC AGENTS - MISCELLANEOUS</b>		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
<b>OTIC ANTI-INFECTIVES</b>		
ofloxacin otic soln (FLOXIN equiv)	-	1
CIPROFLOXACIN OTIC SOLN	-	2
<b>OTIC COMBINATIONS</b>		
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
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
<b>OTIC STEROIDS</b>		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2

**OXYTOCICS**

<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
oxytocin inj	-	3

**PASSIVE IMMUNIZING AGENTS**

<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	-	NC
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ	-	NC

**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	-	M
CUTAQUIG INJ	-	NC
HIZENTRA INJ	-	NC
XEMBIFY INJ	-	NC

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MercyCare Select 4-Tier QHP Formulary

Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
AMPICILLIN CAP	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
<b>NATURAL PENICILLINS</b>		
PENICILLIN VK SOLN	-	1
penicillin vk tab (VEETIDS equiv)	-	1
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3
AUGMENTIN SUSP	-	3
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	1
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
progesterone oil inj	-	1
megestrol ES susp (MEGACE ES equiv)	-	3
MEGACE ES SUSP	-	NC
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	4
ANTABUSE TAB	-	NC
<b>ANTI-CATAPLECTIC AGENTS</b>		
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
<b>ANTIDEMENTIA AGENTS</b>		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
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
ADLARITY PATCH	-	NC
NAMENDA TAB	-	NC
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA PAK	PA	2
SAVELLA TAB (QL= 2 tabs/day)	PA-QL	2
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI TAB	PA	3
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx 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
INGREZZA PACK 40-80MG	-	NC
XENAZINE TAB	-	NC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
dimethyl fumarate DR cap (TECFIDERA equiv)	-	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	-	1
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	QL-RS	2
AUBAGIO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
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
ingolimod hcl cap 0.5mg (GILENYA equiv) (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
glatiramer inj (COPAXONE equiv) (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

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
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
BAFIERTAM CAP	-	NC
BETASERON INJ	-	NC
COPAXONE INJ	-	NC
GILENYA CAP 0.5MG	-	NC
MAVENCLAD PAK	-	NC
MAYZENT TAB	-	NC
MAYZENT TAB STARTER PACK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
GRALISE TAB	-	NC
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
LYRICA CR TAB	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
fluoxetine cap (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP (QL= 2 caps/day)	MSP-PA-QL	2
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	3
ORAP TAB	-	NC
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB	-	NC
<b>SMOKING DETERRENTS</b>		
bupropion SR tab (ZYBAN equiv)	SMKG	\$0
nicotine gum (NICORETTE equiv)	OTC-SMKG	\$0
NICOTINE KIT	OTC-SMKG	\$0
nicotine lozenge (COMMIT equiv)	OTC-SMKG	\$0

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
nicotine patch (NICODERM equiv)	OTC-SMKG	\$0
NICOTROL INHALER	SMKG	\$0
NICOTROL NASAL SPRAY	SMKG	\$0
VARENICLINE PAK	SMKG	\$0
VARENICLINE TAB	SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv)	SMKG	\$0
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ	-	NC
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4
KALYDECO TAB (QL= 2 ttabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	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-SF	4
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
BRONCHITOL CAP	-	NC
<b>PULMONARY FIBROSIS AGENTS</b>		
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
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
sulfadiazine tab	-	3
SULFADIAZINE TAB	-	NC
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TAB	-	NC
<b>TETRACYCLINES</b>		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab 100mg (ADOXA equiv)	-	1

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<b>TETRACYCLINES Cont.</b>		
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**

KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	EXC
KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE	VAC	EXC
PEDIARIX INJ	VAC	EXC
PENTACEL INJ	VAC	EXC

**ULCER DRUGS**

**ANTISPASMODICS**

dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1

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<b>ULCER DRUGS Cont.</b>		
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine 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
<b>H-2 ANTAGONISTS</b>		
cimetidine soln (CIMETIDINE equiv)	-	1
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
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
<b>MISC. ANTI-ULCER</b>		
sucralfate tab (CARAFATE equiv)	-	1
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole cap (NEXIUM equiv)	OTC	1
lansoprazole cap (PREVACID equiv)	OTC	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
FIRST OMEPRAZOLE SUSP	-	3
LANSOPRAZOLE SUSP	-	3
ACIPHEX SPRINKLE CAP	-	NC
NEXIUM GRANULE PACK	-	NC

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<b>SMKG</b> Smoking Cessation	<b>VAC</b> Vaccine Program	<b>¢</b> RxCENTS

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

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

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

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MercyCare Select 4-Tier QHP Formulary  
Category/Class

Last Updated\* 3/1/2023

DrugName	Special Code	Tier
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.</b>		
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC

**URINARY ANTI-INFECTIVES**

**URINARY ANTI-INFECTIVE COMBINATIONS**

PROSED DS TAB	-	NC
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**URINARY ANTISPASMODICS**

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)**

tropium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day)	QL	2
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**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 SOLN	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
VESICARE TAB	-	NC

**URINARY ANTISPASMODIC COMBINATIONS**

URELIEF PLUS TAB	-	NC
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**URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

MYRBETRIQ TAB	-	2
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC

**URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

bethanechol tab (URECHOLINE equiv)	-	1
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**URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)**

flavoxate tab (URISPAS equiv)	PA	3
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**VACCINES**

**BACTERIAL VACCINES**

ACTHIB INJ, HIBERIX INJ	VAC	EXC
MENVEO INJ	VAC	EXC
PEDVAXHIB INJ	VAC	EXC
PREVNAR 20 INJ	VAC	EXC
VAXNEUVANCE INJ	VAC	EXC
VIVOTIF CAP	VAC	EXC

**VIRAL VACCINES**

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL	\$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	\$0
COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days)	QL	\$0
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	\$0
COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days)	QL	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL	\$0
COVID-19 VACCINE INJ 6-11Y (MODERNA) (QL= 1 dose/24 days)	QL	\$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL	\$0
COVID-19 VACCINE INJ 6M-5Y (MODERNA) (QL= 1 dose/24 days)	QL	\$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	\$0
FLUVIRIN INJ (QL= 1 inj/28 days)	QL-VAC	\$0
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 QUADRIVALENT INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	EXC
IPOLE INJ	VAC	EXC
PREHEVBRIO SUSP	VAC	EXC
PRIORIX INJ	VAC	EXC
ROTARIX SUSP	VAC	EXC
ROTATEQ INJ	VAC	EXC
TICOVAC INJ	VAC	EXC
DENG VAXIA SUSP	VAC	NC
STAMARIL INJ	-	NC

**VAGINAL AND RELATED PRODUCTS**

**VAGINAL ANTI-INFECTIVES**

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

PHEXXI GEL (QL= 1 box/fill)	QL	\$0
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**VAGINAL PRODUCTS**

**MISCELLANEOUS VAGINAL PRODUCTS**

FEM PH GEL	-	3
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LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
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SMKG Smoking Cessation	VAC Vaccine Program	¢ RxCENTS

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

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

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
INTRAROSA SUPP	-	NC
<b>SPERMICIDES</b>		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
CONCEPTROL GEL	OTC	NC
<b>VAGINAL ANTI-INFECTIVES</b>		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
GYNAZOLE CREAM	-	3
MICONAZOLE 3 SUPP 200MG	-	3
<b>VAGINAL ESTROGENS</b>		
estradiol cream (ESTRACE equiv)	-	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
FEMRING (3 copays per Rx)	-	3
ESTRACE VAGINAL CREAM	-	NC
IMVEXXY SUPP	-	NC
VAGIFEM TAB	-	NC
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	1
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	1
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
SYMJEPI INJ (QL= 2 inj/fill)	QL	1
EPIPEN (JR) INJ (QL= 2 inj/fill)	QL	2
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		

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<b>LMSP</b> Lumicera Mandatory Specialty Pharmacy Program	<b>M</b> Medical Benefit	<b>MSP</b> Mandatory Specialty Pharmacy Program
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**Last Updated\* 3/1/2023**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VASOPRESSORS Cont.</b>		
midodrine tab (PROAMATINE equiv)	-	1
<b>VITAMINS</b>		
<b>MISC. NUTRITIONAL FACTORS</b>		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
<b>OIL SOLUBLE VITAMINS</b>		
vitamin D cap 1000unit	OTC	\$0
vitamin D cap 400unit	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
cholecalciferol cap 50000 unit	OTC	1
vitamin D cap (Rx covered Only)	-	1
ERGOCAL CAP	-	NC
MEPHYTON TAB	-	NC
phytonadione tab (MEPHYTON equiv)	-	NC
<b>WATER SOLUBLE VITAMINS</b>		
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 QHP Formulary**  
**Prior Authorization Drug List**  
**Last Updated\* 3/1/2023**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABSTRAL SL TAB	3
acitretin cap	4
ACTEMRA ACTPEN INJ	4
ACTEMRA SC INJ	4
ACTHAR GEL INJ	4
ACTIMMUNE INJ	4
acyclovir oint	3
adapalene/benzoyl peroxide gel 0.1-2.5%	3
ADBRY INJ	4
ADDYI TAB	3
ADEMPAS TAB	4
ADMELOG INJ, INSULIN LISPRO INJ	3
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	3
AEROSPAN INH	3
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
ANADROL TAB	3
ANDRODERM PATCH	3
ANZEMET TAB	3
APIDRA INJ	3
APIDRA SOLOSTAR INJ	3
ARANESP INJ	4
arformoterol tartrate neb soln	2
ARIKAYCE SUSP	4
atovaquone susp	4
AUSTEDO TAB	4
AYVAKIT TAB	4
BALVERSA TAB 3MG	4
BALVERSA TAB 4MG	4
BALVERSA TAB 5MG	4
BANZEL SUSP	3

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**Prior Authorization Drug List**  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
BAXDELA TAB	2
BELSOMRA TAB	3
BENLYSTA AUTO-INJECTOR	4
BENLYSTA INJ	4
BENZNIDAZOLE TAB	2
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
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
clomipramine cap	3
COMETRIQ KIT	4
CORLANOR TAB	3
COTELLIC TAB	4

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
CRESEMBA CAP	3
CRINONE GEL	2
CYSTAGON CAP	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
ERGOMAR SL TAB	3
ERIVEDGE CAP	4
ERLEADA TAB	4
erlotinib tab	4
everolimus tab	4
everolimus tab for oral susp	4
EXKIVITY CAP	4
FANAPT TAB	4
FANAPT TITRATION PACK	4
FASENRA PEN INJ	4

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
fentanyl citrate lollipop	3
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	4
FINTEPLA SOLN	4
FIRDAPSE TAB	4
flavoxate tab	3
flucytosine cap	4
FLUORAC CREAM	3
formoterol fumarate neb soln	3
FRAGMIN INJ	4
frovatriptan tab	3
GAVRETO CAP	4
GENOTROPIN INJ	4
GILOTRIF TAB	4
GRASTEK SL TAB	2
GUANIDINE TAB	3
HEMLIBRA INJ	4
HUMALOG MIX INJ	3
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	3
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
HUMULIN MIX INJ	3
HUMULIN MIX PEN INJ	3
HUMULIN N INJ	3
HUMULIN N PEN INJ	3
HUMULIN R INJ	3
HUMULIN R INJ U-500	4
HUMULIN R U-500 KWIKPEN INJ	4
HYCANTIN CAP	4
IBRANCE CAP	4
IBRANCE TAB	4
ICLUSIG TAB	4
IDHIFA TAB	4
IMBRUVICA CAP 140MG	4
IMBRUVICA CAP 70MG	4

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

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
IMBRUVICA SUSP	4
IMBRUVICA TAB 420MG, 560MG	4
INCRELEX INJ	4
INGREZZA CAP	4
INLYTA TAB	4
INQOVI TAB	4
INTRON-A INJ	4
IRESSA TAB	4
ISTURISA TAB 10MG	4
ISTURISA TAB 1MG	4
ISTURISA TAB 5MG	4
itraconazole soln	3
ivermectin tab	2
JAKAFI 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
KYNMOBI FILM	4
KYNMOBI TITRATION KIT	4
lacosamide oral solution	4
lapatinib ditosylate tab	4
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	4
LENVIMA CAP	4
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	3
LINZESS CAP	3
LIVTENCITY TAB	4
LOKELMA PAK	3
lubiprostone cap	3
LUCEMYRA TAB	4
LUMAKRAS TAB	4
LYNPARZA CAP	4
LYNPARZA TAB	4

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

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
LYSODREN TAB	4
LYVISPAH GRANULE PACKET	3
MAVYRET PAK	4
MAVYRET TAB	4
MEKINIST TAB 0.5MG	4
MEKINIST TAB 2MG	4
MEKTOVI TAB	4
MESNEX TAB	4
METHOXSALLEN 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
NINLARO CAP	4
nitazoxanide tab	2
NORLIQVA ORAL SOLN	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	4
OPSUMIT TAB	4
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
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	4
ORKAMBI TAB	4
OSPHENA TAB	3

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

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
OTEZLA STARTER PACK	4
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
PANCRELIPASE CAP	4
PANRETIN GEL	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
PREPOPIK PAK	3
PREVYMIS TAB	4
PROGESTERONE SUPP	3
PROMACTA POWDER	4
PROMACTA TAB	4
PULMOZYME INH SOLN	4
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
REPATHA INJ	2
REPATHA PUSHTRONEX INJ	2
RETEVMO CAP	4
REXULTI TAB	4
REYVOW TAB	4
REZUROCK TAB	4
RIFATER TAB	3
RINVOQ ER TAB	4
ROZLYTREK CAP	4

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

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
RUBRACA TAB	4
rufinamide susp	2
rufinamide tab	4
RYDAPT CAP	4
SANCUSO PATCH	3
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
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
SOMAVERT INJ	4
sorafenib tosylate tab	4
SOVALDI PELLET 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
tafluprost preservative free (pf) ophth soln	2
TAGRISSO TAB	4
TAKHZYRO INJ	4
TAKHZYRO INJ 150MG/ML	4
TALTZ INJ	4

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

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
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
TRINTELLIX TAB	3
TRULANCE TAB	3
TUKYSA TAB	4
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
UCERIS RECTAL FOAM	4

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

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
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
VOTRIENT TAB	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
XELJANZ XR TAB	4
XIFAXAN TAB 200MG	3
XIFAXAN TAB 550MG	4
XOLAIR SYRINGE	4
ZEJULA CAP	4
ZELBORAF TAB	4
ZEPATIER TAB	4

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

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ZEPOSIA CAP	4
ZEPOSIA STARTER PACK	4
ZOLINZA CAP	4
ZONISADE SUSP	3
ZTALMY SUSP	4
ZYDELIG TAB	4
ZYFLO TAB	4
ZYKADIA CAP	4
ZYKADIA TAB	4

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**MercyCare Select 4-Tier QHP Formulary**  
**Last Updated\* 3/1/2023**  
**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 QHP Formulary**  
**Last Updated\* 3/1/2023**  
**Over-the-Counter (OTC)**

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

**Over-the-Counter (OTC) Medications**

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER	aspirin chew tab 81mg	aspirin ec tab 81mg	B-D INSULIN SYRINGE
B-D PEN NEEDLE	budesonide nasal spray	CALIBRATION LIQUID	CARETOUCH MIS
cetirizine chew tab	cholecalciferol cap 50000 unit	cimetidine tab	CLINISTIX TEST STRIP
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
COVID-19 TEST	CUE COVID-19 INJ TEST CARTRIDGE	CUE HEALTH MONITOR	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 STRIF	KETOSTIX	ketotifen ophth soln	LANCET DEVICE
LANCET KIT	LANCETS	lansoprazole cap	levonorgestrel tab
MALE CONDOMS	NASACORT OTC NASAL SPRAY	nicotine gum	NICOTINE KIT
nicotine lozenge	nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ
NOVOLIN 70/30 INJ	NOVOLIN N FLEXPEN INJ	NOVOLIN N INJ	NOVOLIN R FLEXPEN INJ
NOVOLIN R INJ	NOVOTWIST PEN NEEDLE	NOVOTWIST/NOVOFINE PEN NEEDLE	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 QHP Formulary**  
**Last Updated\* 3/1/2023**  
**Mandatory Specialty Pharmacy (MSP)**

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

**Mandatory Specialty Pharmacy (MSP) Medications**

abiraterone tab 250mg	acitretin cap	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ
ACTHAR GEL INJ	ACTIMMUNE INJ	ADBRY INJ	ADEMPAS TAB
albendazole tab	ALECENSA CAP	alosectron tab	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ambrisentan tab	aminocaproic acid tab	amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap
ARANESP INJ	ARIKAYCE SUSP	atovaquone susp	AUBAGIO TAB
AURYXIA TAB	AUSTEDO TAB	AVONEX INJ	AYVAKIT TAB
BALVERSA TAB 3MG	BALVERSA TAB 4MG	BALVERSA TAB 5MG	BENLYSTA AUTO-INJECTOI
BENLYSTA INJ	betaine powder for oral solution	bexarotene cap	bexarotene gel
bivalirudin soln	bosentan tab	BOSULIF TAB	BRAFTOVI CAP 75MG
BRUKINSA CAP	budesonide ER tab	BYLVAY CAP 1200MCG	BYLVAY CAP 400MCG
BYLVAY SPRINKLE CAP	BYLVAY SPRINKLE CAP 600MCG	CABLIVI INJ KIT	CABOMETYX TAB
200MCG	CALQUENCE CAP	CALQUENCE TAB	CAMZYOS CAP
CALCITRIOL OINT	CAPRELSA TAB	carglumic acid tab	CAYSTON INH SOLN
capecitabine tab	CIBINQO TAB	CIMZIA INJ	CIMZIA STARTER INJ KIT
CHOLBAM CAP	COMETRIQ KIT	COTELLIC TAB	CREON CAP
cinacalcet tab	cyclosporine cap	CYSTAGON CAP	deferasirox granules packet
cyclophosphamide cap	deferasirox tab 180mg	deferasirox tab 90mg, 360mc	deferiprone tab
deferasirox tab	DIACOMIT POWDER PACK	DIFICID TAB	dihydroergotamine mesylate nasal spray
DIACOMIT CAP		DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	D-PENAMINE TAB
DIPENTUM CAP	DOPTELET TAB	DUPIXENT PEN INJ	ELMIRON CAP
dronabinol cap	DUPIXENT INJ	ENBREL INJ 50MG	ENBREL MINI INJ
EMPAVELI INJ	ENBREL INJ 25MG	entecavir tab	EPIDIOLEX SOLN
ENBREL SURECLICK INJ	ENDARI POWDER PACK		
50MG			
ERIVEDGE CAP	ERLEADA TAB	erlotinib tab	erythromycin ethylsuccinate susp
ETOPOSIDE CAP	everolimus tab	everolimus tab for oral susp	EXKIVITY CAP
EXTAVIA INJ	FASENRA PEN INJ	FERRIPROX SOLN	ingolimod hcl cap 0.5mg
FINTEPLA SOLN	FIRDAPSE TAB	flucytosine cap	fondaparinux inj
FORTEO INJ	FOSRENOL POWDER PACK	FRAGMIN INJ	FULPHILA INJ
FUROSCIX KIT	FUZEON INJ	GAVRETO CAP	GENOTROPIN INJ

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GILENYA CAP 0.25MG	GILOTRIF TAB	glatiramer inj	GLEOSTINE/LOMUSTINE CAP
HEMLIBRA INJ HUMIRA INJ 80MG	HUMIRA INJ 10MG HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK HUMIRA PEN INJ 40MG	HUMIRA INJ 20MG HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	HUMIRA INJ 40MG HUMIRA INJ PEDIATRIC UC STARTER PACK
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK IBRANCE TAB IMBRUVICA CAP 140MG	ICLUSIG TAB IMBRUVICA CAP 70MG	HYCANTIN CAP	IBRANCE CAP
INCRELEX INJ INTRON-A INJ ISTURISA TAB 5MG KALYDECO TAB KISQALI PAK KOSELUGO CAP lacosamide oral solution	INGREZZA CAP IRESSA TAB JAKAFI TAB KESIMPTA INJ KISQALI TAB KOSELUGO CAP 10MG lanthanum carbonate chew tab LENVIMA CAP LUMAKRAS TAB MAVYRET PAK MEKTOVI TAB mesalamine supp mycophenolate DR tab NERLYNX TAB NIVESTYM INJ OCALIVA TAB OFEV CAP ORENCIA SC INJ 125MG/MI	IDHIFA TAB IMBRUVICA SUSP  INLYTA TAB ISTURISA TAB 10MG JYNARQUE PAK KEVZARA INJ KITABIS PAK NEB SOLN KYNMOBI FILM lapatinib ditosylate tab  linezolid susp LYNPARZA CAP MAVYRET TAB mesalamine DR tab MESNEX TAB mycophenolate mofetil susp NEUPRO PATCH NUBEQA TAB octreotide inj OLUMIANT TAB ORENCIA SC INJ 50MG/0.4ML OTEZLA STARTER PACK	imatinib tab IMBRUVICA TAB 420MG, 560MG INQOVI TAB ISTURISA TAB 1MG KALYDECO PAK KINERET INJ KORLYM TAB KYNMOBI TITRATION KIT LEDIPASVIR/SOFOSBUVIR TAB linezolid tab LYNPARZA TAB MEKINIST TAB 0.5MG mesalamine ER cap METHOXSALEN CAP MYLERAN TAB nilutamide tab NUCALA INJ OCTREOTIDE INJ 100MCG OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML OTEZLA TAB
lenalidomide cap LIVTENCITY TAB LYSODREN TAB MEKINIST TAB 2MG mesalamine kit miglustat cap NATPARA INJ NINLARO CAP NUDEXTA CAP ODOMZO CAP ORENCIA CLICK INJ	ORKAMBI TAB	ORKAMBI TAB	ORKAMBI TAB
ORKAMBI GRANULES PACKET OXBRYTA TAB	OXBRYTA TAB FOR ORAL SUSP	PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP PEG-INTRON INJ PHEBURANE ORAL PELLETS	PANCRELIPASE CAP
PANRETIN GEL penciclovir cream	PEGASYS INJ penicillamine tab	PIQRAY TAB PLEGRIDY INJ PROMACTA POWDER PYRUKYND TAB RADICAVA ORS SUSP	PEMAZYRE TAB phenoxybenzamine cap
PICATO GEL pirfenidone tab 801mg PREVYMIS TAB pyrimethamine tab RADICAVA ORS STARTER KIT RENAGEL TAB REZUROCK TAB RINVOQ ER TAB rufinamide tab	RETEVMO CAP ribavirin cap risedronate tab 30mg RYDAPT CAP	REVLIMID CAP ribavirin tab ROZLYTREK CAP SANDIMMUNE SOLN 100MG/ML	pirfenidone tab 267mg POMALYST CAP PULMOZYME INH SOLN QINLOCK TAB REBIF INJ
			REYVOW TAB RIDAURA CAP RUBRACA TAB SEVELAMER CARBONATE TAB

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sevelamer hydrochloride tab SIMPONI AUTO-INJECTOR 100MG SIRTURO TAB SKYRIZI INJ 75MG/0.83ML	sevelamer powder pak SIMPONI INJ 100MG  SKYRIZI INJ 150MG/ML SODIUM OXYBATE SOLN	sevelamer tab sirolimus soln  SKYRIZI INJ 180 MG/1.2ML SOFOSBUVIR/VELPATASVI R TAB SOVALDI TAB STIVARGA TAB TABRECTA TAB TAGRISSO TAB TASIGNA CAP temozolomide cap tiopronin tab TRACLEER TAB 32MG treprostinil inj 2.5mg/ml TUKYSA TAB TYVASO DPI POWDER TITRATION KIT 16-32-48MC	SIGNIFOR INJ sirolimus tab  SKYRIZI INJ 360MG/2.4ML SOMAVERT INJ  SPRYCEL TAB sunitinib malate cap tadalafil tab (PAH) TAKHZYRO INJ TAVALISSE TAB tetrabenazine tab tobramycin neb soln TREMIFYA INJ treprostinil inj 5mg/ml TYMLOS INJ TYVASO DPI POWDER TITRATION KIT 16-32MCG
sorafenib tosylate tab STELARA INJ SYMDEKO TAB TADLIQ SUSP TAKHZYRO INJ 150MG/ML TAVNEOS CAP THALOMID CAP tolcapone tab treprostinil inj 10mg/ml tretinoin cap TYVASO DPI POWDER	SOVALDI PELLET PAK STIMATE NASAL SOLN SYNAREL NASAL SOLN TAFINLAR CAP TALTZ INJ TAZVERIK TAB TIBSOVO TAB TOLVAPTAN TAB treprostinil inj 1mg/ml TRIKAFTA TAB TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG UCERIS RECTAL FOAM valganciclovir tab VENCLEXTA TAB	UPTRAVI TAB vancomycin cap VENTAVIS INH SOLN  vigadrone powder pack voriconazole tab VYNDAMAX CAP XADAGO TAB XCOPRI PAK 50-200MG	VALCHLOR GEL VELPHORO CHEW TAB VERZENIO TAB  VIJOICE TAB VOSEVI TAB VYNDAQEL CAP XALKORI CAP XCOPRI TITRATION PAK 12.5-25MG XELJANZ TAB
TYVASO INH SOLN valganciclovir soln VENCLEXTA STARTER PACK vigabatrin powder pack VIJOICE TAB 250MG VOTRIENT TAB WAKIX TAB XCOPRI PAK 100-150MG	UCERIS RECTAL FOAM valganciclovir tab VENCLEXTA TAB  vigabatrin tab VONJO CAP VOXZOGO INJ WELIREG TAB XCOPRI PAK 150-200MG	XELJANZ SOLN  XIFAXAN TAB 550MG ZELBORAF TAB ZIEXTENZO INJ ZYDELIG TAB	XOLAIR SYRINGE ZEPATIER TAB ZILRETTA INJ ZYFLO TAB
XCOPRI TITRATION PAK 150-200MG XELJANZ XR TAB ZARXIO INJ ZEPOSIA CAP ZOLINZA CAP ZYKADIA CAP	XCOPRI TITRATION PAK 50-100MG XEPI CREAM ZEJULA CAP ZEPOSIA STARTER PACK ZTALMY SUSP ZYKADIA TAB		

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 QHP Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 3/1/2023**

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

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 QHP Formulary**  
**Infertility Drug List**  
**Last Updated\* 3/1/2023**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
cetorelix acetate for inj kit	NC
CETROTIDE INJ KIT	NC
CLOMID TAB	NC
CLOMIPHENE CITRATE POWDER	NC
CLOMIPHENE TAB	NC
FOLLISTIM AQ INJ	NC
GONAL-F RFF INJ	NC
MENOPUR INJ	NC
OVIDREL INJ	NC
PREGNYL INJ	M
TRELSTAR INJ	NC

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 QHP Formulary**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
abiraterone tab 250mg	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ABSTRAL SL TAB	QL= 120 tabs/30 days
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
ADBRY INJ	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
ADVAIR DISKUS INHALER	QL= 1 inhaler/fill
ADVAIR HFA INHALER	QL= 1 inhaler/fill
AFLURIA INJ	QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIJ INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ALINIA SUSP	QL= 60ml/3 days
ALKINDI SPRINKLE CAP 0.5MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 days
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
ARCAPTA NEOHALER	QL= 30 units/fill
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
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
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

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
BREO ELLIPTA INHALER	QL= 1 inhaler/fill
BRUKINSA CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
budesonide ER tab	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
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 Diplomat Pharmacy 877-977-9118
CAMZYOS CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
clindamycin/tretinoin gel	QL= 30g/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
COMBIVENT RESPIMAT INHALER	QL= 1 inhaler/fill
COTELLIC TAB	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
COVID-19 TEST	QL= 8 tests/30 days
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE BOOSTER INJ (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
COVID-19 VACCINE INJ (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	QL= 1 dose/24 days

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
CUE COVID-19 INJ TEST CARTRIDGE	QL= 8 cartridges/30 days
CUE HEALTH MONITOR	QL= 1 kit/year
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DAYVIGO TAB	QL= 1 tab/day
DEPO-PROVERA INJ	QL= 1 inj/90 days
desipramine tab	QL= 2 tabs/day
DIASTAT RECTAL GEL, 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 tab	QL= 1 tab/day
DULERA INHALER	QL= 1 inhaler/fill
DUPIXENT INJ	QL= 2 inj/ 28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
DUPIXENT PEN INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
econazole cream	QL= 30gm/fill
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ELMIRON CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
everolimus tab for oral susp	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
EXKIVITY CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 2 tabs/day
FARXIGA TAB	QL= 1 tab/day
FASENRA PEN INJ	QL= 1 inj/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
febuxostat tab	QL= 1 tab/day
FEMALE CONDOMS	QL= 12 condoms/fill
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
fentanyl patch 12mcg	QL= 10 patches/30 days
fentanyl patch 25mcg	QL= 10 patches/30 days
fentanyl patch 50mcg	QL= 10 patches/30 days
fentanyl patch 75mcg	QL= 10 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLUAD INJ	QL= 1 inj/28 days
FLUAD QUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL= 1 inj/28 days
FLUBLOK QUAD PF INJ	QL= 1 inj/28 days
FLUCELVAX QUAD INJ	QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD IN	QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP	QL= 1 inj/28 days

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
flunisolide nasal soln	QL= 2 bottles/fill
fluorouracil cream	QL= 40g/fill
FLUOROURACIL SOLN	QL= 10ml/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUVIRIN INJ	QL= 1 inj/28 days
FLUZONE HD PF INJ	QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
FLUZONE QUADRIVALENT INJ	QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ	QL= 1 inj/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
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
halobetasol propionate cream	QL= 15gm/fill
halobetasol propionate oint	QL= 15gm/fill
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

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ PEDIATRIC UC STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/30 days
hydromorphone ER tab	QL= 2 tabs/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
IBRANCE TAB	QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP	QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
INQOVI TAB	QL= 5 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
KYNMOBI FILM	QL= 5 films/day
KYNMOBI TITRATION KIT	QL=1 kit/fill
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 1 inhaler/fill
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 2 patches/day
LINZESS CAP	QL= 1 cap/day
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
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
lurasidone hcl tab	QL= 1 tab/day
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MALE CONDOMS	QL= 12 condoms/fill
MAVYRET PAK	QL= 5 packs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
MAVYRET TAB	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
MEKINIST TAB 0.5MG	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421

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

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

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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 OPHTH SOLN	QL= 2 bottles/fill
MOLNUPIRAVIR CAP	QL= 40 caps/fill
mometasone nasal spray	QL= 2 bottles/fill
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
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
nitazoxanide tab	QL= 6 tabs/3 days
NUBEQA TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
NUCALA INJ	QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
NUCYNTA ER TAB	QL= 2 tabs/day
NUCYNTA TAB	QL= 4 tabs/day
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
OPANA ER TAB (CRUSH RESISTANT)	QL= 2 tabs/day
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ORENCIA CLICK INJ	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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 CVS Specialty 800-237-2767
oxycodone cap	QL= 4 caps/day
oxycodone conc	QL= 90ml/30 days
oxycodone soln	QL= 100ml/30 days
oxycodone tab 10mg	QL= 4 tabs/day
oxycodone tab 15mg	QL= 3 tabs/day
oxycodone tab 20mg	QL= 3 tabs/day
oxycodone tab 30mg	QL= 2 tabs/day
oxycodone tab 5mg	QL= 4 tabs/day
oxymorphone tab	QL= 4 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 1 tab/day
PAXLOVID TAB	QL= 30 tabs/fill
peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PEMAZYRE TAB	QL= 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

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
pimecrolimus cream	QL= 30g/fill; Covered for members 2 years or older
pirfenidone cap	QL= 9 caps/day
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 100 tabs/6 months; 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
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETEVMO CAP	QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZUROCK TAB	QL= 1 tab/day; Only available through Lumicera 855-847-3553
RINVOQ ER TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
roflumilast tab	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RYBELSUS TAB	QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
RYDAPT CAP	QL= 56 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/fill
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
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	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SOLQUA INJ	QL= 15ml/25 days
SPINOSAD SUSP	QL= 1 bottle/fill
STELARA INJ	QL= 1 inj/84 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
STIVARGA TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/fill
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
SYNERA PATCH	QL= 1 patch/fill
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day

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

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TALTZ INJ	QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
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
TIBSOVO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
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
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

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

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
trilyte soln	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TRIUMEQ PD TAB	QL= 1 tab/day
TRIUMEQ TAB	QL= 1 tab/day
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	Only available through Accredo 800-803-2523; QL= 4 cartridges/day
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	Only available through Accredo 800-803-2523; QL= 224 cartridges/28 days
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG	QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
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
VENTOLIN HFA INHALER	QL= 2 inhalers/fill
VERQUVO TAB	QL= 1 tab/day
VERZENIO TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VICTOZA INJ	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VIIBRYD STARTER KIT	QL= 1 tab/day
VIJOICE TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VIJOICE TAB 250MG	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
vilazodone hcl tab	QL= 1 tab/day
VONJO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
VOSEVI TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VOXZOGO INJ	QL= 1 vial/day; Only available through Accredo 888-773-7376
VYNDAMAX CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416

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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
WELIREG TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XADAGO TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XALKORI CAP	QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ZEPOSIA CAP	QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZETONNA NASAL SPRAY	QL= 2 bottles/fill
ZILRETTA INJ	QL= 2 inj/365 days
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/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 QHP Formulary Cont.**  
**Last Updated\* 3/1/2023**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini 800-410-8575
ZYKADIA CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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.