

FORMULARY INSTRUCTIONS

At Child Health Plan *Plus* offered by Colorado Access, we want to make sure you get the prescription medications you need.

This is a list of medications covered by your plan. If a medication is not on the formulary list, it is not covered. Use this list to find out if your medication is covered. Medications are listed alphabetically. Updates are generally made at the first of each month.

Each prescription drug has been assigned a tier. Tiers determine what your copay will be. For example, tier one drugs are usually generic and cost the least, so copays for those drugs will be the lowest. A specialty or brand name drug that is more expensive will have a higher copay.

Tiers are listed to the right of the drug name, along with any special codes that apply. You can view an index explaining the codes at the bottom of each page.

If you have any questions, call us at 303-751-9021 or 888-214-1101 (toll free).

Search Tip:

You can search quickly and easily by clicking on the binoculars icon on your toolbar, or by using the command Control+Shift+F. This will display a search box for you to enter the name of the drug you want to find. If you're not sure about the spelling, you can start your search by typing just the first few letters of the drug name.



Search Tip:

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

Colorado Access Child Health Plan Plus HMO Formulary
Alphabetical Index
Last Updated 8/1/2017

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| 8-MOP CAP | - | F | DERMATOLOGICALS |
| abacavir tab (ZIAGEN equiv) | - | F | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | F | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | F | ANTIVIRALS |
| ABILIFY DISCMELT (QL= 1 tab/day) | QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY SOLN | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| acamprosat calcium DR tab (CAMPRAL equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | F | ANTIDIABETICS |
| ACCU-CHECK GUIDE CARE METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| acebutolol cap (SECTRAL equiv) | - | F | BETA BLOCKERS |
| acetaminophen cap (TYLENOL equiv) | OTC | F | ANALGESICS - NONNARCOTIC |
| acetaminophen chew tab (TYLENOL equiv) | OTC | F | ANALGESICS - NONNARCOTIC |
| acetaminophen drops (TYLENOL equiv) | OTC | F | ANALGESICS - NONNARCOTIC |
| acetaminophen elixir (TYLENOL equiv) | OTC | F | ANALGESICS - NONNARCOTIC |
| acetaminophen liquid (TYLENOL equiv) | OTC | F | ANALGESICS - NONNARCOTIC |
| ACETAMINOPHEN SOLN | OTC | F | ANALGESICS - NONNARCOTIC |
| acetaminophen supp (TYLENOL equiv) | OTC | F | ANALGESICS - NONNARCOTIC |
| acetaminophen tab (TYLENOL equiv) | OTC | F | ANALGESICS - NONNARCOTIC |
| acetaminophen/codeine soln | - | F | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | F | ANALGESICS - OPIOID |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | F | MIGRAINE PRODUCTS |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | F | DIURETICS |
| acetazolamide tab | - | F | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | F | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | F | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | F | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | F | COUGH/COLD/ALLERGY |
| ACIDIC VAGINAL JELLY | - | F | VAGINAL PRODUCTS |
| acitretin cap (SORIATANE equiv) | - | F | DERMATOLOGICALS |
| ACTEMRA SC INJ | LMSP-PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD | F | ANTINEOPLASTICS |
| acyclovir cap (ZOVIRAX equiv) | - | F | ANTIVIRALS |
| acyclovir susp (ZOVIRAX equiv) | - | F | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | F | ANTIVIRALS |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | F | DERMATOLOGICALS |
| adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | F | DERMATOLOGICALS |

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|-----|--|-----|---|------|---|
| INF | NC =Not Covered Infertility | LD | generic =small letters Limited Distribution | LMSP | BRANDS =CAPITAL LETTERS Lumicera Mandatory Specialty Pharmacy Program |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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Colorado Access Child Health Plan Plus HMO Formulary Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | F | DERMATOLOGICALS |
| ADCIRCA TAB | LMSP-PA | F | CARDIOVASCULAR AGENTS - MISC. |
| ADDERALL XR CAP (QL= 2 caps/day) | QL | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ADVAIR DISKUS INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AEROCHAMBER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| AFLURIA INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| AFLURIA INJ, FLUZONE INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| ALBENZA TAB | - | F | ANTHELMINTICS |
| albuterol neb soln 0.083% (PROVENTIL equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 0.5% (VENTOLIN equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 0.63mg (ACCUNEB equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 1.25mg (ACCUNEB equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | F | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | F | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| alendronate tab (FOSAMAX equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALER-DRYL TAB | OTC | F | ANTIHISTAMINES |
| ALFERON-N INJ | LMSP | F | ANTINEOPLASTICS |
| alfuzosin SR tab (UROXATRAL equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| ALINIA TAB | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| ALLEGRA TAB | OTC | F | ANTIHISTAMINES |
| allopurinol tab (ZYLOPRIM equiv) | - | F | GOUT AGENTS |
| ALOCRILOPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| ALOMIDE OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| alosetron tab (LOTRONEX equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPHTH SOLN 0.1% | - | F | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | F | ANTI-ANXIETY AGENTS |

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| alprazolam ODT (NIRAVAM equiv) | - | F | ANTIANKXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | F | ANTIANKXIETY AGENTS |
| ALREX OPTH SUSP, LOTEMAX OPTH SUSP | - | F | OPHTHALMIC AGENTS |
| aluminum chloride soln (DRYSOL equiv) | - | F | DERMATOLOGICALS |
| amantadine cap (SYMMETREL equiv) | - | F | ANTIPARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | F | ANTIPARKINSON AGENTS |
| amantadine tab | - | F | ANTIPARKINSON AGENTS |
| amethyst tab (LYBREL equiv) | - | F | CONTRACEPTIVES |
| amiloride tab (MIDAMOR equiv) | - | F | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | F | DIURETICS |
| aminocaproic acid syrup (AMICAR equiv) | - | F | HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | F | HEMOSTATICS |
| aminophylline tab | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| amiodarone tab (CORDARONE equiv) | - | F | ANTIARRHYTHMICS |
| amitriptyline tab (ELAVIL equiv) | - | F | ANTIDEPRESSANTS |
| amlodipine tab (NORVASC equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| amlodipine/atorvastatin tab (CADUET equiv) | - | F | CARDIOVASCULAR AGENTS - MISC. |
| amlodipine/benazepril cap (LOTREL equiv) | - | F | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | F | ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | F | ANTIHYPERTENSIVES |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | F | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | F | DERMATOLOGICALS |
| AMOXAPINE TAB | - | F | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | F | PENICILLINS |
| amoxicillin chew tab (AMOXIL equiv) | - | F | PENICILLINS |
| AMOXICILLIN CHEW TAB 250MG | - | F | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | F | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | F | PENICILLINS |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | F | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | F | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | F | PENICILLINS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ampicillin cap (PRINCIPEN equiv) | - | F | PENICILLINS |
| ampicillin susp (PRINCIPEN equiv) | - | F | PENICILLINS |
| anagrelide cap (AGRYLIN equiv) | - | F | HEMATOLOGICAL AGENTS - MISC. |
| anastrozole tab (ARIMIDEX equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | F | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 1.25GM (QL= 1 packet/day) | PA-QL | F | ANDROGENS-ANABOLIC |
| ANDROGEL 1.62% 2.5GM (QL= 2 packets/day) | PA-QL | F | ANDROGENS-ANABOLIC |
| ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days) | PA-QL | F | ANDROGENS-ANABOLIC |
| ANDROXY TAB | - | F | ANDROGENS-ANABOLIC |
| ANORO ELLIPTA INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| APHTHASOL PASTE | - | F | MOUTH/THROAT/DENTAL AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | F | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | F | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | F | ANTIEMETICS |

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|---|---------------------|-------------|---|
| apri tab (DESOGEN equiv) | - | F | CONTRACEPTIVES |
| APTIVUS CAP | - | F | ANTIVIRALS |
| APTIVUS SOLN | - | F | ANTIVIRALS |
| aranelle tab (TRI-NORINYL equiv) | - | F | CONTRACEPTIVES |
| aripiprazole ODT (ABILIFY equiv) (QL= 1 tab/day) | QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) (QL= 1 tab/day) | QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | F | THYROID AGENTS |
| ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| artificial tears | OTC | F | OPHTHALMIC AGENTS |
| artificial tears (LIQUIFILM equiv) | OTC | F | OPHTHALMIC AGENTS |
| artificial tears ophth oint (LACRI-LUBE equiv) (QL= 25gm/30 days) | OTC-QL | F | OPHTHALMIC AGENTS |
| artificial tears ophth soln (AQUASITE equiv) (QL= 25ml/30 days) | OTC-QL | F | OPHTHALMIC AGENTS |
| ascorbic acid chew tab | OTC | F | VITAMINS |
| ascorbic acid tab | OTC | F | VITAMINS |
| ASMANEX HFA INHALER (QL= 1 inhaler/30 days) | QL | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER (QL= 1 inhaler/30 days) | QL | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg | OTC | F | ANALGESICS - NONNARCOTIC |
| aspirin supp | OTC | F | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg | OTC | F | ANALGESICS - NONNARCOTIC |
| aspirin tab 81mg | OTC | F | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | F | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENOLX equiv) | - | F | HEMATOLOGICAL AGENTS - MISC. |
| atenolol tab (TENORMIN equiv) | - | F | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | F | ANTIHYPERTENSIVES |
| atomoxetine cap (STRATTERA CAP equiv) (QL= 1 cap/day) | QL | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day) | QL | F | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| ATRIPLA TAB | - | F | ANTIVIRALS |
| atropine ophth oint | - | F | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | F | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AVANDAMET TAB | - | F | ANTIDIABETICS |
| AVANDARYL TAB | - | F | ANTIDIABETICS |
| AVANDIA TAB | - | F | ANTIDIABETICS |
| AVAR GEL | - | F | DERMATOLOGICALS |
| AVC VAGINAL CREAM | - | F | VAGINAL PRODUCTS |
| aviane tab (ALESSE equiv) | - | F | CONTRACEPTIVES |
| AVONEX INJ | LMSP | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AVONEX INJ | LMSP | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AXID AR TAB | OTC | F | ULCER DRUGS |
| AZASITE SOLN | - | F | OPHTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | F | ASSORTED CLASSES |

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|---|---------------------|-------------|---|
| azelastine nasal spray (ASTELIN, ASTEPRO equiv) (QL= 1 bottle/month) | QL | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | F | OPHTHALMIC AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | F | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | F | MACROLIDES |
| bacitracin oint | OTC | F | DERMATOLOGICALS |
| BACITRACIN OPHTH OINT | - | F | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | F | OPHTHALMIC AGENTS |
| bacitracin/polymyxin B oint (POLYSPORIN equiv) | OTC | F | DERMATOLOGICALS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | F | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | F | OPHTHALMIC AGENTS |
| bacitracin/zinc oint | OTC | F | DERMATOLOGICALS |
| baclofen tab | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| balsalazide cap (COLAZAL equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| BANZEL SUSP (QL= 2400ml/30 days; Step Therapy requires trial of valproic acid, lamotrigine, FELBATOL or topiramate) | QL-ST | F | ANTICONVULSANTS |
| BANZEL TAB (QL= 8 tabs/day; Step Therapy requires the trial of valproic acid, lamotrigine, FELBATOL, or topiramate) | QL-ST | F | ANTICONVULSANTS |
| B-D INSULIN SYRINGE | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| BELLADONNA ALKALOID/OPIUM SUPP | - | F | ULCER DRUGS |
| benazepril tab (LOTENSIN equiv) | - | F | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | F | ANTIHYPERTENSIVES |
| benzocaine gel | OTC | F | MOUTH/THROAT/DENTAL AGENTS |
| benzocaine paste | OTC | F | MOUTH/THROAT/DENTAL AGENTS |
| benzonatate cap (TESSALON equiv) | - | F | COUGH/COLD/ALLERGY |
| benzoyl peroxide cream (NEOBENZ equiv) | OTC | F | DERMATOLOGICALS |
| benzoyl peroxide gel (OTC) (BENZAC equiv) | OTC | F | DERMATOLOGICALS |
| benzoyl peroxide liquid (BENZAC equiv) | OTC | F | DERMATOLOGICALS |
| benzoyl peroxide lotion (OTC) (TRIAZ equiv) | OTC | F | DERMATOLOGICALS |
| benztropine tab | - | F | ANTIPARKINSON AGENTS |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | F | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | F | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | F | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | F | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | F | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | F | DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | F | DERMATOLOGICALS |
| betamethasone valerate cream | - | F | DERMATOLOGICALS |
| betamethasone valerate lotion | - | F | DERMATOLOGICALS |
| betamethasone valerate oint | - | F | DERMATOLOGICALS |
| BETASERON INJ (Step Therapy requires trial of 2 of the 3 products: AVONEX, REBIF, COPAXONE) | LMSP-ST | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | F | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | F | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | F | URINARY ANTISPASMODICS |
| BETHKIS NEB SOLN | MSP | F | AMINOGLYCOSIDES |
| BETIMOL OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | F | OPHTHALMIC AGENTS |

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| bexarotene cap (TARGRETIN equiv) | LMSP-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bicalutamide tab (CASODEX equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIMATOPROST OPTH SOLN, LUMIGAN OPTH SOLN (QL= 2.5ml/30 days | QL | F | OPHTHALMIC AGENTS |
| bisoprolol tab (ZEBETA equiv) | - | F | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | F | ANTIHYPERTENSIVES |
| BLEPHAMIDE OPTH SOLN | - | F | OPHTHALMIC AGENTS |
| brimonidine ophth soln (ALPHAGAN P equiv) | - | F | OPHTHALMIC AGENTS |
| bromfenac ophth soln (BROMDAY equiv) | - | F | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | F | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | F | ANTIPARKINSON AGENTS |
| budesonide inh susp (PULMICORT equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide SR cap (ENTOCORT EC equiv) | - | F | CORTICOSTEROIDS |
| bufferin tab | OTC | F | ANALGESICS - NONNARCOTIC |
| bumetanide tab (BUMEX equiv) | - | F | DIURETICS |
| BUNAVAIL SL FILM, SUBOXONE SL FILM | - | F | ANALGESICS - OPIOID |
| BUPHENYL TAB | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| bupropion ER tab (WELLBUTRIN equiv) | - | F | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | F | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | F | ANTIDEPRESSANTS |
| bupirone tab (BUSPAR equiv) | - | F | ANTIANKXIETY AGENTS |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/30 days) | QL | F | ANALGESICS - OPIOID |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | F | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | F | ANTIDIABETICS |
| BYETTA INJ | - | F | ANTIDIABETICS |
| cabergoline tab (DOSTINEX equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | F | DERMATOLOGICALS |
| calcipotriene oint | - | F | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | F | DERMATOLOGICALS |
| calcitonin nasal spray (MIACALCIN equiv) (QL= 1 bottle/30 days) | QL | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol inj (CALCIJEX equiv) | LMSP | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol soln (ROCALTROL equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| calcium carbonate chew tab (TUMS equiv) | OTC | F | ANTACIDS |
| calcium carbonate susp | OTC | F | MINERALS & ELECTROLYTES |
| calcium carbonate tab | OTC | F | MINERALS & ELECTROLYTES |

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|-----|--|-----|--------------------------|------|---|
| INF | NC =Not Covered | LD | generic =small letters | LMSP | BRANDS =CAPITAL LETTERS |
| MSP | Infertility | OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
| SP | Quantity Limit | ST | Restricted to Specialist | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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|--|---------------------|-------------|--|
| CALCIUM W/ VITAMIN D TAB | OTC | F | MINERALS & ELECTROLYTES |
| calcium w/vitamin D tab | OTC | F | MINERALS & ELECTROLYTES |
| CALIBRATION LIQUID | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| CANASA SUPP | - | F | GASTROINTESTINAL AGENTS - MISC. |
| candesartan tab (ATACAND equiv) | - | F | ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | F | ANTIHYPERTENSIVES |
| capecitabine tab (XELODA equiv) | LMSP | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| captopril tab (CAPOTEN equiv) | - | F | ANTIHYPERTENSIVES |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | F | ANTIHYPERTENSIVES |
| CARAC CREAM | - | F | DERMATOLOGICALS |
| CARAFATE SUSP | - | F | ULCER DRUGS |
| carbamazepine chew tab (TEGRETOL equiv) | - | F | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | F | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | F | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | F | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | F | ANTICONVULSANTS |
| carbamide peroxide otic soln (DEBROX equiv) | OTC | F | OTIC AGENTS |
| carbidopa tab (LODOSYN equiv) | - | F | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | F | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | F | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | F | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | F | ANTIPARKINSON AGENTS |
| carbinoxamine soln (PALGIC equiv) | - | F | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | F | ANTIHISTAMINES |
| carboplatin inj (PARAPLATIN equiv) | SP | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| carisoprodol tab (SOMA equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | F | OPHTHALMIC AGENTS |
| carvedilol tab (COREG equiv) | - | F | BETA BLOCKERS |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | F | ANTI-INFECTIVE AGENTS - MISC. |
| CEENU CAP | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cefaclor cap (CECLOR equiv) | - | F | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | F | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | F | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | F | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | F | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | F | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | F | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | F | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | F | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | F | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | F | CEPHALOSPORINS |
| CEFTIN SUSP | - | F | CEPHALOSPORINS |
| cefuroxime susp (CEFTIN equiv) | - | F | CEPHALOSPORINS |

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|-----|--|-----|---|------|---|
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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SMKG | Smoking Cessation |
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|--|---------------------|-------------|---|
| cefuroxime tab (CEFTIN equiv) | - | F | CEPHALOSPORINS |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day; Step Therapy requires trial of 2 generic NSAIDS) | QL-ST | F | ANALGESICS - ANTI-INFLAMMATORY |
| CELLCEPT CAP | - | F | ASSORTED CLASSES |
| CELLCEPT TAB | - | F | ASSORTED CLASSES |
| CELONTIN CAP | - | F | ANTICONVULSANTS |
| cephalexin cap (KEFLEX equiv) | - | F | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | F | CEPHALOSPORINS |
| CEREZYME INJ | MSP-PA | F | HEMATOPOIETIC AGENTS |
| cesia tab (CYCLESSA equiv) | - | F | CONTRACEPTIVES |
| cetirizine chew tab (ZYRTEC equiv) (QL= 1 tab/day; Covered if under 12 years ONLY) | OTC-QL | F | ANTIHISTAMINES |
| cetirizine syrup (ZYRTEC equiv) (QL= 300 ml/30 days) | OTC | F | ANTIHISTAMINES |
| cetirizine tab (ZYRTEC equiv) (QL= 1 tab/day) | OTC-QL | F | ANTIHISTAMINES |
| cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL= 1 tab/day) | OTC-QL | F | COUGH/COLD/ALLERGY |
| cevimeline cap (EVOXAC equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| CHANTIX PAK | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHANTIX TAB | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHEMET CAP | - | F | ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | F | ANTIANKXIETY AGENTS |
| chlordiazepoxide/amitriptyline tab (LIMBITROL equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | F | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | F | ANTIMALARIALS |
| chlorothiazide tab (DIURIL equiv) | - | F | DIURETICS |
| CHLOROTHIAZIDE TAB 250MG | - | F | DIURETICS |
| chlorpheniramine ER cap | - | F | ANTIHISTAMINES |
| chlorpromazine tab (THORAZINE equiv) | - | F | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| chlorpropamide tab (DIABINESE equiv) | - | F | ANTIDIABETICS |
| CHLORTHALIDONE TAB | - | F | DIURETICS |
| chlorzoxazone tab (PARAFON FORTE equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| cholecalciferol cap (VITAMIN D equiv) | OTC | F | VITAMINS |
| cholecalciferol tab (VITAMIN D equiv) | OTC | F | VITAMINS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | F | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | F | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | F | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | F | ANTIHYPERLIPIDEMICS |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | F | ANALGESICS - NONNARCOTIC |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | F | ANALGESICS - NONNARCOTIC |
| ciclopirox cream (LOPROX CREAM equiv) | - | F | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | F | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | F | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | F | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | F | HEMATOLOGICAL AGENTS - MISC. |
| cimetidine soln (TAGAMET equiv) | - | F | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) (OTC covered only.) | OTC | F | ULCER DRUGS |
| CIMZIA INJ | LMSP-PA | F | GASTROINTESTINAL AGENTS - MISC. |

| | | | | | |
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| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
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|---|---------------------|-------------|--|
| CIMZIA STARTER INJ KIT | LMSP-PA | F | GASTROINTESTINAL AGENTS - MISC. |
| CIPRODEX OTIC SUSP | - | F | OTIC AGENTS |
| ciprofloxacin ER tab (CIPRO XR equiv) | - | F | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | F | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | F | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | F | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | F | FLUOROQUINOLONES |
| CISPLATIN INJ | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cisplatin inj (PLATINOL AQ equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| citalopram soln (CELEXA equiv) | - | F | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | F | ANTIDEPRESSANTS |
| clarithromycin ER tab (BIAXIN XL equiv) | - | F | MACROLIDES |
| clarithromycin susp (BIAXIN equiv) | - | F | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | F | MACROLIDES |
| CLARITIN CHEW | OTC | F | ANTIHISTAMINES |
| clemastine tab 1.34mg (TAVIST equiv) | OTC | F | ANTIHISTAMINES |
| clindamycin cap (CLEOCIN equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin gel (CLEOCIN GEL equiv) | - | F | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | F | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | F | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | F | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) | - | F | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | F | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | F | DERMATOLOGICALS |
| clindamycin/tretinoin gel (ZIANA equiv) | - | F | DERMATOLOGICALS |
| CLINISTIX TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| clobetasol foam (OLUX equiv) | PA | F | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | PA | F | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | PA | F | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | PA | F | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | PA | F | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | PA | F | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | PA | F | DERMATOLOGICALS |
| clomipramine cap (ANAFRANIL equiv) | - | F | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | F | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | F | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) (QL= 2 tabs/day) | QL | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | F | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | F | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | F | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | F | ANTIANKXIETY AGENTS |
| clotrimazole cream (OTC) (LOTRIMIN AF equiv) | OTC | F | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole vaginal cream (MYCELEX equiv) | OTC | F | VAGINAL PRODUCTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | F | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | F | DERMATOLOGICALS |

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|---|---------------------|-------------|---|
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT, FAZACLO ODT | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| codeine sulfate tab | - | F | ANALGESICS - OPIOID |
| COLCHICINE TAB | - | F | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | F | GOUT AGENTS |
| colestipol granule (COLESTID equiv) | - | F | ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | F | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | F | ANTIHYPERLIPIDEMICS |
| COLY-MYCIN S OTIC SUSP | - | F | OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| COMBIVENT INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVENT RESPIMAT INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMPLERA TAB | - | F | ANTIVIRALS |
| CONTRACEPTIVE GEL | OTC | F | VAGINAL PRODUCTS |
| COPAXONE INJ 20MG/ML | LMSP | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| COPAXONE INJ 40MG/ML | LMSP | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CORTEF TAB | - | F | CORTICOSTEROIDS |
| CORTISONE ACETATE TAB | - | F | CORTICOSTEROIDS |
| COSOPT PF OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| CREON CAP | - | F | DIGESTIVE AIDS |
| CRIXIVAN CAP | - | F | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn nasal spray (NASALCROM equiv) | OTC | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| CROMOLYN NEB SOLN | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn neb soln (INTAL equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | F | OPHTHALMIC AGENTS |
| cryselle tab (OGESTREL equiv) | - | F | CONTRACEPTIVES |
| cyanocobalamin inj | - | F | HEMATOPOIETIC AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | F | OPHTHALMIC AGENTS |
| CYCLOPHOSPHAMIDE CAP | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cyclophosphamide tab (CYTOXAN equiv) | - | F | ANTINEOPLASTICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | F | ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | F | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | F | ASSORTED CLASSES |
| cyproheptadine syrup | - | F | ANTIHISTAMINES |
| cyproheptadine tab | - | F | ANTIHISTAMINES |
| CYSTAGON CAP (Only available through Pharmcare 800-238-7828) | LD-PA | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | F | OPHTHALMIC AGENTS |

| | | | | | |
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| CYTRA-3 SYRUP | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| danazol cap (DANOCRINE equiv) | - | F | ANDROGENS-ANABOLIC |
| dantrolene cap (DANTRIUM equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| dapsone tab | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| demeclocycline tab (DECLOMYCIN equiv) | - | F | TETRACYCLINES |
| DENAVIR CREAM | - | F | DERMATOLOGICALS |
| DEPEN TITRATAB | - | F | ASSORTED CLASSES |
| DESCOVY TAB | PA | F | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | F | ANTIDEPRESSANTS |
| desmopressin acetate inj (DDAVP equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate nasal spray (DDAVP equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin nasal soln (DDAVP equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desoximetasone cream (TOPICORT CREAM equiv) | - | F | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | F | ANTIDEPRESSANTS |
| DEXAMETHASONE CONC | - | F | CORTICOSTEROIDS |
| dexamethasone elixir | - | F | CORTICOSTEROIDS |
| dexamethasone ophth soln | - | F | OPHTHALMIC AGENTS |
| dexamethasone soln | - | F | CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | F | CORTICOSTEROIDS |
| dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day) | QL | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextromethorphan/guaifenesin syrup 10-100mg (ROBITUSSIN equiv) | OTC | F | COUGH/COLD/ALLERGY |
| DIALYVITE TAB | - | F | MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | --OTC | F | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | F | MULTIVITAMINS |
| DIAPHRAGM | - | F | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | F | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | F | ANTIAXIETY AGENTS |
| DIAZEPAM SOLN | - | F | ANTIAXIETY AGENTS |
| diazepam tab (VALIUM equiv) | - | F | ANTIAXIETY AGENTS |
| diclofenac gel (SOLARAZE equiv) | PA | F | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | F | DERMATOLOGICALS |
| diclofenac potassium tab (CATAFLAM equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | F | OPHTHALMIC AGENTS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| dicloxacillin cap (DYNAPEN equiv) | - | F | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | F | ULCER DRUGS |

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|---|---------------------|-------------|--|
| dicyclomine soln (BENTYL equiv) | - | F | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | F | ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | F | ANTIVIRALS |
| diflorasone oint | - | F | DERMATOLOGICALS |
| diffunisal tab (DOLOBID equiv) | - | F | ANALGESICS - NONNARCOTIC |
| digoxin soln (LANOXIN equiv) | - | F | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | F | CARDIOTONICS |
| DILANTIN CAP 30MG | - | F | ANTICONVULSANTS |
| diltiazem ER cap (CARDIZEM CD equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| diphenhydramine cap (BENADRYL equiv) (OTC only) | OTC | F | ANTIHISTAMINES |
| diphenhydramine elixir (OTC only) | OTC | F | ANTIHISTAMINES |
| diphenhydramine liquid (BENADRYL equiv) | OTC | F | ANTIHISTAMINES |
| diphenhydramine tab (BENADRYL equiv) | OTC | F | ANTIHISTAMINES |
| diphenhydramine tab (NYTOL equiv) | OTC | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| diphenoxylate/atropine liquid (LOMOTIL equiv) | - | F | ANTIDIARRHEALS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | F | ANTIDIARRHEALS |
| dipyridamole tab (PERSANTINE equiv) | - | F | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | F | ANTIARRHYTHMICS |
| disopyramide ER cap (NORPACE CR equiv) | - | F | ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP | - | F | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | F | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | F | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | F | ANTICONVULSANTS |
| docusate calcium cap (KAOPECTATE equiv) | OTC | F | LAXATIVES |
| docusate sodium cap (COLACE equiv) | OTC | F | LAXATIVES |
| docusate sodium liquid (COLACE equiv) | OTC | F | LAXATIVES |
| docusate sodium syrup (COLACE equiv) | OTC | F | LAXATIVES |
| docusate sodium tab (COLACE equiv) | OTC | F | LAXATIVES |
| dofetilide cap (TIKOSYN equiv) | - | F | ANTIARRHYTHMICS |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dorzolamide ophth soln (TRUSOPT equiv) | - | F | OPHTHALMIC AGENTS |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | F | OPHTHALMIC AGENTS |
| doxazosin tab (CARDURA equiv) | - | F | ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) | - | F | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | F | ANTIDEPRESSANTS |
| doxercalciferol cap (HECTOROL equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | F | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) | - | F | TETRACYCLINES |

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|--|---------------------|-------------|--|
| doxycycline monohydrate cap (MONODOX equiv) | - | F | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) | - | F | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | F | TETRACYCLINES |
| DROXIA CAP | - | F | HEMATOPOIETIC AGENTS |
| DRYSOL SOLN | - | F | DERMATOLOGICALS |
| DULERA INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine EC cap (CYMBALTA equiv) (Step Therapy requires trial of paroxetine, sertraline, fluoxetine or citalopram) | ST | F | ANTIDEPRESSANTS |
| DUREZOL OPHTH EMULSION | - | F | OPHTHALMIC AGENTS |
| dutasteride cap (AVODART equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| DYRENIUM CAP | - | F | DIURETICS |
| econazole cream (SPECTAZOLE equiv) | - | F | DERMATOLOGICALS |
| EDURANT TAB | - | F | ANTIVIRALS |
| ELIDEL CREAM | - | F | DERMATOLOGICALS |
| ELIXOPHYLLIN ELIXIR | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB (QL= 1 tab/28 days) | QL | F | CONTRACEPTIVES |
| ELMIRON CAP | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| EMCYT CAP | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMTRIVA CAP | - | F | ANTIVIRALS |
| EMTRIVA SOLN | - | F | ANTIVIRALS |
| enalapril tab (VASOTEC equiv) | - | F | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | F | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG | LMSP-PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | F | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG | LMSP-PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG | LMSP-PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| enoxaparin inj (LOVENOX equiv) | - | F | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | F | CONTRACEPTIVES |
| entacapone tab (COMTAN equiv) | - | F | ANTIPARKINSON AGENTS |
| EPIFOAM AEROSOL | - | F | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | - | F | OPHTHALMIC AGENTS |
| epinephrine inj | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill) | QL | F | VASOPRESSORS |
| EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill) | QL | F | VASOPRESSORS |
| EPIVIR HBV SOLN | - | F | ANTIVIRALS |
| eplerenone tab (INSPIRA equiv) | - | F | ANTIHYPERTENSIVES |
| EPOGEN INJ | LMSP | F | HEMATOPOIETIC AGENTS |
| EQUETRO CAP | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERWINAZE INJ | PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERYPED SUSP | - | F | MACROLIDES |
| ERY-TAB | - | F | MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | F | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | F | MACROLIDES |

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| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | F | MACROLIDES |
| erythromycin gel | - | F | DERMATOLOGICALS |
| erythromycin ophth oint | - | F | OPHTHALMIC AGENTS |
| erythromycin pad | - | F | DERMATOLOGICALS |
| erythromycin soln | - | F | DERMATOLOGICALS |
| erythromycin stearate tab | - | F | MACROLIDES |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| escitalopram soln (LEXAPRO equiv) (QL= 600 units/30 days) | QL | F | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day) | QL | F | ANTIDEPRESSANTS |
| estazolam tab (PROSOM equiv) | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | F | ESTROGENS |
| ESTRACE VAGINAL CREAM | - | F | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) | - | F | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) | - | F | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | F | ESTROGENS |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | F | ESTROGENS |
| ESTRING (3 copays per Rx) | - | F | VAGINAL PRODUCTS |
| ESTROPIPATE TAB | - | F | ESTROGENS |
| estropipate tab (OGEN equiv) | - | F | ESTROGENS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ethacrynic tab (EDECIN equiv) | - | F | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | F | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | F | ANTICONSULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | F | ANTICONSULSANTS |
| etidronate disodium tab 200mg (DIDRONEL equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| etodolac cap (LODINE equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| etoposide cap (VEPESID equiv) | LMSP | F | ANTINEOPLASTICS |
| EURAX CREAM | - | F | DERMATOLOGICALS |
| EVOTAZ TAB | - | F | ANTIVIRALS |
| EXELON SOLN | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXJADE TAB | MSP | F | ANTIDOTES |
| EXTAVIA INJ (Step Therapy requires trial of 2: AVONEX, COPAXONE, or REBIF) | LMSP-ST | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ezetimibe tab (ZETIA equiv) | - | F | ANTIHYPERTENSIVES |
| famciclovir tab (FAMVIR equiv) | - | F | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | F | ULCER DRUGS |
| famotidine tab (PEPCID equiv) (OTC covered only.) | OTC | F | ULCER DRUGS |
| FANAPT TAB | PA | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK | PA | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FARESTON TAB | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| felbamate susp (FELBATOL equiv) | - | F | ANTICONSULSANTS |

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| felbamate tab (FELBATOL equiv) | - | F | ANTICONVULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| FEMALE CONDOMS | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| fenofibrate cap (ANTARA equiv) | - | F | ANTHYPERLIPIDEMICS |
| fenofibrate tab (TRICOR equiv) | - | F | ANTHYPERLIPIDEMICS |
| fenoprofen calcium tab | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| fentanyl patch (DURAGESIC equiv) | - | F | ANALGESICS - OPIOID |
| ferrex 150 forte cap | - | F | HEMATOPOIETIC AGENTS |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | F | HEMATOPOIETIC AGENTS |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | F | ANTIDOTES |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | F | ANTIDOTES |
| ferrous sulfate soln (FER-IN-SOL equiv) | OTC | F | HEMATOPOIETIC AGENTS |
| fexofenadine susp (ALLEGRA equiv) | OTC | F | ANTIHISTAMINES |
| fexofenadine tab (ALLEGRA equiv) | OTC | F | ANTIHISTAMINES |
| fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv) | OTC | F | COUGH/COLD/ALLERGY |
| fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) | OTC | F | COUGH/COLD/ALLERGY |
| FINACEA FOAM | - | F | DERMATOLOGICALS |
| FINACEA GEL | - | F | DERMATOLOGICALS |
| FINACEA PLUS KIT | - | F | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| FIRST OMEPRAZOLE SUSP | - | F | ULCER DRUGS |
| flecainide tab (TAMBOCOR equiv) | - | F | ANTIARRHYTHMICS |
| FLORIVA PLUS DROPS | - | F | MULTIVITAMINS |
| FLOVENT DISKUS INHALER | - | F | ASTHMA AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | F | ASTHMA AND BRONCHODILATOR AGENTS |
| FLUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FLUBLOK INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FLUBLOK QUAD PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FLUCELVAX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FLUCELVAX QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | F | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | F | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | F | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | F | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| flunisolide nasal spray (NASAREL equiv) | - | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | F | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA SMOOTH/FS equiv) | - | F | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | F | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | F | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | F | OTIC AGENTS |

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| fluocinonide cream 0.05% (LIDEX equiv) | - | F | DERMATOLOGICALS |
| fluocinonide emollient cream | - | F | DERMATOLOGICALS |
| fluocinonide gel | - | F | DERMATOLOGICALS |
| fluocinonide oint | - | F | DERMATOLOGICALS |
| fluocinonide soln | - | F | DERMATOLOGICALS |
| FLUORABON SOLN | - | F | MINERALS & ELECTROLYTES |
| FLUOR-A-DAY CHEW TAB | - | F | MINERALS & ELECTROLYTES |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | F | OPHTHALMIC AGENTS |
| FLUOROPLEX CREAM | - | F | DERMATOLOGICALS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | F | DERMATOLOGICALS |
| fluorouracil soln (EFUDEX SOLN equiv) | - | F | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | F | ANTIDEPRESSANTS |
| fluoxetine soln (PROZAC equiv) | - | F | ANTIDEPRESSANTS |
| fluoxetine tab (PROZAC equiv) | - | F | ANTIDEPRESSANTS |
| FLUOXETINE TAB 60MG | - | F | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| flurandrenolide cream (CORDRAN equiv) | - | F | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| flurbiprofen ophth soln (OCUFEN equiv) | - | F | OPHTHALMIC AGENTS |
| flurbiprofen tab (ANSAID equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| flutamide cap (EULEXIN equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluticasone nasal spray (FLONASE equiv) | - | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluticasone propionate cream (CUTIVATE equiv) | - | F | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | F | DERMATOLOGICALS |
| FLUTICASONE/SALMETEROL INHALER | - | F | ASTHMA/BRONCHODILATOR AGENTS |
| FLUVIRIN INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FLUVIRIN PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | F | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | F | ANTIDEPRESSANTS |
| FLUZONE HIGH DOSE PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FLUZONE INTRADERMAL INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FLUZONE QUADRIVALENT INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FLUZONE/FLUARIX QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| FML FORTE OPHTH SUSP | - | F | OPHTHALMIC AGENTS |
| FOLBEE PLUS CZ TAB | - | F | MULTIVITAMINS |
| folbee tab | - | F | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg | - | F | HEMATOPOIETIC AGENTS |
| FORADIL AEROLIZER | - | F | ASTHMA/BRONCHODILATOR AGENTS |
| FORTICAL NASAL SPRAY (QL= 1 bottle/30 days) | QL | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|-----|--|-----|--------------------------|------|---|
| INF | NC =Not Covered | LD | generic =small letters | LMSP | BRANDS =CAPITAL LETTERS |
| MSP | Infertility | OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
| SP | Quantity Limit | ST | Restricted to Specialist | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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|--|---------------------|-------------|--|
| fosinopril tab (MONOPRIL equiv) | - | F | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | F | ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | F | GASTROINTESTINAL AGENTS - MISC. |
| FOSRENOL POWDER PACK | - | F | GASTROINTESTINAL AGENTS - MISC. |
| FRAGMIN INJ | - | F | ANTICOAGULANTS |
| FREESTYLE FREEDOM LITE METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULIN SYRINGE | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| FREESTYLE LITE METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| FUROSEMIDE SOLN | - | F | DIURETICS |
| furosemide soln (LASIX equiv) | - | F | DIURETICS |
| furosemide tab (LASIX equiv) | - | F | DIURETICS |
| FUZEON INJ | LMSP | F | ANTIVIRALS |
| gabapentin cap (NEURONTIN equiv) | - | F | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) | - | F | ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | F | ANTICONVULSANTS |
| GABITRIL TAB 12MG, 16MG | - | F | ANTICONVULSANTS |
| galantamine ER cap (RAZADYNE ER equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | F | MINERALS & ELECTROLYTES |
| GANCICLOVIR CAP | - | F | ANTIVIRALS |
| gatifloxacin ophth soln (Zymaxid equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | F | OPHTHALMIC AGENTS |
| gemfibrozil tab (LOPID equiv) | - | F | ANTIHYPERLIPIDEMICS |
| gentamicin ophth oint (GARAMYCIN equiv) | - | F | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | F | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | F | DERMATOLOGICALS |
| gentamicin sulfate oint | - | F | DERMATOLOGICALS |
| genteal ophth oint | OTC | F | OPHTHALMIC AGENTS |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | F | CONTRACEPTIVES |
| GILENYA CAP (QL= 1 cap/day) | LMSP-QL | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEOSTINE/LOMUSTINE CAP | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glimepiride tab (AMARYL equiv) | - | F | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | F | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | F | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | F | ANTIDIABETICS |
| GLUCAGEN HYPOKIT INJ | - | F | ANTIDIABETICS |
| GLUCAGEN INJ | - | F | DIAGNOSTIC PRODUCTS |
| GLUCAGON INJ KIT | - | F | ANTIDIABETICS |

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|--|---------------------|-------------|---|
| GLUCOSE CHEW TAB | OTC | F | ANTIDIABETICS |
| glucose gel | OTC | F | ANTIDIABETICS |
| glyburide micronized tab (GLYNASE equiv) | - | F | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | F | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | F | ANTIDIABETICS |
| glycerin supp (GLYCERIN equiv) | OTC | F | LAXATIVES |
| glycopyrrolate tab (ROBINUL equiv) | - | F | ULCER DRUGS |
| granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill) | QL | F | ANTIEMETICS |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | F | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | F | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | F | ANTIFUNGALS |
| guaifenesin ER tab (MUCINEX equiv) | OTC | F | COUGH/COLD/ALLERGY |
| guaifenesin syrup 100mg/5ml (ROBITUSSIN equiv) | OTC | F | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | F | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | F | ANTIHYPERTENSIVES |
| halobetasol propionate cream (ULTRAVATE equiv) | - | F | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | F | DERMATOLOGICALS |
| haloperidol lactate conc (HALDOL equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| heparin flush | - | F | ANTICOAGULANTS |
| heparin inj | - | F | ANTICOAGULANTS |
| HEXALEN CAP | - | F | ANTINEOPLASTICS |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | F | OPHTHALMIC AGENTS |
| HUMIRA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | F | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | F | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN R INJ U-500 | - | F | ANTIDIABETICS |
| HYCAMTIN CAP | LMSP-PA | F | ANTINEOPLASTICS |
| hydralazine tab (APRESOLINE equiv) | - | F | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | F | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | F | DIURETICS |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | F | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | F | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | F | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | F | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | F | COUGH/COLD/ALLERGY |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | F | ANALGESICS - OPIOID |
| hydrocortisone cream | OTC | F | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | F | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | F | DERMATOLOGICALS |
| hydrocortisone oint | OTC | F | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | F | DERMATOLOGICALS |
| hydrocortisone supp (ANUSOL HC equiv) | - | F | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | F | CORTICOSTEROIDS |
| hydromorphone ER tab (EXALGO equiv) | - | F | ANALGESICS - OPIOID |
| hydromorphone liquid (DILAUDID-5 LIQUID equiv) | - | F | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | F | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | F | ANALGESICS - OPIOID |

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|--|---------------------|-------------|--|
| hydroxychloroquine tab (PLAQUENIL equiv) | - | F | ANTIMALARIALS |
| hydroxyurea cap (HYDREA equiv) | - | F | ANTINEOPLASTICS |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | F | ANTIANKXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | F | ANTIANKXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | F | ANTIANKXIETY AGENTS |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | F | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | F | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | F | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | F | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | F | ULCER DRUGS |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | F | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | F | URINARY ANTISPASMODICS |
| HYSINGLA ER TAB (QL= 1 tab/day) | QL | F | ANALGESICS - OPIOID |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ibuprofen cap 200mg | OTC | F | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen chew tab (ADVIL equiv) | OTC | F | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab (Rx only) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab 100mg (ADVIL equiv) | OTC | F | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab 200mg (ADVIL equiv) | OTC | F | ANALGESICS - ANTI-INFLAMMATORY |
| imatinib tab (GLEEVEC equiv) | LMSP-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | F | ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | F | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | F | DERMATOLOGICALS |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | F | CONTRACEPTIVES |
| INCIVEK TAB | LMSP-PA | F | ANTIVIRALS |
| INCRELEX INJ | MSP | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| indapamide tab (LOZOL equiv) | - | F | DIURETICS |
| INDOCIN SUPP | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| INDOCIN SUSP | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| INFERGEN INJ | LMSP-PA | F | ANTIVIRALS |
| INNOPRAN XL CAP | - | F | BETA BLOCKERS |
| INTELENCE TAB | - | F | ANTIVIRALS |
| INVEGA INJ | PA | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVIRASE CAP | - | F | ANTIVIRALS |
| INVIRASE TAB | - | F | ANTIVIRALS |
| iodoquinol/hydrocortisone cream 1% (VYTONA equiv) | - | F | DERMATOLOGICALS |
| IOPIDINE OPHTH SOLN 1% | - | F | OPHTHALMIC AGENTS |
| ipratropium nasal spray (ATROVENT equiv) | - | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | F | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | F | ANTIHYPERTENSIVES |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | F | ANTINEOPLASTICS |

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| QL | Quantity Limit | RS | Over-the-Counter | SMKG | Prior Authorization |
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|--|---------------------|-------------|------------------------------------|
| iron complex cap 150mg | OTC | F | HEMATOPOIETIC AGENTS |
| ISENTRESS (HD) TAB | - | F | ANTIVIRALS |
| ISENTRESS CHEW TAB | - | F | ANTIVIRALS |
| ISENTRESS POWDER PACK | - | F | ANTIVIRALS |
| ISONIAZID SYRUP | - | F | ANTIMYCOBACTERIAL AGENTS |
| isoniazid tab | - | F | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| ISOPTO HOMATROPINE OPHTH SOLN 2% | - | F | OPHTHALMIC AGENTS |
| ISOPTO HOMATROPINE OPHTH SOLN 5% | - | F | OPHTHALMIC AGENTS |
| ISOPTO HYOSCINE OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | F | ANTIANGINAL AGENTS |
| isosorbide dinitrate SL tab | - | F | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | F | ANTIANGINAL AGENTS |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | F | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | F | ANTIANGINAL AGENTS |
| isotretinoin cap (ACCUTANE equiv) | - | F | DERMATOLOGICALS |
| isoxsuprine tab | - | F | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| itraconazole cap (SPORANOX equiv) | PA | F | ANTIFUNGALS |
| ivermectin tab (STROMECTOL equiv) | - | F | ANTHELMINTICS |
| JADENU SPRINKLE | LMSP | F | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JADENU TAB | LMSP | F | ANTIDOTES |
| JANUMET XR TAB | - | F | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | F | ESTROGENS |
| junel FE tab (LOESTRIN FE equiv) | - | F | CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | F | CONTRACEPTIVES |
| KALETRA TAB | - | F | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day) | MSP-PA-QL | F | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day) | MSP-PA-QL | F | RESPIRATORY AGENTS - MISC. |
| kariva tab (MIRCETTE equiv) | - | F | CONTRACEPTIVES |
| kelnor tab (DEMULEN equiv) | - | F | CONTRACEPTIVES |
| ketoconazole cream (NIZORAL CREAM equiv) | - | F | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | F | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | F | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| ketoprofen cap (ORUDIS equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | F | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | F | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | OTC | F | DIAGNOSTIC PRODUCTS |
| ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/30 days) | OTC-QL | F | OPHTHALMIC AGENTS |
| KINERET INJ (Only available through Rx Crossroads: 1-866-547-0644) | LD-PA | F | ANALGESICS - ANTI-INFLAMMATORY |
| KITABIS PAK NEB SOLN | MSP | F | AMINOGLYCOSIDES |
| KLOR-CON M15 TAB | - | F | MINERALS & ELECTROLYTES |
| K-PHOS TAB | - | F | MINERALS & ELECTROLYTES |
| labetalol tab (NORMODYNE equiv) | - | F | BETA BLOCKERS |
| lactulose soln | - | F | GASTROINTESTINAL AGENTS - MISC. |
| LAMICTAL CHEW TAB 2MG | - | F | ANTICONSULSANTS |
| lamivudine soln (EPIVIR equiv) | - | F | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | F | ANTIVIRALS |

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|--|---------------------|-------------|--|
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | F | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | F | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | F | ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | F | ANTICONVULSANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | F | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | F | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | F | ANTICONVULSANTS |
| LANCET KIT | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| LANCETS | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| lansoprazole cap (PREVACID equiv) | OTC | F | ULCER DRUGS |
| lansoprazole cap 15mg (PREVACID equiv) | OTC-QL | F | ULCER DRUGS |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | F | ULCER DRUGS |
| LANTUS INJ | - | F | ANTIDIABETICS |
| LANTUS SOLOSTAR INJ | - | F | ANTIDIABETICS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | F | OPHTHALMIC AGENTS |
| LATUDA TAB (QL= 1 tab/day) | PA-QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| leflunomide tab (ARAVA equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| LETAIRIS TAB | PA | F | CARDIOVASCULAR AGENTS - MISC. |
| letrozole tab (FEMARA equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | F | ANTINEOPLASTICS |
| LEUKERAN TAB | - | F | ANTINEOPLASTICS |
| LEUKINE INJ | LMSP-PA | F | HEMATOPOIETIC AGENTS |
| levalbuterol neb soln (XOPENEX equiv) (Step Therapy requires trial of albuterol neb) | ST | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVEMIR FLEXTOUCH INJ | - | F | ANTIDIABETICS |
| LEVEMIR INJ | - | F | ANTIDIABETICS |
| levetiracetam soln (KEPPRA equiv) | - | F | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | F | ANTICONVULSANTS |
| levobunolol ophth soln (BETAGAN equiv) | - | F | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levofloxacin ophth soln (QUIXIN equiv) | - | F | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | F | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | F | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | F | CONTRACEPTIVES |
| LEVONORGESTREL TAB 0.75MG | - | F | CONTRACEPTIVES |
| LEVONORGESTREL/ETHINYL ESTRADIOL TAB | - | F | CONTRACEPTIVES |
| LEVORPHANOL TAB | - | F | ANALGESICS - OPIOID |
| levothyroxine tab (SYNTHROID equiv) | - | F | THYROID AGENTS |
| LEXIVA SUSP | - | F | ANTIVIRALS |
| LEXIVA TAB | - | F | ANTIVIRALS |
| LIALDA TAB | - | F | GASTROINTESTINAL AGENTS - MISC. |
| lice aerosol (QL= 150ml/7 days, Limited to 2 fills/year) | OTC-QL | F | DERMATOLOGICALS |
| lice cream rinse (NIX equiv) (QL= 59ml/7 days, Limited to 2 fills/year) | OTC-QL | F | DERMATOLOGICALS |
| lice treatment kit (RID equiv) | OTC | F | DERMATOLOGICALS |
| lice treatment liquid (RID equiv) (QL= 120ml/7 days, Limited to 2 fills/year) | OTC-QL | F | DERMATOLOGICALS |

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|-----|--|-----|---|------|---|
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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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|---|---------------------|-------------|--|
| lice treatment shampoo (PRONTO equiv) (QL= 120ml/7 days, Limited to 2 fills/year) | OTC-QL | F | DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | F | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | F | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | F | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | F | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine soln (XYLOCAINE equiv) | - | F | DERMATOLOGICALS |
| lidocaine viscous soln | - | F | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | F | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | F | DERMATOLOGICALS |
| lindane lotion | - | F | DERMATOLOGICALS |
| lindane shampoo | - | F | DERMATOLOGICALS |
| linezolid susp (Restricted to Infectious Disease Specialist) | RS | F | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | F | ANTI-INFECTIVE AGENTS - MISC. |
| LINZESS CAP | PA | F | GASTROINTESTINAL AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | F | THYROID AGENTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | F | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | F | ANTIHYPERTENSIVES |
| lithium carbonate cap (ESKALITH ER equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium citrate soln | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lopinavir/ritonavir soln (KALETRA equiv) | - | F | ANTIVIRALS |
| loratadine ODT (CLARITIN equiv) | OTC | F | ANTIHISTAMINES |
| loratadine syrup (CLARITIN equiv) (QL= 250ml/30 day) | OTC-QL | F | ANTIHISTAMINES |
| loratadine tab (CLARITIN equiv) (QL= 1 tab/day) | OTC-QL | F | ANTIHISTAMINES |
| loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) | OTC | F | COUGH/COLD/ALLERGY |
| loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) | OTC | F | COUGH/COLD/ALLERGY |
| lorazepam conc (ATIVAN equiv) | - | F | ANTIAXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | F | ANTIAXIETY AGENTS |
| losartan tab (COZAAR equiv) | - | F | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | F | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH GEL | - | F | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | F | OPHTHALMIC AGENTS |
| lovastatin tab (MEVACOR equiv) | - | F | ANTIHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LYRICA CAP | PA | F | ANTICONSULSANTS |
| LYRICA SOLN | PA | F | ANTICONSULSANTS |
| LYSODREN TAB | LMSP | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSTEDA TAB (QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID) | QL-ST | F | HEMOSTATICS |
| mafenide acetate soln packet (SULFAMYLON equiv) | - | F | DERMATOLOGICALS |
| malathion lotion (OVIDE equiv) (QL= 1 bottle/30 days; Limited to 2 fills/year) | QL | F | DERMATOLOGICALS |
| maldemar tab (SCOPACE equiv) | - | F | ANTIEMETICS |
| MAPROTILINE TAB | - | F | ANTIDEPRESSANTS |
| MARPLAN TAB | - | F | ANTIDEPRESSANTS |
| MATULANE CAP | - | F | ANTINEOPLASTICS |
| MAXIDEX OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| meclizine chew tab (BONINE equiv) | OTC | F | ANTIEMETICS |

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|--|---------------------|-------------|---|
| meclizine tab (ANTIVERT equiv) | OTC | F | ANTIEMETICS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | F | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | F | PROGESTINS |
| megestrol ES susp (MEGACE ES equiv) | - | F | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam tab (MOBIC equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| melphalan tab (ALKERAN equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine soln (NAMENDA equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| meperidine tab (DEMEROL equiv) | - | F | ANALGESICS - OPIOID |
| MEPHYTON TAB | - | F | VITAMINS |
| meprobamate tab (MILTOWN equiv) | - | F | ANTI-ANXIETY AGENTS |
| mercaptapurine tab (PURINETHOL equiv) | - | F | ANTINEOPLASTICS |
| mesalamine enema (ROWASA equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| mesna inj (MESNEX equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MESNEX TAB | LMSP | F | ANTINEOPLASTICS |
| METAPROTERENOL SYRUP | - | F | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | F | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | F | ANTIDIABETICS |
| METHADONE SOLN | - | F | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) | - | F | ANALGESICS - OPIOID |
| methadose tab | - | F | ANALGESICS - OPIOID |
| methazolamide tab (NEPTAZANE equiv) | - | F | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | F | URINARY ANTI-INFECTIVES |
| methenamine mandelate tab | - | F | URINARY ANTI-INFECTIVES |
| METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days) | QL | F | OXYTOCICS |
| methimazole tab (TAPAZOLE equiv) | - | F | THYROID AGENTS |
| methocarbamol tab (ROBAXIN equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| methotrexate inj | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | F | ANTINEOPLASTICS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | F | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | F | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | F | DIURETICS |
| methyl dopa tab (ALDOMET equiv) | - | F | ANTI-HYPERTENSIVES |
| methyl dopa/hydrochlorothiazide tab (ALDORIL equiv) | - | F | ANTI-HYPERTENSIVES |
| methyl ergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill; 1 fill/365 days) | QL | F | OXYTOCICS |
| methylphenidate CD cap (METADATE CD equiv) | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER tab | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | --QL | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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|--|---------------------|---------------|---|
| METHYLPHENIDATE ER TAB 36MG (QL= 2 tabs/day) | QL | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab (RITALIN equiv) | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylprednisolone dose pack (MEDROL equiv) | - | F | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | F | CORTICOSTEROIDS |
| METIPRANOLOL OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | F | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | F | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | F | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | F | ANTIHYPERTENSIVES |
| metronidazole cap (FLAGYL equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | F | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | F | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | F | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | F | VAGINAL PRODUCTS |
| mexiletine cap (MEXITIL equiv) | - | F | ANTIARRHYTHMICS |
| MIACALCIN INJ (QL= 2 units/30 days) | LMSP-QL | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIACALCIN NASAL SPRAY (QL= 1 bottle/30 days) | QL | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mibelas chew tab (MINASTRIN equiv) | - | F | CONTRACEPTIVES |
| miconazole 7 supp (MONISTAT equiv) | OTC | F | VAGINAL PRODUCTS |
| miconazole cream (MICATIN equiv) | OTC | F | DERMATOLOGICALS |
| miconazole nitrate aerosol (MICATIN equiv) | OTC | F | DERMATOLOGICALS |
| miconazole nitrate powder (MICATIN equiv) | OTC | F | DERMATOLOGICALS |
| MICONAZOLE NITRATE SPRAY | OTC | F | DERMATOLOGICALS |
| miconazole vaginal cream (MONISTAT equiv) | OTC | F | VAGINAL PRODUCTS |
| miconazole vaginal kit (MONISTAT equiv) | OTC | F | VAGINAL PRODUCTS |
| midodrine tab (PROAMATINE equiv) | - | F | VASOPRESSORS |
| MIDRIN CAP | - | F | MIGRAINE PRODUCTS |
| MIGERGOT SUPP | - | F | MIGRAINE PRODUCTS |
| miglitol tab (GLYSET equiv) | - | F | ANTIDIABETICS |
| milk of magnesium | OTC | F | LAXATIVES |
| minocycline cap (MINOCIN equiv) | - | F | TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | F | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | F | ANTIHYPERTENSIVES |
| MIRALAX POWDER | OTC | 2+penalt y | LAXATIVES |
| MIRENA IUD | - | F | CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | F | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | F | ANTIDEPRESSANTS |
| misoprostol tab (CYTOTEC equiv) | - | F | ULCER DRUGS |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | PA-QL | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

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| moexipril tab (UNIVASC equiv) | - | F | ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | F | ANTIHYPERTENSIVES |
| mometasone cream (ELOCON equiv) | - | F | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) | - | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | F | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | F | DERMATOLOGICALS |
| mononessa tab (ORTHO-CYCLEN equiv) | - | F | CONTRACEPTIVES |
| montelukast chew tab (SINGULAIR equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| morphine sulfate ER tab (MS CONTIN equiv) | - | F | ANALGESICS - OPIOID |
| morphine sulfate soln | - | F | ANALGESICS - OPIOID |
| morphine sulfate supp | - | F | ANALGESICS - OPIOID |
| morphine sulfate tab | - | F | ANALGESICS - OPIOID |
| MOVANTIK TAB | PA | F | GASTROINTESTINAL AGENTS - MISC. |
| MOVIPREP SOLN (QL= 1 bottle/fill) | QL | F | LAXATIVES |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | F | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | F | FLUOROQUINOLONES |
| MUCINEX DM | OTC | 2+penalty | COUGH/COLD/ALLERGY |
| multigen folic tab (CHROMAGEN FA equiv) | - | F | HEMATOPOIETIC AGENTS |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | F | HEMATOPOIETIC AGENTS |
| multigen tab (CHROMAGEN equiv) | - | F | HEMATOPOIETIC AGENTS |
| multiple vitamin liquid | OTC | F | MULTIVITAMINS |
| multivitamin/minerals tab (STROVITE equiv) | - | F | MULTIVITAMINS |
| mupirocin cream (BACTROBAN equiv) | - | F | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | F | DERMATOLOGICALS |
| mycophenolate DR tab (MYFORTIC equiv) | - | F | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | F | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | F | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | F | ASSORTED CLASSES |
| MYLERAN TAB | LMSP | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nabumetone tab (RELAFEN equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | F | BETA BLOCKERS |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | F | ANTIHYPERTENSIVES |
| naftifine cream (NAFTIN equiv) | - | F | DERMATOLOGICALS |
| NALOXONE INJ (QL= 2 inj/fill) | QL | F | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | F | ANTIDOTES |
| NAMENDA XR CAP | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine) | ST | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine) | ST | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| naproxen EC tab (NAPROSYN EC equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab 220mg (ALEVE equiv) | OTC | F | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | F | ANALGESICS - ANTI-INFLAMMATORY |

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|-----|--|-----|--------------------------|---|-------------------------|
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| naproxen susp (NAPROSYN equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | F | MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY (QL= 2 sprays/fill) | QL | F | ANTIDOTES |
| NARDIL TAB | - | F | ANTIDEPRESSANTS |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 2+penalt y | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| nateglinide tab (STARLIX equiv) | - | F | ANTIDIABETICS |
| NEBUPENT NEB SOLN | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| NEBUSAL NEB SOLN | - | F | COUGH/COLD/ALLERGY |
| necon tab (ORTHO-NOVUM equiv) | - | F | CONTRACEPTIVES |
| necon tab 1-50 (NORYNIL equiv) | - | F | CONTRACEPTIVES |
| NEFAZODONE TAB | - | F | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | F | ANTIDEPRESSANTS |
| neomycin tab | - | F | AMINOGLYCOSIDES |
| neomycin/bacitracin/polymyxin oint (NEOSPORIN equiv) | OTC | F | DERMATOLOGICALS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | F | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | F | OTIC AGENTS |
| neomycin/polymixin b/gramicidin ophth soln (NEOSPORIN equiv) | - | F | OPHTHALMIC AGENTS |
| neomycin/polymixin/dexamethasone ophth oint (MAXITROL equiv) | - | F | OPHTHALMIC AGENTS |
| neomycin/polymixin/dexamethasone ophth soln (MAXITROL equiv) | - | F | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone ophth soln (CORTISPORIN equiv) | - | F | OPHTHALMIC AGENTS |
| NEORAL SOLN | - | F | ASSORTED CLASSES |
| NEPHRON FA TAB | - | F | HEMATOPOIETIC AGENTS |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | F | ANTIVIRALS |
| NEVIRAPINE SUSP (VIRAMUNE equiv) | - | F | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | F | ANTIVIRALS |
| NEXAVAR TAB | MSP-PA | F | ANTINEOPLASTICS |
| niacin cap | OTC | F | VITAMINS |
| niacin CR tab (SLO-NIACIN equiv) | OTC | F | VITAMINS |
| niacin tab | OTC | F | VITAMINS |
| niacinamide tab | OTC | F | VITAMINS |
| NIASPAN ER TAB | - | F | ANTHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| nicotine patch (NICODERM equiv) (QL= 1 patch/day, Limited to 3 months per calendar year) | OTC-QL-SMKG | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | LMSP | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | F | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | F | URINARY ANTI-INFECTIVES |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | F | URINARY ANTI-INFECTIVES |
| nitrofurantoin susp (FURADANTIN equiv) | - | F | URINARY ANTI-INFECTIVES |

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|--|---------------------|-------------|---|
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | F | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | F | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | F | ANTIANGINAL AGENTS |
| nitroglycerin SR cap | - | F | ANTIANGINAL AGENTS |
| nizatidine cap (AXID equiv) | - | F | ULCER DRUGS |
| nizatidine soln (AXID equiv) | - | F | ULCER DRUGS |
| NORDITROPIN INJ | LMSP-PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone tab (AYGESTIN equiv) | - | F | PROGESTINS |
| norethindrone tab (NORA-QD equiv) | - | F | CONTRACEPTIVES |
| NORPACE CR CAP | - | F | ANTIARRHYTHMICS |
| nortrel tab (OVCON 35 equiv) | - | F | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | F | ANTIDEPRESSANTS |
| NORTRIPTYLINE SOLN | - | F | ANTIDEPRESSANTS |
| NORVIR CAP | - | F | ANTIVIRALS |
| NORVIR SOLN | - | F | ANTIVIRALS |
| NORVIR TAB | - | F | ANTIVIRALS |
| NOVOFINE PEN NEEDLE | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN INJ | OTC | F | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | F | ANTIDIABETICS |
| NOVOLOG INJ | - | F | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | F | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | F | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | F | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | F | THYROID AGENTS |
| NUVARING | - | F | CONTRACEPTIVES |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | F | DERMATOLOGICALS |
| nystatin oint | - | F | DERMATOLOGICALS |
| nystatin powder | - | F | ANTIFUNGALS |
| nystatin susp | - | F | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | F | ANTIFUNGALS |
| nystatin topical powder | - | F | DERMATOLOGICALS |
| NYSTATIN VAGINAL TAB | - | F | VAGINAL PRODUCTS |
| octreotide inj (SANDOSTATIN equiv) | LMSP | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | F | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | F | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | F | FLUOROQUINOLONES |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day) | QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab 10mg (ZYPREXA equiv) (QL= 2 tabs/day) | QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| olopatadine ophth soln (PATANOL equiv) | - | F | OPHTHALMIC AGENTS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | F | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | F | ULCER DRUGS |
| ondansetron ODT (ZOFTRAN equiv) | - | F | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | F | ANTIEMETICS |

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|---|---------------------|-------------|--|
| ondansetron tab (ZOFTRAN equiv) | - | F | ANTIEMETICS |
| ONFI TAB (QL= 2 tabs/day) | PA-QL | F | ANTICONVULSANTS |
| opium tincture | - | F | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | F | CARDIOVASCULAR AGENTS - MISC. |
| ORACIT SOLN | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | F | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | F | ANTIVIRALS |
| oxandrolone tab (OXANDRIN equiv) | - | F | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | F | ANTIANSIETY AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | F | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | F | ANTICONVULSANTS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | F | DERMATOLOGICALS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | F | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | F | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | F | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | F | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) | - | F | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | F | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | F | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | F | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN | - | F | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | F | ANALGESICS - OPIOID |
| oxycodone/aspirin tab (PERCODAN equiv) | - | F | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | F | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB (QL= 120 tabs/30 days) | QL | F | ANALGESICS - OPIOID |
| paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, GEODON, olanzapine or SEROQUEL) | ST | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PANCREAZE CAP | - | F | DIGESTIVE AIDS |
| pantoprazole EC tab (PROTONIX equiv) | - | F | ULCER DRUGS |
| PARAGARD IUD | - | F | CONTRACEPTIVES |
| paricalcitol cap (ZEMPLAR equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| paromomycin cap (HUMATIN equiv) | - | F | AMINOGLYCOSIDES |
| paroxetine ER tab (PAXIL CR equiv) | - | F | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | F | ANTIDEPRESSANTS |
| PATADAY OPTH SOLN (QL= 2.5ml/30 days) | QL | F | OPHTHALMIC AGENTS |
| PEAK FLOW METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| pediatric multiple vitamins/fluoride chew tab | - | F | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride soln | - | F | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | F | MULTIVITAMINS |
| pediatric multivitamin (VITALETS equiv) | OTC | F | MULTIVITAMINS |
| peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) | - | F | LAXATIVES |
| PEGANONE TAB | - | F | ANTICONVULSANTS |
| PEGASYS INJ | LMSP | F | ANTIVIRALS |
| PEGASYS INJ KIT | LMSP | F | ANTIVIRALS |

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|---|---------------------|-------------|--|
| PEG-INTRON INJ | LMSP | F | ANTIVIRALS |
| penicillin vk soln (VEETIDS equiv) | - | F | PENICILLINS |
| penicillin vk tab (VEETIDS equiv) | - | F | PENICILLINS |
| PENTASA CAP | - | F | GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | F | ANALGESICS - OPIOID |
| pentoxifylline ER tab (TRENTAL equiv) | - | F | HEMATOLOGICAL AGENTS - MISC. |
| perindopril tab (ACEON equiv) | - | F | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE equiv) (QL= 60gm/30 days) | QL | F | DERMATOLOGICALS |
| permethrin lotion | OTC | F | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| phenazopyridine tab (PYRIDIUM equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenelzine tab (NARDIL equiv) | - | F | ANTIDEPRESSANTS |
| phenobarbital elixir | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| phenobarbital tab | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | F | ANTIHYPERTENSIVES |
| phenylephrine ophth soln (MYDFRIN equiv) | - | F | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | F | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | F | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | F | ANTICONVULSANTS |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | F | MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | F | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| pimozide tab (ORAP equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | F | BETA BLOCKERS |
| pioglitazone tab (ACTOS TAB equiv) | - | F | ANTIDIABETICS |
| pioglitazone/glimepiride tab (DUETACT equiv) (QL= 30 tabs/30 days) | QL | F | ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | F | ANTIDIABETICS |
| piroxicam cap (FELDENE equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| PNEUMOVAX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| PODOCON SOLN | - | F | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | F | DERMATOLOGICALS |
| polyethylene glycol 3350 powder (MIRALAX equiv) | OTC | F | LAXATIVES |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | F | PHARMACEUTICAL ADJUVANTS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | F | OPHTHALMIC AGENTS |
| POLY-VI-FLOR SUSP | - | F | MULTIVITAMINS |
| POTABA POWDER PACKET | - | F | VITAMINS |
| POTABA TAB | - | F | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | F | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | F | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | F | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE ER TAB | - | F | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (KLOR-CON equiv) | - | F | MINERALS & ELECTROLYTES |

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|--|---------------------|-------------|--------------------------------------|
| potassium chloride micro tab (K-DUR equiv) | - | F | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | F | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | F | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTIGA TAB (QL= 3 tabs/day) | PA-QL | F | ANTICONSULTANTS |
| PRALUENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | F | ANTIHYPERTENSIVES |
| pramipexole ER tab (MIRAPEX ER equiv) | - | F | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | F | ANTIPARKINSON AGENTS |
| PRAMOSONE E CREAM | - | F | DERMATOLOGICALS |
| PRAMOSONE OINT | - | F | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | F | ANORECTAL AGENTS |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | F | ANORECTAL AGENTS |
| PRASCION RA CREAM | - | F | DERMATOLOGICALS |
| pravastatin tab (PRAVACHOL equiv) | - | F | ANTIHYPERTENSIVES |
| prazosin cap (MINIPRESS equiv) | - | F | ANTIHYPERTENSIVES |
| PRECISION INSULIN SYRINGE | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA METER | OTC | F | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP | OTC | F | DIAGNOSTIC PRODUCTS |
| PRED MILD OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | F | OPHTHALMIC AGENTS |
| prednicarbate cream (DERMATOP equiv) | - | F | DERMATOLOGICALS |
| prednicarbate oint (DERMATOP equiv) | - | F | DERMATOLOGICALS |
| prednisolone ODT (ORAPRED equiv) | - | F | CORTICOSTEROIDS |
| prednisolone ophth soln (PRED FORTE equiv) | - | F | OPHTHALMIC AGENTS |
| prednisolone soln (PEDIAPRED equiv) | - | F | CORTICOSTEROIDS |
| prednisolone syrup (PRELONE equiv) | - | F | CORTICOSTEROIDS |
| PREDNISON PAK | - | F | CORTICOSTEROIDS |
| PREDNISON SOLN | - | F | CORTICOSTEROIDS |
| PREDNISON TAB | - | F | CORTICOSTEROIDS |
| prednison tab (DELTASONE equiv) | - | F | CORTICOSTEROIDS |
| PREMARIN TAB | - | F | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | F | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | F | ESTROGENS |
| prenatal vitamin | OTC | F | MULTIVITAMINS |
| PRENATAL VITAMIN (OTC only) | OTC | F | MULTIVITAMINS |
| PREVACID OTC CAP (QL= 2 caps/day) | OTC-QL | F | ULCER DRUGS |
| PREVACID SOLUTAB | QL | F | ULCER DRUGS |
| PREVIDENT PASTE | - | F | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F | VACCINES |
| PREZCOBIX TAB | - | F | ANTIVIRALS |
| PREZISTA SUSP | - | F | ANTIVIRALS |
| PREZISTA TAB | - | F | ANTIVIRALS |
| PRIFTIN TAB | - | F | ANTIMYCOBACTERIAL AGENTS |
| PRILOSEC OTC DR TAB (QL= 2 caps/day) | OTC-QL | F | ULCER DRUGS |

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| primidone tab (MYSOLINE equiv) | - | F | ANTICONVULSANTS |
| PRIMSOL SOLN | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| probenecid tab (BENEMID equiv) | - | F | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | F | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | F | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| PROCRIT INJ | LMSP | F | HEMATOPOIETIC AGENTS |
| PROCTOFOAM HC FOAM | - | F | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | F | ANORECTAL AGENTS |
| progesterone cap (PROMETRIUM equiv) | - | F | PROGESTINS |
| PROGRAF CAP | - | F | ASSORTED CLASSES |
| promethazine DM syrup | - | F | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | F | ANTIHISTAMINES |
| promethazine syrup | - | F | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | F | ANTIHISTAMINES |
| promethazine VC syrup (PHENERGAN VC equiv) | - | F | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | F | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | F | COUGH/COLD/ALLERGY |
| propafenone tab (RYTHMOL equiv) | - | F | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | F | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | F | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | F | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | F | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | F | BETA BLOCKERS |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | F | ANTI-HYPERTENSIVES |
| propylthiouracil tab | - | F | THYROID AGENTS |
| PROSTIGMIN TAB | - | F | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| protriptyline tab (VIVACTIL equiv) | - | F | ANTIDEPRESSANTS |
| pseudoephedrine 12hr tab (SUDAFED equiv) | OTC | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine tab (SUDAFED equiv) | OTC | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudopseudoephedrine liquid (SUDAFED equiv) | OTC | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| PULMOZYME INH SOLN | LMSP | F | RESPIRATORY AGENTS - MISC. |
| pyrazinamide tab | - | F | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | F | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | F | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | F | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| quinapril tab (ACCUPRIL equiv) | - | F | ANTI-HYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | F | ANTI-HYPERTENSIVES |
| quinidine gluconate CR tab | - | F | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | F | ANTIARRHYTHMICS |
| rabeprazole EC tab (ACIPHEX equiv) | - | F | ULCER DRUGS |
| rajani tab (BEYAZ equiv) | - | F | CONTRACEPTIVES |
| raloxifene tab (EVISTA equiv) | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramipril cap (ALTACE equiv) | - | F | ANTI-HYPERTENSIVES |
| ranitidine cap (ZANTAC equiv) | - | F | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | F | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | F | ULCER DRUGS |
| RAPAMUNE SOLN | - | F | ASSORTED CLASSES |
| rasagiline tab (AZILECT equiv) | - | F | ANTI-PARKINSON AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SMKG | Smoking Cessation |
| SP | Available through Specialty Pharmacy Program | ST | Step Therapy | VAC | Vaccine Program |

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|---|---------------------|-------------|---|
| RAVICTI LIQUID | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| REBETOL SOLN | LMSP | F | ANTIVIRALS |
| REBIF INJ | LMSP | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | F | DERMATOLOGICALS |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | F | ANTIVIRALS |
| renaphro cap (NEPHROCAP equiv) | - | F | MULTIVITAMINS |
| REVELA TAB | - | 2+penalty | GASTROINTESTINAL AGENTS - MISC. |
| repaglinide tab (PRANDIN equiv) | - | F | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | F | ANTIHYPERTENSIVES |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | LMSP-PA-QL | F | ANTIHYPERTENSIVES |
| RESCRIPTOR TAB | - | F | ANTIVIRALS |
| REVLIMID CAP (QL= 1 cap/day) | MSP-PA-QL | F | ASSORTED CLASSES |
| REYATAZ CAP | - | F | ANTIVIRALS |
| REYATAZ POWDER PACK | - | F | ANTIVIRALS |
| RIBATAB | LMSP | F | ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | LMSP | F | ANTIVIRALS |
| ribavirin tab (COPEGUS equiv) | LMSP | F | ANTIVIRALS |
| RIDAURA CAP | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | F | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | F | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | F | ANTIMYCOBACTERIAL AGENTS |
| rimantadine tab (FLUMADINE equiv) | - | F | ANTIVIRALS |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERDAL INJ | PA | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| rivastigmine cap (EXELON equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | F | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | F | MIGRAINE PRODUCTS |
| ropinirole ER tab (REQUIP XL equiv) | - | F | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | F | ANTIPARKINSON AGENTS |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SABRIL POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | F | ANTICONVULSANTS |
| SABRIL TAB (Only available through Walgreens 888-347-3416) | LD-PA | F | ANTICONVULSANTS |
| salicylic acid shampoo (SALEX equiv) | - | F | DERMATOLOGICALS |
| saline nasal spray (OCEAN equiv) | OTC | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| salsalate tab (DISALCID equiv) | - | F | ANALGESICS - NONNARCOTIC |
| SANDIMMUNE CAP | - | F | ASSORTED CLASSES |
| SANDIMMUNE SOLN 100MG/ML | - | F | ASSORTED CLASSES |
| SANDOSTATIN INJ | LMSP | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |

| | | | | | |
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| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
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|---|---------------------|-------------|---|
| SANTYL OINT | - | F | DERMATOLOGICALS |
| SAPHRIS SL TAB | PA | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SAVELLA PAK | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB | - | F | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| seb-prev cream (OVACE CREAM equiv) | - | F | DERMATOLOGICALS |
| SECONAL CAP | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| selegiline cap (ELDEPRYL equiv) | - | F | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | F | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | - | F | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | F | DERMATOLOGICALS |
| SELZENTRY SOLN | - | F | ANTIVIRALS |
| SELZENTRY TAB | - | F | ANTIVIRALS |
| senna cap (SENOKOT equiv) | OTC | F | LAXATIVES |
| senna syrup (SENOKOT equiv) | OTC | F | LAXATIVES |
| senna tab (SENOKOT equiv) | OTC | F | LAXATIVES |
| SENSIPAR TAB | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEREVENT DISKUS INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SEROQUEL XR TAB (QL= 2 tabs/day) | QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| sertraline conc (ZOLOFT equiv) | - | F | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | F | ANTIDEPRESSANTS |
| SEVELAMER CARBONATE TAB | - | F | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (RENVELA PAK equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| sildenafil tab (REVATIO equiv) | PA | F | CARDIOVASCULAR AGENTS - MISC. |
| SILPHEN COUGH SYRUP | OTC | F | ANTIHISTAMINES |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | F | DERMATOLOGICALS |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | F | ANTIHYPERLIPIDEMICS |
| sirolimus tab (RAPAMUNE equiv) | - | F | ASSORTED CLASSES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| sodium bicarbonate tab | OTC | F | ANTACIDS |
| sodium chloride neb soln (HYPER-SAL equiv) | OTC | F | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride chew tab (LURIDE equiv) | - | F | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT 5000 PLUS equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM FLUORIDE LOZENGE | - | F | MINERALS & ELECTROLYTES |
| sodium fluoride paste (PREVIDENT equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE SOLN. equiv) | - | F | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB | - | F | MINERALS & ELECTROLYTES |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| sodium phenylbutyrate powder (BUPHENYL equiv) | PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|---|---------------------|-------------|---|
| sodium polystyrene powder (KAYEXALATE equiv) | - | F | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | F | ASSORTED CLASSES |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | F | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv) | - | F | DERMATOLOGICALS |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | F | DERMATOLOGICALS |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SORIATANE CK KIT | - | F | DERMATOLOGICALS |
| sotalol AF tab (BETAPACE AF equiv) | - | F | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | F | BETA BLOCKERS |
| spironolactone tab (ALDACTONE equiv) | - | F | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | F | DIURETICS |
| SPRYCEL TAB | LMSP-PA | F | ANTINEOPLASTICS |
| SSKI SOLN | - | F | MINERALS & ELECTROLYTES |
| stavudine cap (ZERIT equiv) | - | F | ANTIVIRALS |
| stavudine soln (ZERIT equiv) | - | F | ANTIVIRALS |
| STIMATE NASAL SOLN | - | F | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STRIBILD TAB (QL= 1 tab/day) | QL | F | ANTIVIRALS |
| sucrafate tab (CARAFATE equiv) | - | F | ULCER DRUGS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | F | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | F | OPHTHALMIC AGENTS |
| SULFADIAZINE TAB | - | F | SULFONAMIDES |
| SULFAMYLON CREAM | - | F | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| sumatriptan inj (QL= 6 inj/30 days) | QL | F | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 6 inj/30 days) | QL | F | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | F | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | F | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | F | MIGRAINE PRODUCTS |
| SUSTIVA CAP | - | F | ANTIVIRALS |
| SUSTIVA TAB | - | F | ANTIVIRALS |
| SUTENT CAP | MSP-PA | F | ANTINEOPLASTICS |
| SYNAGIS INJ (Available through Avella Specialty Pharmacy 877-470-7603) | MSP-PA | F | PASSIVE IMMUNIZING AGENTS |

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|---|---------------------|-------------|---|
| TABLOID TAB | - | F | ANTINEOPLASTICS |
| tacrolimus cap (PROGRAF equiv) | - | F | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | F | DERMATOLOGICALS |
| TAMIFLU SUSP 6MG/ML (QL= 250ml/fill) | QL | F | ANTIVIRALS |
| tamoxifen tab (NOLVADEX equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| TARCEVA TAB | LMSP-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGRETIN GEL | LMSP | F | DERMATOLOGICALS |
| TASIGNA CAP | LMSP-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| telmisartan tab (MICARDIS equiv) | - | F | ANTIHYPERTENSIVES |
| telmisartan/amlodipine tab (TWINSTA equiv) | - | F | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temozolomide cap (TEMODAR equiv) | LMSP | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| terazosin cap (HYTRIN equiv) | - | F | ANTIHYPERTENSIVES |
| terbinafine cream (LAMISIL AT equiv) | OTC | F | DERMATOLOGICALS |
| terbinafine tab (LAMISIL equiv) | - | F | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | F | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | F | VAGINAL PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | PA | F | ANDROGENS-ANABOLIC |
| testosterone enanthate inj (DELATESTRYL INJ. equiv) | PA | F | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | F | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | F | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day) | PA-QL | F | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | F | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | F | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | F | ANDROGENS-ANABOLIC |
| tetracycline cap | - | F | TETRACYCLINES |
| THALOMID CAP | MSP-PA | F | ASSORTED CLASSES |
| theophylline CR tab (QUIBRON-T equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| thioridazine tab (MELLARIL equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| THYROLAR TAB | - | F | THYROID AGENTS |
| tiagabine tab (GABITRIL equiv) | - | F | ANTICONVULSANTS |
| ticlopidine tab (TICLID equiv) | - | F | HEMATOLOGICAL AGENTS - MISC. |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | F | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | F | OPHTHALMIC AGENTS |

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| timolol maleate tab (BLOCADREN equiv) | - | F | BETA BLOCKERS |
| tinidazole tab (TINDAMAX equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| tizanidine cap (ZANAFLEX equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | F | MUSCULOSKELETAL THERAPY AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | F | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBEX equiv) | - | F | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | F | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | F | VAGINAL PRODUCTS |
| tolazamide tab (TOLINASE equiv) | - | F | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | F | ANTIDIABETICS |
| TOLMETIN CAP | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| tolmetin cap (TOLECTIN DS equiv) | - | F | ANALGESICS - ANTI-INFLAMMATORY |
| tolnaftate aerosol (TINACTIN equiv) | OTC | F | DERMATOLOGICALS |
| tolnaftate cream (TINACTIN equiv) | OTC | F | DERMATOLOGICALS |
| tolnaftate powder (TINACTIN equiv) | OTC | F | DERMATOLOGICALS |
| tolnaftate soln (TINACTIN equiv) | OTC | F | DERMATOLOGICALS |
| tolterodine SR cap (DETROL LA equiv) | - | F | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | F | URINARY ANTISPASMODICS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | F | ANTICONSULSANTS |
| topiramate tab (TOPAMAX equiv) | - | F | ANTICONSULSANTS |
| topotecan inj (HYCAMTIN equiv) | - | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide tab (DEMADEX equiv) | - | F | DIURETICS |
| TOUJEO SOLOSTAR INJ | - | F | ANTIDIABETICS |
| TOVIAZ TAB | - | F | URINARY ANTISPASMODICS |
| TRACLEER TAB (Only available through Accredo 866-591-9075 AND PharmaCare 800-238-7828) | PA | F | CARDIOVASCULAR AGENTS - MISC. |
| tramadol ER tab (ULTRAM ER equiv) | - | F | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | F | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | F | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | F | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) (QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID) | QL-ST | F | HEMOSTATICS |
| tranylcypromine tab (PARNATE equiv) | - | F | ANTIDEPRESSANTS |
| TRAVATAN Z OPTH SOLN (QL= 5ml/30 days) | QL | F | OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | F | ANTIDEPRESSANTS |
| tretinoin cap (VESANOID equiv) | LMSP | F | ANTINEOPLASTICS |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | F | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | F | DERMATOLOGICALS |
| triamcinolone cream | - | F | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | F | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | F | DERMATOLOGICALS |
| triamcinolone nasal spray (NASACORT equiv) | - | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone oint | - | F | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | F | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone spray (KENALOG equiv) | - | F | DERMATOLOGICALS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | F | DIURETICS |

| | | | | | |
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| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
| SP | Quantity Limit | ST | Restricted to Specialist | VAC | Smoking Cessation |
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|--|---------------------|-------------|---|
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | F | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | F | DIURETICS |
| triazolam tab (HALCION equiv) | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| tricitrates soln (POLYCITRA-LC equiv) | - | F | GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | F | HEMATOPOIETIC AGENTS |
| trifluoperazine tab (STELAZINE equiv) | - | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| trifluridine ophth soln (VIROPTIC equiv) | - | F | OPHTHALMIC AGENTS |
| trihexyphenidyl elixir (ARTANE equiv) | - | F | ANTIPARKINSON AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | F | ANTIPARKINSON AGENTS |
| tri-legest tab (ESTROSTEP FE equiv) | - | F | CONTRACEPTIVES |
| trilyte soln (NULYTELY equiv) | - | F | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | F | ANTIEMETICS |
| trimethoprim tab (PROLOPRIM equiv) | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv) | - | F | CONTRACEPTIVES |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | F | ANTIVIRALS |
| TRI-VI-FLOR SUSP | - | F | MULTIVITAMINS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | F | OPHTHALMIC AGENTS |
| TRUVADA TAB (QL= 1 tab/day) | PA-QL | F | ANTIVIRALS |
| tussigon tab (HYCODAN equiv) | - | F | COUGH/COLD/ALLERGY |
| TYVASO INH SOLN (Only available through Accredo 888-773-7376) | LD-PA | F | CARDIOVASCULAR AGENTS - MISC. |
| U-CORT CREAM | - | F | DERMATOLOGICALS |
| ULESFIA LOTION (QL= 3 bottles/180 days, Limited to 2 fills/year) | QL | F | DERMATOLOGICALS |
| ursodiol cap (ACTIGALL equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | F | GASTROINTESTINAL AGENTS - MISC. |
| valganciclovir tab (VALTREX equiv) | - | F | ANTIVIRALS |
| valganciclovir soln (VALCYTE equiv) | - | F | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | F | ANTIVIRALS |
| valproic acid cap (DEPAKENE equiv) | - | F | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | F | ANTICONVULSANTS |
| valsartan tab (DIOVAN equiv) | - | F | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | F | ANTIHYPERTENSIVES |
| VANCOMYCIN SOLN KIT | - | F | ANTI-INFECTIVE AGENTS - MISC. |
| vcf vaginal gel (CONCEPTROL equiv) | OTC | F | VAGINAL PRODUCTS |
| VEMLIDY TAB | - | F | ANTIVIRALS |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | F | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | F | ANTIDEPRESSANTS |
| VENTAVIS INH SOLN (Only available through Accredo 888-773-7376) | LD-PA | F | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days) | QL | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| verapamil sr (VERELAN equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | F | CALCIUM CHANNEL BLOCKERS |
| VESICARE TAB | - | F | URINARY ANTISPASMODICS |
| VEXOL OPHTH SUSP | - | F | OPHTHALMIC AGENTS |
| V-GO INJ KIT (QL= 1 kit/day) | QL | F | MEDICAL DEVICES AND SUPPLIES |
| VICTOZA INJ (QL= 9ml/30 days) | QL | F | ANTIDIABETICS |
| VICTRELIS CAP | LMSP-PA | F | ANTIVIRALS |
| VIDEX SOLN | - | F | ANTIVIRALS |

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| VIGAMOX OPHTH SOLN | - | 2+penalty | OPHTHALMIC AGENTS |
| VIMPAT INJ (QL= 1200 units/30 days) | QL | F | ANTICONVULSANTS |
| VIMPAT SOLN (QL= 600ml/30days) | QL | F | ANTICONVULSANTS |
| VIMPAT TAB (QL= 2 tabs/day; Step Therapy requires trial of carbamazepine, divalproex, lamotrigine or topiramate) | QL-ST | F | ANTICONVULSANTS |
| VIRACEPT POWDER | - | F | ANTIVIRALS |
| VIRACEPT TAB | - | F | ANTIVIRALS |
| VIRAMUNE SUSP | - | F | ANTIVIRALS |
| VIREAD TAB | - | F | ANTIVIRALS |
| vitamin D cap (RX strength only) | - | F | VITAMINS |
| vitamin D cap 400unit | OTC | F | VITAMINS |
| vitamin E liquid | OTC | F | DERMATOLOGICALS |
| VITEKTA TAB | - | F | ANTIVIRALS |
| VOTRIENT TAB | LMSP-PA | F | ANTINEOPLASTICS |
| VYVANSE CAP | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYVANSE CHEW TAB | - | F | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | F | ANTICOAGULANTS |
| WELCHOL PAK | - | F | ANTIHYPERLIPIDEMICS |
| WELCHOL TAB | - | F | ANTIHYPERLIPIDEMICS |
| XALKORI CAP | MSP-PA | F | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XULANE PATCH | - | F | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | F | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) | - | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ZARXIO INJ | LMSP | F | HEMATOPOIETIC AGENTS |
| ZAVESCA CAP (Only available through Accredo 888-773-7376) | LD-PA | F | HEMATOPOIETIC AGENTS |
| zidovudine cap (RETROVIR equiv) | - | F | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | F | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | F | ANTIVIRALS |
| zinc sulfate cap | - | F | MINERALS & ELECTROLYTES |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | F | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIRGAN OPHTH GEL | - | F | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | F | MACROLIDES |
| ZOLINZA CAP | LMSP-PA | F | ANTINEOPLASTICS |
| zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day) | QL | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day) | QL | F | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| zonisamide cap (ZONEGRAN equiv) | - | F | ANTICONVULSANTS |
| ZORTRESS TAB | PA | F | ASSORTED CLASSES |
| ZOVIRAX OINT | - | F | DERMATOLOGICALS |
| ZUBSOLV SL TAB | - | F | ANALGESICS - OPIOID |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | F | OPHTHALMIC AGENTS |
| ZYRTEC SYRUP | OTC | 2+penalty | ANTIHISTAMINES |

| | | | | | |
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|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| ADDERALL XR CAP (QL= 2 caps/day) | QL | F |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | F |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | F |
| dextroamphetamine tab (DEXEDRINE equiv) | - | F |
| VYVANSE CAP | - | F |
| VYVANSE CHEW TAB | - | F |
| ANALECTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | F |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA CAP equiv) (QL= 1 cap/day) | QL | F |
| clonidine ER tab (KAPVAY equiv) (QL= 2 tabs/day) | QL | F |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | F |
| STIMULANTS - MISC. | | |
| dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day) | QL | F |
| dexmethylphenidate tab (FOCALIN equiv) | - | F |
| methylphenidate CD cap (METADATE CD equiv) | - | F |
| methylphenidate ER tab | - | F |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | --QL | F |
| METHYLPHENIDATE ER TAB 36MG (QL= 2 tabs/day) | QL | F |
| methylphenidate soln (METHYLIN equiv) | - | F |
| methylphenidate tab (RITALIN equiv) | - | F |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | PA-QL | F |
| AMINOGLYCOSIDES | | |
| AMINOGLYCOSIDES | | |
| BETHKIS NEB SOLN | MSP | F |
| KITABIS PAK NEB SOLN | MSP | F |
| neomycin tab | - | F |
| paromomycin cap (HUMATIN equiv) | - | F |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | F |
| ANALGESICS - ANTI-INFLAMMATORY | | |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| HUMIRA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | F |
| HUMIRA PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | F |
| GOLD COMPOUNDS | | |
| RIDAURA CAP | - | F |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET INJ (Only available through Rx Crossroads: 1-866-547-0644) | LD-PA | F |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| ACTEMRA SC INJ | LMSP-PA | F |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day; Step Therapy requires trial of 2 generic NSAIDS) | QL-ST | F |
| diclofenac potassium tab (CATAFLAM equiv) | - | F |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | F |

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| | | | | | |
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| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | F |
| etodolac cap (LODINE equiv) | - | F |
| etodolac ER tab (LODINE XL equiv) | - | F |
| etodolac tab | - | F |
| fenoprofen calcium tab | - | F |
| flurbiprofen tab (ANSAID equiv) | - | F |
| ibuprofen cap 200mg | OTC | F |
| ibuprofen chew tab (ADVIL equiv) | OTC | F |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | F |
| ibuprofen tab | - | F |
| ibuprofen tab (Rx only) | - | F |
| ibuprofen tab 100mg (ADVIL equiv) | OTC | F |
| ibuprofen tab 200mg (ADVIL equiv) | OTC | F |
| INDOCIN SUPP | - | F |
| INDOCIN SUSP | - | F |
| indomethacin cap (INDOCIN equiv) | - | F |
| indomethacin CR cap (INDOCIN SR equiv) | - | F |
| ketoprofen cap (ORUDIS equiv) | - | F |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | F |
| meloxicam tab (MOBIC equiv) | - | F |
| nabumetone tab (RELAFEN equiv) | - | F |
| naproxen EC tab (NAPROSYN EC equiv) | - | F |
| naproxen sodium tab (ANAPROX equiv) | - | F |
| naproxen sodium tab 220mg (ALEVE equiv) | OTC | F |
| NAPROXEN SUSP | - | F |
| naproxen susp (NAPROSYN equiv) | - | F |
| naproxen tab (NAPROSYN equiv) | - | F |
| oxaprozin tab (DAYPRO equiv) | - | F |
| piroxicam cap (FELDENE equiv) | - | F |
| sulindac tab (CLINORIL equiv) | - | F |
| TOLMETIN CAP | - | F |
| tolmetin cap (TOLECTIN DS equiv) | - | F |

PYRIMIDINE SYNTHESIS INHIBITORS

| | | |
|-------------------------------|---|---|
| leflunomide tab (ARAVA equiv) | - | F |
|-------------------------------|---|---|

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

| | | |
|-------------------------------------|------------|---|
| ENBREL INJ 25MG | LMSP-PA | F |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | F |
| ENBREL INJ 50MG | LMSP-PA | F |
| ENBREL SURECLICK INJ 50MG | LMSP-PA | F |

ANALGESICS - NONNARCOTIC

ANALGESICS OTHER

| | | |
|--|-----|---|
| acetaminophen cap (TYLENOL equiv) | OTC | F |
| acetaminophen chew tab (TYLENOL equiv) | OTC | F |
| acetaminophen drops (TYLENOL equiv) | OTC | F |
| acetaminophen elixir (TYLENOL equiv) | OTC | F |
| acetaminophen liquid (TYLENOL equiv) | OTC | F |

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| ACETAMINOPHEN SOLN | OTC | F |
| acetaminophen supp (TYLENOL equiv) | OTC | F |
| acetaminophen tab (TYLENOL equiv) | OTC | F |
| SALICYLATES | | |
| aspirin chew tab 81mg | OTC | F |
| aspirin supp | OTC | F |
| aspirin tab 325mg | OTC | F |
| aspirin tab 81mg | OTC | F |
| bufferin tab | OTC | F |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | F |
| choline magnesium trisaliclylate tab (TRILISATE equiv) | - | F |
| diflunisal tab (DOLOBID equiv) | - | F |
| salsalate tab (DISALCID equiv) | - | F |
| ANALGESICS - OPIOID | | |
| OPIOID AGONISTS | | |
| codeine sulfate tab | - | F |
| fentanyl patch (DURAGESIC equiv) | - | F |
| hydromorphone ER tab (EXALGO equiv) | - | F |
| hydromorphone liquid (DILAUDID-5 LIQUID equiv) | - | F |
| HYDROMORPHONE SUPP | - | F |
| hydromorphone tab (DILAUDID equiv) | - | F |
| HYSINGLA ER TAB (QL= 1 tab/day) | QL | F |
| LEVORPHANOL TAB | - | F |
| meperidine tab (DEMEROL equiv) | - | F |
| METHADONE SOLN | - | F |
| methadone tab (DOLOPHINE equiv) | - | F |
| methadose tab | - | F |
| morphine sulfate ER tab (MS CONTIN equiv) | - | F |
| morphine sulfate soln | - | F |
| morphine sulfate supp | - | F |
| morphine sulfate tab | - | F |
| oxycodone cap (OXYIR equiv) | - | F |
| oxycodone conc (ROXICODONE equiv) | - | F |
| oxycodone soln (ROXICODONE equiv) | - | F |
| oxycodone tab (ROXICODONE equiv) | - | F |
| OXYCONTIN CR TAB (QL= 120 tabs/30 days) | QL | F |
| tramadol ER tab (ULTRAM ER equiv) | - | F |
| tramadol tab (ULTRAM equiv) | - | F |
| OPIOID COMBINATIONS | | |
| acetaminophen/codeine soln | - | F |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | F |
| aspirin/codeine tab | - | F |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | F |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | F |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | F |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | F |

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| ANALGESICS - OPIOID Cont. | | |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | F |
| OXYCODONE/ACETAMINOPHEN SOLN | - | F |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | F |
| oxycodone/aspirin tab (PERCODAN equiv) | - | F |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | F |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | F |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | F |
| OPIOID PARTIAL AGONISTS | | |
| BUNAVAIL SL FILM, SUBOXONE SL FILM | - | F |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/30 days) | QL | F |
| ZUBSOLV SL TAB | - | F |
| ANDROGENS-ANABOLIC | | |
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | - | F |
| ANDROGENS | | |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | F |
| ANDROGEL 1.62% 1.25GM (QL= 1 packet/day) | PA-QL | F |
| ANDROGEL 1.62% 2.5GM (QL= 2 packets/day) | PA-QL | F |
| ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days) | PA-QL | F |
| ANDROXY TAB | - | F |
| danazol cap (DANOCRINE equiv) | - | F |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | PA | F |
| testosterone enanthate inj (DELATESTRYL INJ. equiv) | PA | F |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | F |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | F |
| TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day) | PA-QL | F |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | F |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | F |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | F |
| ANORECTAL AGENTS | | |
| INTRARECTAL STEROIDS | | |
| hydrocortisone enema (CORTENEMA equiv) | - | F |
| RECTAL COMBINATIONS | | |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | F |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | F |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | F |
| PROCTOFOAM HC FOAM | - | F |
| RECTAL STEROIDS | | |
| hydrocortisone supp (ANUSOL HC equiv) | - | F |
| proctosol HC cream (ANUSOL HC equiv) | - | F |
| ANTACIDS | | |
| ANTACIDS - BICARBONATE | | |
| sodium bicarbonate tab | OTC | F |
| ANTACIDS - CALCIUM SALTS | | |
| calcium carbonate chew tab (TUMS equiv) | OTC | F |

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| | | | | | |
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| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| ALBENZA TAB | - | F |
| ivermectin tab (STROMEKTOL equiv) | - | F |
| ANTIANGINAL AGENTS | | |
| NITRATES | | |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | F |
| isosorbide dinitrate SL tab | - | F |
| isosorbide dinitrate tab (ISORDIL equiv) | - | F |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | F |
| isosorbide mononitrate tab (MONOKET equiv) | - | F |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | F |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | F |
| nitroglycerin patch (NITRO-DUR equiv) | - | F |
| nitroglycerin SL tab (NITROSTAT equiv) | - | F |
| nitroglycerin SR cap | - | F |
| ANTIANGIETY AGENTS | | |
| ANTIANGIETY AGENTS - MISC. | | |
| buspirone tab (BUSPAR equiv) | - | F |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | F |
| hydroxyzine syrup (ATARAX equiv) | - | F |
| hydroxyzine tab (ATARAX equiv) | - | F |
| meprobamate tab (MILTOWN equiv) | - | F |
| BENZODIAZEPINES | | |
| alprazolam ER tab (XANAX XR equiv) | - | F |
| alprazolam ODT (NIRAVAM equiv) | - | F |
| alprazolam tab (XANAX equiv) | - | F |
| chlordiazepoxide cap (LIBRIUM equiv) | - | F |
| clorazepate tab (TRANXENE-T equiv) | - | F |
| diazepam conc (VALIUM equiv) | - | F |
| DIAZEPAM SOLN | - | F |
| diazepam tab (VALIUM equiv) | - | F |
| lorazepam conc (ATIVAN equiv) | - | F |
| lorazepam tab (ATIVAN equiv) | - | F |
| oxazepam cap (SERAX equiv) | - | F |
| ANTIARRHYTHMICS | | |
| ANTIARRHYTHMICS TYPE I-A | | |
| disopyramide cap (NORPACE equiv) | - | F |
| disopyramide ER cap (NORPACE CR equiv) | - | F |
| NORPACE CR CAP | - | F |
| quinidine gluconate CR tab | - | F |
| quinidine sulfate tab | - | F |
| ANTIARRHYTHMICS TYPE I-B | | |
| mexiletine cap (MEXITIL equiv) | - | F |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | F |

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| ANTIARRHYTHMICS Cont. | | |
| propafenone tab (RYTHMOL equiv) | - | F |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | F |
| dofetilide cap (TIKOSYN equiv) | - | F |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTI-INFLAMMATORY AGENTS | | |
| CROMOLYN NEB SOLN | - | F |
| cromolyn neb soln (INTAL equiv) | - | F |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ATROVENT HFA INHALER | - | F |
| ipratropium neb soln (ATROVENT equiv) | - | F |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | F |
| montelukast tab (SINGULAIR equiv) | - | F |
| zafirlukast tab (ACCOLATE equiv) | - | F |
| STEROID INHALANTS | | |
| ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | F |
| ASMANEX HFA INHALER (QL= 1 inhaler/30 days) | QL | F |
| ASMANEX INHALER (QL= 1 inhaler/30 days) | QL | F |
| budesonide inh susp (PULMICORT equiv) | - | F |
| FLOVENT DISKUS INHALER | - | F |
| FLOVENT HFA INHALER | - | F |
| SYMPATHOMIMETICS | | |
| ADVAIR DISKUS INHALER | - | F |
| ADVAIR HFA INHALER | - | F |
| albuterol neb soln 0.083% (PROVENTIL equiv) | - | F |
| albuterol neb soln 0.5% (VENTOLIN equiv) | - | F |
| albuterol neb soln 0.63mg (ACCUNEB equiv) | - | F |
| albuterol neb soln 1.25mg (ACCUNEB equiv) | - | F |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | F |
| albuterol sulfate syrup | - | F |
| albuterol sulfate tab | - | F |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | F |
| ANORO ELLIPTA INHALER | - | F |
| COMBIVENT INHALER | - | F |
| COMBIVENT RESPIMAT INHALER | - | F |
| DULERA INHALER | - | F |
| epinephrine inj | - | F |
| FLUTICASONE/SALMETEROL INHALER | - | F |
| FORADIL AEROLIZER | - | F |
| levalbuterol neb soln (XOPENEX equiv) (Step Therapy requires trial of albuterol neb) | ST | F |
| METAPROTERENOL SYRUP | - | F |
| SEREVENT DISKUS INHALER | - | F |
| STIOLTO INHALER | - | F |
| terbutaline sulfate tab (BRETHINE equiv) | - | F |

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| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days) | QL | F |
| XANTHINES | | |
| aminophylline tab | - | F |
| ELIXOPHYLLIN ELIXIR | - | F |
| theophylline CR tab (QUIBRON-T equiv) | - | F |
| theophylline ER tab (UNIPHYL equiv) | - | F |
| theophylline soln | - | F |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | F |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin inj (LOVENOX equiv) | - | F |
| FRAGMIN INJ | - | F |
| heparin flush | - | F |
| heparin inj | - | F |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clonazepam ODT (KLONOPIN equiv) | - | F |
| clonazepam tab (KLONOPIN equiv) | - | F |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | F |
| ONFI TAB (QL= 2 tabs/day) | PA-QL | F |
| ANTICONVULSANTS - MISC. | | |
| BANZEL SUSP (QL= 2400ml/30 days; Step Therapy requires trial of valproic acid, lamotrigine, FELBATOL or topiramate) | QL-ST | F |
| BANZEL TAB (QL= 8 tabs/day; Step Therapy requires the trial of valproic acid, lamotrigine, FELBATOL, or topiramate) | QL-ST | F |
| carbamazepine chew tab (TEGRETOL equiv) | - | F |
| carbamazepine ER cap (CARBATROL equiv) | - | F |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | F |
| carbamazepine susp (TEGRETOL equiv) | - | F |
| carbamazepine tab (TEGRETOL equiv) | - | F |
| gabapentin cap (NEURONTIN equiv) | - | F |
| gabapentin soln (NEURONTIN equiv) | - | F |
| gabapentin tab (NEURONTIN equiv) | - | F |
| LAMICTAL CHEW TAB 2MG | - | F |
| lamotrigine chew tab (LAMICTAL equiv) | - | F |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | F |
| lamotrigine ODT (LAMICTAL equiv) | - | F |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | F |
| lamotrigine tab (LAMICTAL equiv) | - | F |
| levetiracetam soln (KEPPRA equiv) | - | F |
| levetiracetam tab (KEPPRA equiv) | - | F |
| LYRICA CAP | PA | F |
| LYRICA SOLN | PA | F |
| oxcarbazepine susp (TRILEPTAL equiv) | - | F |
| oxcarbazepine tab (TRILEPTAL equiv) | - | F |
| POTIGA TAB (QL= 3 tabs/day) | PA-QL | F |

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| ANTICONVULSANTS Cont. | | |
| primidone tab (MYSOLINE equiv) | - | F |
| topiramate sprinkle cap (TOPAMAX equiv) | - | F |
| topiramate tab (TOPAMAX equiv) | - | F |
| VIMPAT INJ (QL= 1200 units/30 days) | QL | F |
| VIMPAT SOLN (QL= 600ml/30days) | QL | F |
| VIMPAT TAB (QL= 2 tabs/day; Step Therapy requires trial of carbamazepine, divalproex, lamotrigine or topiramate) | QL-ST | F |
| zonisamide cap (ZONEGRAN equiv) | - | F |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | F |
| felbamate tab (FELBATOL equiv) | - | F |
| GABA MODULATORS | | |
| GABITRIL TAB 12MG, 16MG | - | F |
| SABRIL POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | F |
| SABRIL TAB (Only available through Walgreens 888-347-3416) | LD-PA | F |
| tiagabine tab (GABITRIL equiv) | - | F |
| HYDANTOINS | | |
| DILANTIN CAP 30MG | - | F |
| PEGANONE TAB | - | F |
| phenytoin cap (DILANTIN equiv) | - | F |
| phenytoin chew tab (DILANTIN equiv) | - | F |
| phenytoin susp (DILANTIN equiv) | - | F |
| SUCCINIMIDES | | |
| CELONTIN CAP | - | F |
| ethosuximide cap (ZARONTIN equiv) | - | F |
| ethosuximide soln (ZARONTIN equiv) | - | F |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | F |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | F |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | F |
| valproic acid cap (DEPAKENE equiv) | - | F |
| valproic acid syrup (DEPAKENE equiv) | - | F |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | F |
| mirtazapine tab (REMERON equiv) | - | F |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | F |
| bupropion tab (WELLBUTRIN equiv) | - | F |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | F |
| MAPROTILINE TAB | - | F |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| MARPLAN TAB | - | F |
| NARDIL TAB | - | F |
| phenelzine tab (NARDIL equiv) | - | F |
| tranylcypromine tab (PARNATE equiv) | - | F |

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ANTIDEPRESSANTS Cont.

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

| | | |
|--|----|---|
| citalopram soln (CELEXA equiv) | - | F |
| citalopram tab (CELEXA equiv) | - | F |
| escitalopram soln (LEXAPRO equiv) (QL= 600 units/30 days) | QL | F |
| escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day) | QL | F |
| fluoxetine cap (PROZAC equiv) | - | F |
| fluoxetine soln (PROZAC equiv) | - | F |
| fluoxetine tab (PROZAC equiv) | - | F |
| FLUOXETINE TAB 60MG | - | F |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | F |
| fluvoxamine tab (LUVOX equiv) | - | F |
| paroxetine ER tab (PAXIL CR equiv) | - | F |
| paroxetine tab (PAXIL equiv) | - | F |
| sertraline conc (ZOLOFT equiv) | - | F |
| sertraline tab (ZOLOFT equiv) | - | F |

SEROTONIN MODULATORS

| | | |
|-------------------------------|---|---|
| NEFAZODONE TAB | - | F |
| nefazodone tab 50mg, 250mg | - | F |
| trazodone tab (DESYREL equiv) | - | F |

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

| | | |
|--|----|---|
| desvenlafaxine ER tab (PRISTIQ equiv) | - | F |
| duloxetine EC cap (CYMBALTA equiv) (Step Therapy requires trial of paroxetine, sertraline, fluoxetine or citalopram) | ST | F |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | F |
| venlafaxine tab (EFFEXOR equiv) | - | F |

TRICYCLIC AGENTS

| | | |
|--|---|---|
| amitriptyline tab (ELAVIL equiv) | - | F |
| AMOXAPINE TAB | - | F |
| clomipramine cap (ANAFRANIL equiv) | - | F |
| desipramine tab (NORPRAMIN equiv) | - | F |
| doxepin cap (SINEQUAN equiv) | - | F |
| doxepin conc (SINEQUAN equiv) | - | F |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | F |
| imipramine tab (TOFRANIL equiv) | - | F |
| nortriptyline cap (PAMELOR equiv) | - | F |
| NORTRIPTYLINE SOLN | - | F |
| protriptyline tab (VIVACTIL equiv) | - | F |

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

| | | |
|------------------------------|---|---|
| acarbose tab (PRECOSE equiv) | - | F |
| miglitol tab (GLYSET equiv) | - | F |

ANTIDIABETIC COMBINATIONS

| | | |
|--|---|---|
| AVANDAMET TAB | - | F |
| AVANDARYL TAB | - | F |
| glipizide/metformin tab (METAGLIP equiv) | - | F |

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| glyburide/metformin tab (GLUCOVANCE equiv) | - | F |
| JANUMET XR TAB | - | F |
| pioglitazone/glimepiride tab (DUETACT equiv) (QL= 30 tabs/30 days) | QL | F |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | F |
| BIGUANIDES | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | F |
| metformin tab (GLUCOPHAGE equiv) | - | F |
| DIABETIC OTHER | | |
| GLUCAGEN HYPOKIT INJ | - | F |
| GLUCAGON INJ KIT | - | F |
| GLUCOSE CHEW TAB | OTC | F |
| glucose gel | OTC | F |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | F |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | F |
| BYETTA INJ | - | F |
| VICTOZA INJ (QL= 9ml/30 days) | QL | F |
| INSULIN | | |
| HUMULIN R INJ U-500 | - | F |
| LANTUS INJ | - | F |
| LANTUS SOLOSTAR INJ | - | F |
| LEVEMIR FLEXTOUCH INJ | - | F |
| LEVEMIR INJ | - | F |
| NOVOLIN INJ | OTC | F |
| NOVOLOG FLEXPEN INJ | - | F |
| NOVOLOG INJ | - | F |
| NOVOLOG MIX FLEXPEN INJ | - | F |
| NOVOLOG MIX INJ | - | F |
| NOVOLOG PENFILL INJ | - | F |
| TOUJEO SOLOSTAR INJ | - | F |
| INSULIN SENSITIZING AGENTS | | |
| AVANDIA TAB | - | F |
| pioglitazone tab (ACTOS TAB equiv) | - | F |
| MEGLITINIDE ANALOGUES | | |
| nateglinide tab (STARLIX equiv) | - | F |
| repaglinide tab (PRANDIN equiv) | - | F |
| SULFONYLUREAS | | |
| chlorpropamide tab (DIABINESE equiv) | - | F |
| glimepiride tab (AMARYL equiv) | - | F |
| glipizide ER tab (GLUCOTROL XL equiv) | - | F |
| glipizide tab (GLUCOTROL equiv) | - | F |
| glyburide micronized tab (GLYNASE equiv) | - | F |
| glyburide tab (MICRONASE equiv) | - | F |
| tolazamide tab (TOLINASE equiv) | - | F |
| TOLBUTAMIDE TAB | - | F |

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| ANTIDIARRHEALS | | |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine liquid (LOMOTIL equiv) | - | F |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | F |
| opium tincture | - | F |
| ANTIDOTES | | |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | F |
| EXJADE TAB | MSP | F |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | F |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | F |
| JADENU TAB | LMSP | F |
| OPIOID ANTAGONISTS | | |
| naltrexone tab (REVIA equiv) | - | F |
| NARCAN NASAL SPRAY (QL= 2 sprays/fill) | QL | F |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| JADENU SPRINKLE | LMSP | F |
| OPIOID ANTAGONISTS | | |
| NALOXONE INJ (QL= 2 inj/fill) | QL | F |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill) | QL | F |
| ondansetron ODT (ZOFTRAN equiv) | - | F |
| ondansetron soln (ZOFTRAN equiv) | - | F |
| ondansetron tab (ZOFTRAN equiv) | - | F |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| maldemar tab (SCOPACE equiv) | - | F |
| meclizine chew tab (BONINE equiv) | OTC | F |
| meclizine tab (ANTIVERT equiv) | OTC | F |
| trimethobenzamide cap (TIGAN equiv) | - | F |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | F |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | F |
| ANTIFUNGALS | | |
| ANTIFUNGALS | | |
| flucytosine cap (ANCOBON equiv) | - | F |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | F |
| griseofulvin susp (GRIFULVIN equiv) | - | F |
| griseofulvin tab (GRIS-PEG equiv) | - | F |
| nystatin powder | - | F |
| nystatin tab | - | F |
| terbinafine tab (LAMISIL equiv) | - | F |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole susp (DIFLUCAN equiv) | - | F |

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|-----------------------------------|---------------------|-------------|
| ANTIFUNGALS Cont. | | |
| fluconazole tab (DIFLUCAN equiv) | - | F |
| itraconazole cap (SPORANOX equiv) | PA | F |
| ketoconazole tab (NIZORAL equiv) | - | F |

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

| | | |
|-------------------------|---|---|
| chlorpheniramine ER cap | - | F |
|-------------------------|---|---|

ANTIHISTAMINES - ETHANOLAMINES

| | | |
|---|-----|---|
| ALER-DRYL TAB | OTC | F |
| carbinoxamine soln (PALGIC equiv) | - | F |
| carbinoxamine tab (PALGIC equiv) | - | F |
| clemastine tab 1.34mg (TAVIST equiv) | OTC | F |
| diphenhydramine cap (BENADRYL equiv) (OTC only) | OTC | F |
| diphenhydramine elixir (OTC only) | OTC | F |
| diphenhydramine liquid (BENADRYL equiv) | OTC | F |
| diphenhydramine tab (BENADRYL equiv) | OTC | F |
| SILPHEN COUGH SYRUP | OTC | F |

ANTIHISTAMINES - NON-SEDATING

| | | |
|--|--------|-----------|
| ZYRTEC SYRUP | OTC | 2+penalty |
| ALLEGRA TAB | OTC | F |
| cetirizine chew tab (ZYRTEC equiv) (QL= 1 tab/day; Covered if under 12 years ONLY) | OTC-QL | F |
| cetirizine syrup (ZYRTEC equiv) (QL= 300 ml/30 days) | OTC | F |
| cetirizine tab (ZYRTEC equiv) (QL= 1 tab/day) | OTC-QL | F |
| CLARITIN CHEW | OTC | F |
| fexofenadine susp (ALLEGRA equiv) | OTC | F |
| fexofenadine tab (ALLEGRA equiv) | OTC | F |
| loratadine ODT (CLARITIN equiv) | OTC | F |
| loratadine syrup (CLARITIN equiv) (QL= 250ml/30 day) | OTC-QL | F |
| loratadine tab (CLARITIN equiv) (QL= 1 tab/day) | OTC-QL | F |

ANTIHISTAMINES - PHENOTHIAZINES

| | | |
|-------------------------------------|---|---|
| promethazine supp (PHENERGAN equiv) | - | F |
| promethazine syrup | - | F |
| promethazine tab (PHENERGAN equiv) | - | F |

ANTIHISTAMINES - PIPERIDINES

| | | |
|----------------------|---|---|
| cyproheptadine syrup | - | F |
| cyproheptadine tab | - | F |

ANTIHYPERLIPIDEMICS

ANTIHYPERLIPIDEMICS - MISC.

| | | |
|--|---|---|
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | F |
|--|---|---|

BILE ACID SEQUESTRANTS

| | | |
|---|---|---|
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | F |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | F |
| cholestyramine powder (QUESTRAN equiv) | - | F |
| cholestyramine powder pack (QUESTRAN equiv) | - | F |
| colestipol granule (COLESTID equiv) | - | F |
| colestipol powder packet (COLESTID equiv) | - | F |

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| ANTIHYPERTENSIVES Cont. | | |
| colestipol tab (COLESTID equiv) | - | F |
| WELCHOL PAK | - | F |
| WELCHOL TAB | - | F |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap (ANTARA equiv) | - | F |
| fenofibrate tab (TRICOR equiv) | - | F |
| gemfibrozil tab (LOPID equiv) | - | F |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day) | QL | F |
| lovastatin tab (MEVACOR equiv) | - | F |
| pravastatin tab (PRAVACHOL equiv) | - | F |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | F |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | F |
| NICOTINIC ACID DERIVATIVES | | |
| NIASPAN ER TAB | - | F |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | F |
| REPATHA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | F |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | LMSP-PA-QL | F |
| ANTIHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | F |
| captopril tab (CAPOTEN equiv) | - | F |
| enalapril tab (VASOTEC equiv) | - | F |
| fosinopril tab (MONOPRIL equiv) | - | F |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | F |
| moexipril tab (UNIVASC equiv) | - | F |
| perindopril tab (ACEON equiv) | - | F |
| quinapril tab (ACCUPRIL equiv) | - | F |
| ramipril cap (ALTACE equiv) | - | F |
| trandolapril tab (MAVIK equiv) | - | F |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| phenoxybenzamine cap (DIBENZYLININE equiv) | - | F |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| candesartan tab (ATACAND equiv) | - | F |
| irbesartan tab (AVAPRO equiv) | - | F |
| losartan tab (COZAAR equiv) | - | F |
| telmisartan tab (MICARDIS equiv) | - | F |
| valsartan tab (DIOVAN equiv) | - | F |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine patch (CATAPRES-TTS equiv) | - | F |
| clonidine tab (CATAPRES equiv) | - | F |
| doxazosin tab (CARDURA equiv) | - | F |
| guanfacine IR tab (TENEX equiv) | - | F |

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| ANTIHYPERTENSIVES Cont. | | |
| methyldopa tab (ALDOMET equiv) | - | F |
| prazosin cap (MINIPRESS equiv) | - | F |
| terazosin cap (HYTRIN equiv) | - | F |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | F |
| amlodipine/valsartan tab (EXFORGE equiv) | - | F |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | F |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | F |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | F |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | F |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | F |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | F |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | F |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | F |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | F |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | F |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | F |
| methyldopa/hydrochlorothiazide tab (ALDORIL equiv) | - | F |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | F |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | F |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | F |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | F |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | F |
| telmisartan/amlodipine tab (TWINSTA equiv) | - | F |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | F |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPIRA equiv) | - | F |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | F |
| minoxidil tab (LONITEN equiv) | - | F |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | F |
| metronidazole cap (FLAGYL equiv) | - | F |
| metronidazole tab (FLAGYL equiv) | - | F |
| NEBUPENT NEB SOLN | - | F |
| PRIMSOL SOLN | - | F |
| tinidazole tab (TINDAMAX equiv) | - | F |
| trimethoprim tab (PROLOPRIM equiv) | - | F |
| VANCOMYCIN SOLN KIT | - | F |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | F |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | F |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | F |
| ANTIPROTOZOAL AGENTS | | |

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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| ALINIA SUSP | - | F |
| ALINIA TAB | - | F |
| atovaquone susp (MEPRON equiv) | - | F |
| LEPROSTATICS | | |
| dapsone tab | - | F |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | F |
| clindamycin soln (CLEOCIN equiv) | - | F |
| OXAZOLIDINONES | | |
| linezolid susp (Restricted to Infectious Disease Specialist) | RS | F |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | F |
| ANTIMALARIALS | | |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | F |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | F |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| PROSTIGMIN TAB | - | F |
| pyridostigmine CR tab (MESTINON equiv) | - | F |
| pyridostigmine tab (MESTINON equiv) | - | F |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFAMATE CAP | - | F |
| ANTIMYCOBACTERIAL AGENTS | | |
| ethambutol tab (MYAMBUTOL equiv) | - | F |
| ISONIAZID SYRUP | - | F |
| isoniazid tab | - | F |
| PRIFTIN TAB | - | F |
| pyrazinamide tab | - | F |
| rifabutin cap (MYCOBUTIN equiv) | - | F |
| rifampin cap (RIFADIN equiv) | - | F |
| ANTINEOPLASTICS | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide tab (CYTOXAN equiv) | - | F |
| HEXALEN CAP | - | F |
| LEUKERAN TAB | - | F |
| ANTIMETABOLITES | | |
| mercaptapurine tab (PURINETHOL equiv) | - | F |
| methotrexate tab (TREXALL equiv) | - | F |
| TABLOID TAB | - | F |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | F |
| NEXAVAR TAB | MSP-PA | F |
| SPRYCEL TAB | LMSP-PA | F |

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| ANTINEOPLASTICS Cont. | | |
| SUTENT CAP | MSP-PA | F |
| VOTRIENT TAB | LMSP-PA | F |
| ZOLINZA CAP | LMSP-PA | F |
| ANTINEOPLASTICS MISC. | | |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD | F |
| ALFERON-N INJ | LMSP | F |
| hydroxyurea cap (HYDREA equiv) | - | F |
| MATULANE CAP | - | F |
| tretinoin cap (VESANOID equiv) | LMSP | F |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | F |
| MESNEX TAB | LMSP | F |
| MITOTIC INHIBITORS | | |
| etoposide cap (VEPESID equiv) | LMSP | F |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | LMSP-PA | F |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| carboplatin inj (PARAPLATIN equiv) | SP | F |
| CEENU CAP | - | F |
| CISPLATIN INJ | - | F |
| cisplatin inj (PLATINOL AQ equiv) | - | F |
| CYCLOPHOSPHAMIDE CAP | - | F |
| GLEOSTINE/LOMUSTINE CAP | - | F |
| melphalan tab (ALKERAN equiv) | - | F |
| MYLERAN TAB | LMSP | F |
| temozolomide cap (TEMODAR equiv) | LMSP | F |
| ANTIMETABOLITES | | |
| capecitabine tab (XELODA equiv) | LMSP | F |
| methotrexate inj | - | F |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (ARIMIDEX equiv) | - | F |
| bicalutamide tab (CASODEX equiv) | - | F |
| EMCYT CAP | - | F |
| exemestane tab (AROMASIN equiv) | - | F |
| FARESTON TAB | - | F |
| flutamide cap (EULEXIN equiv) | - | F |
| letrozole tab (FEMARA equiv) | - | F |
| LYSODREN TAB | LMSP | F |
| megestrol susp (MEGACE equiv) | - | F |
| megestrol tab (MEGACE equiv) | - | F |
| nilutamide tab (NILANDRON equiv) | LMSP | F |
| tamoxifen tab (NOLVADEX equiv) | - | F |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL | F |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | F |
| imatinib tab (GLEEVEC equiv) | LMSP-PA | F |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL | F |
| TARCEVA TAB | LMSP-PA | F |
| TASIGNA CAP | LMSP-PA | F |
| XALKORI CAP | MSP-PA | F |
| ANTINEOPLASTIC ENZYMES | | |
| ERWINAZE INJ | PA | F |
| ANTINEOPLASTICS MISC. | | |
| bexarotene cap (TARGRETIN equiv) | LMSP-PA | F |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| mesna inj (MESNEX equiv) | - | F |
| TOPOISOMERASE I INHIBITORS | | |
| topotecan inj (HYCAMTIN equiv) | - | F |
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | F |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | F |
| trihexyphenidyl elixir (ARTANE equiv) | - | F |
| trihexyphenidyl tab (ARTANE equiv) | - | F |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | F |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | F |
| amantadine syrup (SYMMETREL equiv) | - | F |
| amantadine tab | - | F |
| bromocriptine cap (PARLODEL equiv) | - | F |
| bromocriptine tab (PARLODEL equiv) | - | F |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | F |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | F |
| carbidopa/levodopa tab (SINEMET equiv) | - | F |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | F |
| pramipexole ER tab (MIRAPEX ER equiv) | - | F |
| pramipexole tab (MIRAPEX equiv) | - | F |
| ropinirole ER tab (REQUIP XL equiv) | - | F |
| ropinirole tab (REQUIP equiv) | - | F |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| rasagiline tab (AZILECT equiv) | - | F |
| selegiline cap (ELDEPRYL equiv) | - | F |
| selegiline tab (ELDEPRYL equiv) | - | F |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | F |

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| lithium carbonate ER tab (LITHOBID equiv) | - | F |
| lithium carbonate tab | - | F |
| lithium citrate soln | - | F |
| ANTIPSYCHOTICS - MISC. | | |
| EQUETRO CAP | - | F |
| LATUDA TAB (QL= 1 tab/day) | PA-QL | F |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | F |
| BENZISOXAZOLES | | |
| FANAPT TAB | PA | F |
| FANAPT TITRATION PACK | PA | F |
| INVEGA INJ | PA | F |
| paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, GEODON, olanzapine or SEROQUEL) | ST | F |
| RISPERDAL INJ | PA | F |
| risperidone ODT (RISPERDAL M equiv) | - | F |
| risperidone soln (RISPERDAL equiv) | - | F |
| risperidone tab (RISPERDAL equiv) | - | F |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | F |
| haloperidol tab (HALDOL equiv) | - | F |
| DIBENZAPINES | | |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | F |
| CLOZAPINE ODT, FAZACLO ODT | - | F |
| clozapine tab (CLOZARIL equiv) | - | F |
| loxapine cap (LOXITANE equiv) | - | F |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | F |
| olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day) | QL | F |
| olanzapine tab 10mg (ZYPREXA equiv) (QL= 2 tabs/day) | QL | F |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | F |
| SAPHRIS SL TAB | PA | F |
| SEROQUEL XR TAB (QL= 2 tabs/day) | QL | F |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | F |
| fluphenazine tab (PROLIXIN equiv) | - | F |
| perphenazine tab (TRILAFON equiv) | - | F |
| prochlorperazine supp (COMPAZINE equiv) | - | F |
| prochlorperazine tab (COMPAZINE equiv) | - | F |
| thioridazine tab (MELLARIL equiv) | - | F |
| trifluoperazine tab (STELAZINE equiv) | - | F |
| QUINOLINONE DERIVATIVES | | |
| ABILIFY DISCMELT (QL= 1 tab/day) | QL | F |
| ABILIFY SOLN | - | F |
| aripiprazole ODT (ABILIFY equiv) (QL= 1 tab/day) | QL | F |
| aripiprazole soln (ABILIFY equiv) | - | F |
| aripiprazole tab (ABILIFY equiv) (QL= 1 tab/day) | QL | F |
| THIOXANTHENES | | |

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|---|---------------------|-------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| thiothixene cap (NAVANE equiv) | - | F |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| abacavir tab (ZIAGEN equiv) | - | F |
| abacavir/lamivudine tab (EPZICOM equiv) | - | F |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | F |
| APTIVUS CAP | - | F |
| APTIVUS SOLN | - | F |
| ATRIPLA TAB | - | F |
| COMPLERA TAB | - | F |
| CRIXIVAN CAP | - | F |
| DESCOVY TAB | PA | F |
| didanosine DR cap (VIDEX EC equiv) | - | F |
| EDURANT TAB | - | F |
| EMTRIVA CAP | - | F |
| EMTRIVA SOLN | - | F |
| EVOTAZ TAB | - | F |
| FUZEON INJ | LMSP | F |
| INTELENCE TAB | - | F |
| INVIRASE CAP | - | F |
| INVIRASE TAB | - | F |
| ISENTRESS (HD) TAB | - | F |
| ISENTRESS CHEW TAB | - | F |
| ISENTRESS POWDER PACK | - | F |
| KALETRA TAB | - | F |
| lamivudine soln (EPIVIR equiv) | - | F |
| lamivudine tab (EPIVIR equiv) | - | F |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | F |
| LEXIVA SUSP | - | F |
| LEXIVA TAB | - | F |
| lopinavir/ritonavir soln (KALETRA equiv) | - | F |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | F |
| NEVIRAPINE SUSP (VIRAMUNE equiv) | - | F |
| nevirapine tab (VIRAMUNE equiv) | - | F |
| NORVIR CAP | - | F |
| NORVIR SOLN | - | F |
| NORVIR TAB | - | F |
| PREZCOBIX TAB | - | F |
| PREZISTA SUSP | - | F |
| PREZISTA TAB | - | F |
| RESCRIPTOR TAB | - | F |
| REYATAZ CAP | - | F |
| REYATAZ POWDER PACK | - | F |
| SELZENTRY SOLN | - | F |
| SELZENTRY TAB | - | F |
| stavudine cap (ZERIT equiv) | - | F |

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|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| stavudine soln (ZERIT equiv) | - | F |
| STRIBILD TAB (QL= 1 tab/day) | QL | F |
| SUSTIVA CAP | - | F |
| SUSTIVA TAB | - | F |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | F |
| TRUVADA TAB (QL= 1 tab/day) | PA-QL | F |
| VIDEX SOLN | - | F |
| VIRACEPT POWDER | - | F |
| VIRACEPT TAB | - | F |
| VIRAMUNE SUSP | - | F |
| VIREAD TAB | - | F |
| VITEKTA TAB | - | F |
| zidovudine cap (RETROVIR equiv) | - | F |
| zidovudine syrup (RETROVIR equiv) | - | F |
| zidovudine tab (RETROVIR equiv) | - | F |
| CMV AGENTS | | |
| GANCICLOVIR CAP | - | F |
| valganciclovir soln (VALCYTE equiv) | - | F |
| valganciclovir tab (VALCYTE equiv) | - | F |
| HEPATITIS AGENTS | | |
| EPIVIR HBV SOLN | - | F |
| INCIVEK TAB | LMSP-PA | F |
| INFERGEN INJ | LMSP-PA | F |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | F |
| PEGASYS INJ | LMSP | F |
| PEGASYS INJ KIT | LMSP | F |
| PEG-INTRON INJ | LMSP | F |
| REBETOL SOLN | LMSP | F |
| RIBATAB | LMSP | F |
| ribavirin cap (REBETOL equiv) | LMSP | F |
| ribavirin tab (COPEGUS equiv) | LMSP | F |
| VEMLIDY TAB | - | F |
| VICTRELIS CAP | LMSP-PA | F |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | F |
| acyclovir susp (ZOVIRAX equiv) | - | F |
| acyclovir tab (ZOVIRAX equiv) | - | F |
| famciclovir tab (FAMVIR equiv) | - | F |
| valacyclovir tab (VALTREX equiv) | - | F |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | F |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | F |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | F |
| rimantadine tab (FLUMADINE equiv) | - | F |
| TAMIFLU SUSP 6MG/ML (QL= 250ml/fill) | QL | F |

ASSORTED CLASSES

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|--|--------------|------|
| ASSORTED CLASSES Cont. | | |
| CHELATING AGENTS | | |
| DEPEN TITRATAB | - | F |
| IMMUNOMODULATORS | | |
| REVLIMID CAP (QL= 1 cap/day) | MSP-PA-QL | F |
| THALOMID CAP | MSP-PA | F |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | F |
| CELLCEPT CAP | - | F |
| CELLCEPT TAB | - | F |
| cyclosporine cap (SANDIMMUNE equiv) | - | F |
| cyclosporine modified cap (NEORAL equiv) | - | F |
| cyclosporine modified soln (NEORAL equiv) | - | F |
| mycophenolate DR tab (MYFORTIC equiv) | - | F |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | F |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | F |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | F |
| NEORAL SOLN | - | F |
| PROGRAF CAP | - | F |
| RAPAMUNE SOLN | - | F |
| SANDIMMUNE CAP | - | F |
| SANDIMMUNE SOLN 100MG/ML | - | F |
| sirolimus tab (RAPAMUNE equiv) | - | F |
| tacrolimus cap (PROGRAF equiv) | - | F |
| ZORTRESS TAB | PA | F |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene powder (KAYEXALATE equiv) | - | F |
| sodium polystyrene susp (SPS equiv) | - | F |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | F |
| labetalol tab (NORMODYNE equiv) | - | F |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | F |
| atenolol tab (TENORMIN equiv) | - | F |
| betaxolol tab (KERLONE equiv) | - | F |
| bisoprolol tab (ZEBETA equiv) | - | F |
| metoprolol ER tab (TOPROL XL equiv) | - | F |
| metoprolol tab (LOPRESSOR equiv) | - | F |
| BETA BLOCKERS NON-SELECTIVE | | |
| INNOPRAN XL CAP | - | F |
| nadolol tab (CORGARD equiv) | - | F |
| pindolol tab (VISKEN equiv) | - | F |
| propranolol ER cap (INDERAL LA equiv) | - | F |
| PROPRANOLOL SOLN | - | F |
| propranolol tab (INDERAL equiv) | - | F |

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| BETA BLOCKERS Cont. | | |
| sotalol AF tab (BETAPACE AF equiv) | - | F |
| sotalol tab (BETAPACE equiv) | - | F |
| timolol maleate tab (BLOCADREN equiv) | - | F |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | F |
| diltiazem ER cap (CARDIZEM CD equiv) | - | F |
| diltiazem ER cap (CARDIZEM SR equiv) | - | F |
| diltiazem ER cap (DILACOR XR equiv) | - | F |
| diltiazem ER cap (TIAZAC equiv) | - | F |
| diltiazem ER tab (CARDIZEM LA equiv) | - | F |
| diltiazem tab (CARDIZEM equiv) | - | F |
| felodipine ER tab (PLENDIL equiv) | - | F |
| isradipine cap (DYNACIRC equiv) | - | F |
| nicardipine cap (CARDENE equiv) | - | F |
| nifedipine cap (PROCARDIA equiv) | - | F |
| nifedipine ER tab (ADALAT CC equiv) | - | F |
| nimodipine cap (NIMOTOP equiv) | - | F |
| verapamil sr (VERELAN equiv) | - | F |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | F |
| verapamil tab (CALAN equiv) | - | F |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| digoxin soln (LANOXIN equiv) | - | F |
| digoxin tab (LANOXIN equiv) | - | F |
| CARDIOVASCULAR AGENTS - MISC. | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| amlodipine/atorvastatin tab (CADUET equiv) | - | F |
| PERIPHERAL VASODILATORS | | |
| isoxsuprine tab | - | F |
| PROSTAGLANDIN VASODILATORS | | |
| TYVASO INH SOLN (Only available through Accredo 888-773-7376) | LD-PA | F |
| VENTAVIS INH SOLN (Only available through Accredo 888-773-7376) | LD-PA | F |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| LETAIRIS TAB | PA | F |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | F |
| TRACLEER TAB (Only available through Accredo 866-591-9075 AND PharmaCare 800-238-7828) | PA | F |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| ADCIRCA TAB | LMSP-PA | F |
| sildenafil tab (REVATIO equiv) | PA | F |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | F |
| cefadroxil susp (DURICEF equiv) | - | F |

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| CEPHALOSPORINS Cont. | | |
| cefadroxil tab (DURICEF equiv) | - | F |
| cephalexin cap (KEFLEX equiv) | - | F |
| cephalexin susp (KEFLEX equiv) | - | F |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefaclor cap (CECLOR equiv) | - | F |
| cefprozil susp (CEFZIL equiv) | - | F |
| cefprozil tab (CEFZIL equiv) | - | F |
| CEFTIN SUSP | - | F |
| cefuroxime susp (CEFTIN equiv) | - | F |
| cefuroxime tab (CEFTIN equiv) | - | F |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | F |
| cefdinir susp (OMNICEF equiv) | - | F |
| cefixime susp (SUPRAX equiv) | - | F |
| cefpodoxime proxetil susp (VANTIN equiv) | - | F |
| cefpodoxime proxetil tab (VANTIN equiv) | - | F |
| CONTRACEPTIVES | | |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| amethyst tab (LYBREL equiv) | - | F |
| apri tab (DESOGEN equiv) | - | F |
| aranelle tab (TRI-NORINYL equiv) | - | F |
| aviane tab (ALESSE equiv) | - | F |
| cesia tab (CYCLESSA equiv) | - | F |
| cryselle tab (OGESTREL equiv) | - | F |
| enpresse tab (TRI-LEVELLEN equiv) | - | F |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | F |
| junel FE tab (LOESTRIN FE equiv) | - | F |
| junel tab (LOESTRIN equiv) | - | F |
| kariva tab (MIRCETTE equiv) | - | F |
| kelnor tab (DEMULEN equiv) | - | F |
| LEVONORGESTREL/ETHINYL ESTRADIOL TAB | - | F |
| mibelas chew tab (MINASTRIN equiv) | - | F |
| mononessa tab (ORTHO-CYCLEN equiv) | - | F |
| necon tab (ORTHO-NOVUM equiv) | - | F |
| necon tab 1-50 (NORYNIL equiv) | - | F |
| nortrel tab (OVCON 35 equiv) | - | F |
| rajani tab (BEYAZ equiv) | - | F |
| tri-legest tab (ESTROSTEP FE equiv) | - | F |
| tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv) | - | F |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| XULANE PATCH | - | F |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| NUVARING | - | F |
| COPPER CONTRACEPTIVES - IUD (NEW) | | |
| PARAGARD IUD | - | F |

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| CONTRACEPTIVES Cont. | | |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB (QL= 1 tab/28 days) | QL | F |
| levonorgestrel tab (PLAN B equiv) | OTC | F |
| LEVONORGESTREL TAB 0.75MG | - | F |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | F |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | F |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| MIRENA IUD | - | F |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | F |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| budesonide SR cap (ENTOCORT EC equiv) | - | F |
| CORTEF TAB | - | F |
| CORTISONE ACETATE TAB | - | F |
| DEXAMETHASONE CONC | - | F |
| dexamethasone elixir | - | F |
| dexamethasone soln | - | F |
| dexamethasone tab (DECADRON equiv) | - | F |
| hydrocortisone tab (CORTEF equiv) | - | F |
| methylprednisolone dose pack (MEDROL equiv) | - | F |
| methylprednisolone tab (MEDROL equiv) | - | F |
| prednisolone ODT (ORAPRED equiv) | - | F |
| prednisolone soln (PEDIAPRED equiv) | - | F |
| prednisolone syrup (PRELONE equiv) | - | F |
| PREDNISON PAK | - | F |
| PREDNISON SOLN | - | F |
| PREDNISON TAB | - | F |
| prednisone tab (DELTASONE equiv) | - | F |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | F |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVES | | |
| benzonatate cap (TESSALON equiv) | - | F |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | F |
| tussion tab (HYCODAN equiv) | - | F |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| MUCINEX DM | OTC | 2+penalty |
| cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL= 1 tab/day) | OTC-QL | F |
| dextromethorphan/guaifenesin syrup 10-100mg (ROBITUSSIN equiv) | OTC | F |
| fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv) | OTC | F |
| fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) | OTC | F |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | F |
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| COUGH/COLD/ALLERGY Cont. | | |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | F |
| loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) | OTC | F |
| loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) | OTC | F |
| promethazine DM syrup | - | F |
| promethazine VC syrup (PHENERGAN VC equiv) | - | F |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | F |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | F |
| EXPECTORANTS | | |
| guaifenesin ER tab (MUCINEX equiv) | OTC | F |
| guaifenesin syrup 100mg/5ml (ROBITUSSIN equiv) | OTC | F |
| MISC. RESPIRATORY INHALANTS | | |
| NEBUSAL NEB SOLN | - | F |
| sodium chloride neb soln (HYPER-SAL equiv) | OTC | F |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | F |

DERMATOLOGICALS

| | | |
|---|-----|---|
| ACNE PRODUCTS | | |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | F |
| adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | F |
| ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | F |
| AVAR GEL | - | F |
| benzoyl peroxide cream (NEOBENZ equiv) | OTC | F |
| benzoyl peroxide gel (OTC) (BENZAC equiv) | OTC | F |
| benzoyl peroxide liquid (BENZAC equiv) | OTC | F |
| benzoyl peroxide lotion (OTC) (TRIAZ equiv) | OTC | F |
| clindamycin gel (CLEOCIN GEL equiv) | - | F |
| clindamycin lotion (CLEOCIN- T equiv) | - | F |
| clindamycin pad (CLEOCIN-T equiv) | - | F |
| clindamycin topical soln (CLEOCIN-T equiv) | - | F |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | F |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | F |
| clindamycin/tretinoin gel (ZIANA equiv) | - | F |
| erythromycin gel | - | F |
| erythromycin pad | - | F |
| erythromycin soln | - | F |
| isotretinoin cap (ACCUTANE equiv) | - | F |
| PRASCION RA CREAM | - | F |
| sodium sulfacetamide lotion (KLARON equiv) | - | F |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | F |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | F |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | F |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | F |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | F |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | F |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | F |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | F |

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|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv) | - | F |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | F |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | F |
| ANTIBIOTICS - TOPICAL | | |
| bacitracin oint | OTC | F |
| bacitracin/polymyxin B oint (POLYSPORIN equiv) | OTC | F |
| bacitracin/zinc oint | OTC | F |
| gentamicin sulfate cream | - | F |
| gentamicin sulfate oint | - | F |
| mupirocin cream (BACTROBAN equiv) | - | F |
| mupirocin oint (BACTROBAN OINT equiv) | - | F |
| neomycin/bacitracin/polymyxin oint (NEOSPORIN equiv) | OTC | F |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | F |
| ciclopirox gel (LOPROX GEL equiv) | - | F |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | F |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | F |
| clotrimazole cream (OTC) (LOTRIMIN AF equiv) | OTC | F |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | F |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | F |
| econazole cream (SPECTAZOLE equiv) | - | F |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | F |
| ketoconazole cream (NIZORAL CREAM equiv) | - | F |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | F |
| miconazole cream (MICATIN equiv) | OTC | F |
| miconazole nitrate aerosol (MICATIN equiv) | OTC | F |
| miconazole nitrate powder (MICATIN equiv) | OTC | F |
| MICONAZOLE NITRATE SPRAY | OTC | F |
| naftifine cream (NAFTIN equiv) | - | F |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | F |
| nystatin oint | - | F |
| nystatin topical powder | - | F |
| oxiconazole nitrate cream (OXISTAT equiv) | - | F |
| terbinafine cream (LAMISIL AT equiv) | OTC | F |
| tolnaftate aerosol (TINACTIN equiv) | OTC | F |
| tolnaftate cream (TINACTIN equiv) | OTC | F |
| tolnaftate powder (TINACTIN equiv) | OTC | F |
| tolnaftate soln (TINACTIN equiv) | OTC | F |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | F |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| CARAC CREAM | - | F |
| diclofenac gel (SOLARAZE equiv) | PA | F |
| FLUOROPLEX CREAM | - | F |
| fluorouracil cream (EFUDEX CREAM equiv) | - | F |
| fluorouracil soln (EFUDEX SOLN equiv) | - | F |

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| DERMATOLOGICALS Cont. | | |
| TARGRETIN GEL | LMSP | F |
| ANTIPSORIATICS | | |
| 8-MOP CAP | - | F |
| acitretin cap (SORIATANE equiv) | - | F |
| calcipotriene cream (DOVONEX CREAM equiv) | - | F |
| calcipotriene oint | - | F |
| calcipotriene soln (DOVONEX SOLN equiv) | - | F |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | F |
| SORIATANE CK KIT | - | F |
| ANTISEBORRHEIC PRODUCTS | | |
| seb-prev cream (OVACE CREAM equiv) | - | F |
| selenium sulfide lotion | - | F |
| selenium sulfide shampoo (SELSEB equiv) | - | F |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | F |
| sodium sulfacetamide shampoo (OVACE equiv) | - | F |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | F |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | F |
| ANTIVIRALS - TOPICAL | | |
| DENAVIR CREAM | - | F |
| ZOVIRAX OINT | - | F |
| BURN PRODUCTS | | |
| mafenide acetate soln packet (SULFAMYLON equiv) | - | F |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | F |
| SULFAMYLON CREAM | - | F |
| CORTICOSTEROIDS - TOPICAL | | |
| alclometasone cream (ACLOVATE equiv) | - | F |
| alclometasone oint (ACLOVATE OINT equiv) | - | F |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | F |
| BETAMETHASONE AUGMENTED GEL | - | F |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | F |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | F |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | F |
| betamethasone dipropionate lotion | - | F |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | F |
| betamethasone valerate cream | - | F |
| betamethasone valerate lotion | - | F |
| betamethasone valerate oint | - | F |
| clobetasol foam (OLUX equiv) | PA | F |
| clobetasol propionate cream (TEMOVATE equiv) | PA | F |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | PA | F |
| clobetasol propionate gel (TEMOVATE GEL equiv) | PA | F |
| clobetasol propionate oint (TEMOVATE equiv) | PA | F |
| clobetasol propionate soln (TEMOVATE equiv) | PA | F |
| clobetasol spray (CLOBEX equiv) | PA | F |
| desoximetasone cream (TOPICORT CREAM equiv) | - | F |
| diflorasone oint | - | F |

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| DERMATOLOGICALS Cont. | | |
| EPIFOAM AEROSOL | - | F |
| fluocinolone acetonide cream | - | F |
| fluocinolone acetonide oil (DERMA SMOOTH/FS equiv) | - | F |
| fluocinolone acetonide oint | - | F |
| fluocinolone acetonide soln | - | F |
| fluocinonide cream 0.05% (LIDEX equiv) | - | F |
| fluocinonide emollient cream | - | F |
| fluocinonide gel | - | F |
| fluocinonide oint | - | F |
| fluocinonide soln | - | F |
| flurandrenolide cream (CORDRAN equiv) | - | F |
| fluticasone propionate cream (CUTIVATE equiv) | - | F |
| fluticasone propionate oint (CUTIVATE equiv) | - | F |
| halobetasol propionate cream (ULTRAVATE equiv) | - | F |
| halobetasol propionate oint (ULTRAVATE equiv) | - | F |
| hydrocortisone cream | OTC | F |
| hydrocortisone lotion (HYTONE equiv) | - | F |
| hydrocortisone oint | OTC | F |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | F |
| mometasone cream (ELOCON equiv) | - | F |
| mometasone oint (ELOCON equiv) | - | F |
| mometasone soln (ELOCON equiv) | - | F |
| PRAMOSONE E CREAM | - | F |
| PRAMOSONE OINT | - | F |
| prednicarbate cream (DERMATOP equiv) | - | F |
| prednicarbate oint (DERMATOP equiv) | - | F |
| triamcinolone cream | - | F |
| triamcinolone lotion | - | F |
| triamcinolone oint | - | F |
| triamcinolone spray (KENALOG equiv) | - | F |
| U-CORT CREAM | - | F |
| EMOLLIENTS | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | F |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | F |
| vitamin E liquid | OTC | F |
| ENZYMES - TOPICAL | | |
| SANTYL OINT | - | F |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | F |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| ELIDEL CREAM | - | F |
| tacrolimus oint (PROTOPIC OINT equiv) | - | F |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | F |
| podofilox soln (CONDYLOX equiv) | - | F |
| salicylic acid shampoo (SALEX equiv) | - | F |

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| DERMATOLOGICALS Cont. | | |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | F |
| lidocaine gel (XYLOCAINE equiv) | - | F |
| lidocaine oint (QL= 107gm/30 days) | QL | F |
| lidocaine soln (XYLOCAINE equiv) | - | F |
| lidocaine/prilocaine cream (EMLA equiv) | - | F |
| MISC. TOPICAL | | |
| aluminum chloride soln (DRYSOL equiv) | - | F |
| DRYSOL SOLN | - | F |
| ROSACEA AGENTS | | |
| FINACEA FOAM | - | F |
| FINACEA GEL | - | F |
| FINACEA PLUS KIT | - | F |
| metronidazole cream (METROCREAM equiv) | - | F |
| metronidazole gel (METROGEL equiv) | - | F |
| metronidazole lotion (METROLOTION equiv) | - | F |
| SCABICIDES & PEDICULICIDES | | |
| EURAX CREAM | - | F |
| lice aerosol (QL= 150ml/7 days, Limited to 2 fills/year) | OTC-QL | F |
| lice cream rinse (NIX equiv) (QL= 59ml/7 days, Limited to 2 fills/year) | OTC-QL | F |
| lice treatment kit (RID equiv) | OTC | F |
| lice treatment liquid (RID equiv) (QL= 120ml/7 days, Limited to 2 fills/year) | OTC-QL | F |
| lice treatment shampoo (PRONTO equiv) (QL= 120ml/7 days, Limited to 2 fills/year) | OTC-QL | F |
| lindane lotion | - | F |
| lindane shampoo | - | F |
| malathion lotion (OVIDE equiv) (QL= 1 bottle/30 days; Limited to 2 fills/year) | QL | F |
| permethrin cream (ELIMITE equiv) (QL= 60gm/30 days) | QL | F |
| permethrin lotion | OTC | F |
| ULESFIA LOTION (QL= 3 bottles/180 days, Limited to 2 fills/year) | QL | F |
| WOUND CARE PRODUCTS | | |
| REGRANEX GEL (QL= 30gm/fill) | QL | F |

DIAGNOSTIC PRODUCTS

| | | |
|------------------------------------|-----|---|
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN INJ | - | F |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP | OTC | F |
| DIAGNOSTIC TESTS | | |
| ACCU-CHEK GUIDE TEST STRIP | OTC | F |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | F |
| ACCU-CHEK TEST STRIP | OTC | F |
| CLINISTIX TEST STRIP | OTC | F |
| FREESTYLE INSULINX TEST STRIP | OTC | F |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | F |
| FREESTYLE TEST STRIP | OTC | F |
| KETO-DIASTIX TEST STRIP | OTC | F |

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| DIAGNOSTIC PRODUCTS Cont. | | |
| KETOSTIX | OTC | F |
| PRECISION XTRA TEST STRIP | OTC | F |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON CAP | - | F |
| PANCREAZE CAP | - | F |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | F |
| acetazolamide tab | - | F |
| methazolamide tab (NEPTAZANE equiv) | - | F |
| DIURETIC COMBINATIONS | | |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | F |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | F |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | F |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | F |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | F |
| LOOP DIURETICS | | |
| bumetanide tab (BUMEX equiv) | - | F |
| ethacrynic tab (EDECRIN equiv) | - | F |
| FUROSEMIDE SOLN | - | F |
| furosemide soln (LASIX equiv) | - | F |
| furosemide tab (LASIX equiv) | - | F |
| torseamide tab (DEMADEX equiv) | - | F |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | F |
| DYRENIUM CAP | - | F |
| spironolactone tab (ALDACTONE equiv) | - | F |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| chlorothiazide tab (DIURIL equiv) | - | F |
| CHLOROTHIAZIDE TAB 250MG | - | F |
| CHLORTHALIDONE TAB | - | F |
| DIURIL SUSP | - | F |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | F |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | F |
| indapamide tab (LOZOL equiv) | - | F |
| METHYCLOTHIAZIDE TAB | - | F |
| metolazone tab (ZAROXOLYN equiv) | - | F |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | F |
| ALENDRONATE TAB 40MG | - | F |
| calcitonin nasal spray (MIACALCIN equiv) (QL= 1 bottle/30 days) | QL | F |
| FORTICAL NASAL SPRAY (QL= 1 bottle/30 days) | QL | F |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | F |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| MIACALCIN NASAL SPRAY (QL= 1 bottle/30 days) | QL | F |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | F |
| CALCIUM REGULATORS - MISC. | | |
| etidronate disodium tab 200mg (DIDRONEL equiv) | - | F |
| MIACALCIN INJ (QL= 2 units/30 days) | LMSP-QL | F |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | F |
| GROWTH HORMONES | | |
| NORDITROPIN INJ | LMSP-PA | F |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) | - | F |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ | MSP | F |
| METABOLIC MODIFIERS | | |
| BUPHENYL TAB | PA | F |
| calcitriol cap (ROCALTROL equiv) | - | F |
| calcitriol inj (CALCIJEX equiv) | LMSP | F |
| calcitriol soln (ROCALTROL equiv) | - | F |
| doxercalciferol cap (HECTOROL equiv) | - | F |
| levocarnitine soln (CARNITOR equiv) | - | F |
| levocarnitine tab (CARNITOR equiv) | - | F |
| paricalcitol cap (ZEMPLAR equiv) | - | F |
| RAVICTI LIQUID | - | F |
| SENSIPAR TAB | - | F |
| sodium phenylbutyrate powder (BUPHENYL equiv) | PA | F |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate inj (DDAVP equiv) | - | F |
| desmopressin acetate nasal spray (DDAVP equiv) | - | F |
| desmopressin acetate tab (DDAVP equiv) | - | F |
| desmopressin nasal soln (DDAVP equiv) | - | F |
| STIMATE NASAL SOLN | - | F |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | F |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | LMSP | F |
| SANDOSTATIN INJ | LMSP | F |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | F |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | F |
| jinteli tab (FEMHRT equiv) | - | F |
| PREMPHASE TAB, PREMPRO TAB | - | F |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) | - | F |

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| estradiol patch (VIVELLE-DOT equiv) | - | F |
| estradiol tab (ESTRACE equiv) | - | F |
| ESTROPIPATE TAB | - | F |
| estropipate tab (OGEN equiv) | - | F |
| PREMARIN TAB | - | F |
| FLUROQUINOLONES | | |
| FLUROQUINOLONES | | |
| ciprofloxacin ER tab (CIPRO XR equiv) | - | F |
| ciprofloxacin susp (CIPRO equiv) | - | F |
| ciprofloxacin tab (CIPRO equiv) | - | F |
| levofloxacin soln (LEVAQUIN equiv) | - | F |
| levofloxacin tab (LEVAQUIN equiv) | - | F |
| moxifloxacin tab (AVELOX equiv) | - | F |
| ofloxacin tab (FLOXIN equiv) | - | F |
| GASTROINTESTINAL AGENTS - MISC. | | |
| GALLSTONE SOLUBILIZING AGENTS | | |
| ursodiol cap (ACTIGALL equiv) | - | F |
| ursodiol tab (URSO (FORTE) equiv) | - | F |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | F |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | F |
| metoclopramide tab (REGLAN equiv) | - | F |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | F |
| CANASA SUPP | - | F |
| CIMZIA INJ | LMSP-PA | F |
| CIMZIA STARTER INJ KIT | LMSP-PA | F |
| LIALDA TAB | - | F |
| mesalamine enema (ROWASA equiv) | - | F |
| PENTASA CAP | - | F |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | F |
| sulfasalazine tab (AZULFIDINE equiv) | - | F |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | F |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTROXEX equiv) | - | F |
| LINZESS CAP | PA | F |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB | PA | F |
| PHOSPHATE BINDER AGENTS | | |
| RENVELA TAB | - | 2+penalty |
| calcium acetate cap (PHOSLO equiv) | - | F |
| FOSRENOL CHEW TAB | - | F |
| FOSRENOL POWDER PACK | - | F |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| SEVELAMER CARBONATE TAB | - | F |
| sevelamer powder pak (RENVELA PAK equiv) | - | F |
| sevelamer tab (RENVELA TAB equiv) | - | F |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA-3 SYRUP | - | F |
| ORACIT SOLN | - | F |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | F |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | F |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | F |
| sodium citrate/citric acid soln (BICITRA equiv) | - | F |
| tricitrates soln (POLYCITRA-LC equiv) | - | F |
| CYSTINOSIS AGENTS | | |
| CYSTAGON CAP (Only available through Pharmicare 800-238-7828) | LD-PA | F |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | F |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | F |
| dutasteride cap (AVODART equiv) | - | F |
| finasteride tab (PROSCAR equiv) | - | F |
| tamsulosin cap (FLOMAX equiv) | - | F |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | F |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | F |
| GOUT AGENTS | | |
| allopurinol tab (ZYLOPRIM equiv) | - | F |
| COLCHICINE TAB | - | F |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | F |
| HEMATOLOGICAL AGENTS - MISC. | | |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | F |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | F |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | F |
| cilostazol tab (PLETAL equiv) | - | F |
| clopidogrel tab 75mg (PLAVIX equiv) | - | F |
| dipyridamole tab (PERSANTINE equiv) | - | F |
| ticlopidine tab (TICLID equiv) | - | F |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| CEREZYME INJ | MSP-PA | F |

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| HEMATOPOIETIC AGENTS Cont. | | |
| ZAVESCA CAP (Only available through Accredo 888-773-7376) | LD-PA | F |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | F |
| COBALAMINS | | |
| cyanocobalamin inj | - | F |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg | - | F |
| HEMATOPOIETIC GROWTH FACTORS | | |
| EPOGEN INJ | LMSP | F |
| LEUKINE INJ | LMSP-PA | F |
| PROCRIT INJ | LMSP | F |
| ZARXIO INJ | LMSP | F |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | F |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | F |
| folbee tab | - | F |
| multigen folic tab (CHROMAGEN FA equiv) | - | F |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | F |
| multigen tab (CHROMAGEN equiv) | - | F |
| NEPHRON FA TAB | - | F |
| tricon cap (TRINSICON equiv) | - | F |
| IRON | | |
| ferrous sulfate soln (FER-IN-SOL equiv) | OTC | F |
| iron complex cap 150mg | OTC | F |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| aminocaproic acid syrup (AMICAR equiv) | - | F |
| aminocaproic acid tab (AMICAR equiv) | - | F |
| LYSTEDA TAB (QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID) | QL-ST | F |
| tranexamic acid tab (LYSTEDA equiv) (QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID) | QL-ST | F |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTIHISTAMINE HYPNOTICS | | |
| diphenhydramine tab (NYTOL equiv) | OTC | F |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | F |
| phenobarbital tab | - | F |
| SECONAL CAP | - | F |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | F |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | F |
| FLURAZEPAM CAP | - | F |
| temazepam cap 15mg (RESTORIL equiv) | - | F |
| temazepam cap 30mg (RESTORIL equiv) | - | F |
| triazolam tab (HALCION equiv) | - | F |

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| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| zaleplon cap (SONATA equiv) | - | F |
| zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day) | QL | F |
| zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day) | QL | F |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| MOVIPREP SOLN (QL= 1 bottle/fill) | QL | F |
| peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) | - | F |
| trilyte soln (NULYTELY equiv) | - | F |
| LAXATIVES - MISCELLANEOUS | | |
| MIRALAX POWDER | OTC | 2+penalty |
| glycerin supp (GLYCERIN equiv) | OTC | F |
| lactulose soln | - | F |
| polyethylene glycol 3350 powder (MIRALAX equiv) | OTC | F |
| SALINE LAXATIVES | | |
| milk of magnesium | OTC | F |
| STIMULANT LAXATIVES | | |
| senna cap (SENOKOT equiv) | OTC | F |
| senna syrup (SENOKOT equiv) | OTC | F |
| senna tab (SENOKOT equiv) | OTC | F |
| SURFACTANT LAXATIVES | | |
| docusate calcium cap (KAOPECTATE equiv) | OTC | F |
| docusate sodium cap (COLACE equiv) | OTC | F |
| docusate sodium liquid (COLACE equiv) | OTC | F |
| docusate sodium syrup (COLACE equiv) | OTC | F |
| docusate sodium tab (COLACE equiv) | OTC | F |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | F |
| azithromycin tab (ZITHROMAX equiv) | - | F |
| ZITHROMAX POWDER PACK | - | F |
| CLARITHROMYCIN | | |
| clarithromycin ER tab (BIAXIN XL equiv) | - | F |
| clarithromycin susp (BIAXIN equiv) | - | F |
| clarithromycin tab (BIAXIN equiv) | - | F |
| ERYTHROMYCINS | | |
| ERYPED SUSP | - | F |
| ERY-TAB | - | F |
| erythromycin DR cap (ERYC equiv) | - | F |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | F |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | F |
| erythromycin stearate tab | - | F |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| DIAPHRAGM | - | F |

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| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| FEMALE CONDOMS | OTC | F |
| DIABETIC SUPPLIES | | |
| ACCU-CHECK GUIDE CARE METER | OTC | F |
| ACCU-CHEK AVIVA PLUS METER | OTC | F |
| ACCU-CHEK NANO METER | OTC | F |
| CALIBRATION LIQUID | OTC | F |
| FREESTYLE FREEDOM LITE METER | OTC | F |
| FREESTYLE INSULINX METER | OTC | F |
| FREESTYLE LITE METER | OTC | F |
| FREESTYLE PRECISION NEO METER | OTC | F |
| LANCET KIT | OTC | F |
| LANCETS | OTC | F |
| PRECISION XTRA METER | OTC | F |
| V-GO INJ KIT (QL= 1 kit/day) | QL | F |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | F |
| PARENTERAL THERAPY SUPPLIES | | |
| B-D INSULIN SYRINGE | OTC | F |
| B-D PEN NEEDLE | OTC | F |
| FREESTYLE INSULIN SYRINGE | OTC | F |
| NOVOFINE PEN NEEDLE | OTC | F |
| NOVOTWIST PEN NEEDLE | OTC | F |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | F |
| PRECISION INSULIN SYRINGE | OTC | F |
| RESPIRATORY THERAPY SUPPLIES | | |
| AEROCHAMBER | OTC | F |
| PEAK FLOW METER | OTC | F |
| MIGRAINE PRODUCTS | | |
| MIGRAINE COMBINATIONS | | |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | F |
| MIDRIN CAP | - | F |
| MIGERGOT SUPP | - | F |
| SEROTONIN AGONISTS | | |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | F |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | F |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | F |
| sumatriptan inj (QL= 6 inj/30 days) | QL | F |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 6 inj/30 days) | QL | F |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | F |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | F |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | F |
| MINERALS & ELECTROLYTES | | |
| CALCIUM | | |
| calcium carbonate susp | OTC | F |
| calcium carbonate tab | OTC | F |

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| MINERALS & ELECTROLYTES Cont. | | |
| CALCIUM W/ VITAMIN D TAB | OTC | F |
| calcium w/vitamin D tab | OTC | F |
| FLUORIDE | | |
| FLUORABON SOLN | - | F |
| FLUOR-A-DAY CHEW TAB | - | F |
| sodium fluoride chew tab (LURIDE equiv) | - | F |
| SODIUM FLUORIDE LOZENGE | - | F |
| sodium fluoride soln (LURIDE SOLN. equiv) | - | F |
| SODIUM FLUORIDE TAB | - | F |
| IODINE PRODUCTS | | |
| SSKI SOLN | - | F |
| PHOSPHATE | | |
| K-PHOS TAB | - | F |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | F |
| POTASSIUM | | |
| KLOR-CON M15 TAB | - | F |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | F |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | F |
| potassium chloride ER cap (MICRO-K equiv) | - | F |
| POTASSIUM CHLORIDE ER TAB | - | F |
| potassium chloride ER tab (KLOR-CON equiv) | - | F |
| potassium chloride micro tab (K-DUR equiv) | - | F |
| potassium chloride powder packet (KLOR-CON equiv) | - | F |
| potassium chloride soln | - | F |
| ZINC | | |
| GALZIN CAP | - | F |
| zinc sulfate cap | - | F |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| benzocaine gel | OTC | F |
| benzocaine paste | OTC | F |
| LIDOCAINE ORAL SOLN 4% | - | F |
| lidocaine viscous soln | - | F |
| ANTIALLERGY AGENTS - MOUTH/THROAT | | |
| APHTHASOL PASTE | - | F |
| ANTI-INFECTIVES - THROAT | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | F |
| nystatin susp | - | F |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | F |
| DENTAL PRODUCTS | | |
| PREVIDENT PASTE | - | F |
| sodium fluoride cream (PREVIDENT 5000 PLUS equiv) | - | F |
| sodium fluoride gel (PREVIDENT equiv) | - | F |

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| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| sodium fluoride paste (PREVIDENT equiv) | - | F |
| sodium fluoride rinse (PREVIDENT equiv) | - | F |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | F |
| STEROIDS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | F |
| THROAT PRODUCTS - MISC. | | |
| cevimeline cap (EVOXAC equiv) | - | F |
| pilocarpine tab (SALAGEN equiv) | - | F |
| MULTIVITAMINS | | |
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | F |
| dialyvite tab (NEPHRO-VITE equiv) | --OTC | F |
| DIALYVITE/ZINC TAB | - | F |
| FOLBEE PLUS CZ TAB | - | F |
| renaphro cap (NEPHROCAP equiv) | - | F |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | F |
| MULTIVITAMINS | | |
| multiple vitamin liquid | OTC | F |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | F |
| POLY-VI-FLOR SUSP | - | F |
| PED MULTIPLE VITAMINS W/ MINERALS | | |
| pediatric multivitamin (VITALETS equiv) | OTC | F |
| PED MV W/ FLUORIDE | | |
| FLORIVA PLUS DROPS | - | F |
| pediatric multiple vitamins/fluoride chew tab | - | F |
| pediatric multiple vitamins/fluoride soln | - | F |
| TRI-VI-FLOR SUSP | - | F |
| PRENATAL VITAMINS | | |
| prenatal vitamin | OTC | F |
| PRENATAL VITAMIN (OTC only) | OTC | F |

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

| | | |
|---|---|---|
| baclofen tab | - | F |
| carisoprodol tab (SOMA equiv) | - | F |
| chlorzoxazone tab (PARAFON FORTE equiv) | - | F |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | F |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | F |
| methocarbamol tab (ROBAXIN equiv) | - | F |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | F |
| tizanidine cap (ZANAFLEX equiv) | - | F |
| tizanidine tab (ZANAFLEX equiv) | - | F |

DIRECT MUSCLE RELAXANTS

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| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| dantrolene cap (DANTRIUM equiv) | - | F |
| MUSCLE RELAXANT COMBINATIONS | | |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | F |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | F |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | F |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENTS - MISC. | | |
| saline nasal spray (OCEAN equiv) | OTC | F |
| NASAL ANTIALLERGY | | |
| azelastine nasal spray (ASTELIN, ASTEPRO equiv) (QL= 1 bottle/month) | QL | F |
| cromolyn nasal spray (NASALCROM equiv) | OTC | F |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | F |
| NASAL STEROIDS | | |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 2+penalty |
| flunisolide nasal spray (NASAREL equiv) | - | F |
| fluticasone nasal spray (FLONASE equiv) | - | F |
| mometasone nasal spray (NASONEX equiv) | - | F |
| triamcinolone nasal spray (NASACORT equiv) | - | F |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | F |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| pseudoephedrine 12hr tab (SUDAFED equiv) | OTC | F |
| pseudoephedrine tab (SUDAFED equiv) | OTC | F |
| pseudopseudoephedrine liquid (SUDAFED equiv) | OTC | F |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| artificial tears | OTC | F |
| artificial tears (LIQUIFILM equiv) | OTC | F |
| artificial tears ophth oint (LACRI-LUBE equiv) (QL= 25gm/30 days) | OTC-QL | F |
| artificial tears ophth soln (AQUASITE equiv) (QL= 25ml/30 days) | OTC-QL | F |
| gentleal ophth oint | OTC | F |
| BETA-BLOCKERS - OPHTHALMIC | | |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | F |
| BETIMOL OPHTH SOLN | - | F |
| BETOPTIC-S OPHTH SOLN | - | F |
| carteolol ophth soln (OCUPRESS equiv) | - | F |
| COMBIGAN OPHTH SOLN | - | F |
| COSOPT PF OPHTH SOLN | - | F |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | F |
| ISTALOL OPHTH SOLN | - | F |
| levobunolol ophth soln (BETAGAN equiv) | - | F |
| METIPRANOLOL OPHTH SOLN | - | F |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | F |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | F |
| CYCLOPLEGIC MYDRIATICS | | |
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| DrugName | Special Code | Tier |
|---|--------------|-----------|
| OPHTHALMIC AGENTS Cont. | | |
| atropine ophth oint | - | F |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | F |
| CYCLOMYDRIL OPHTH SOLN | - | F |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | F |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | F |
| ISOPTO HOMATROPINE OPHTH SOLN 2% | - | F |
| ISOPTO HOMATROPINE OPHTH SOLN 5% | - | F |
| ISOPTO HYOSCINE OPHTH SOLN | - | F |
| tropicamide ophth soln (MYDRIACYL equiv) | - | F |
| MIOTICS | | |
| ISOPTO CARBACHOL OPHTH SOLN | - | F |
| PHOSPHOLINE OPHTH SOLN | - | F |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | F |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| ALPHAGAN P OPHTH SOLN 0.1% | - | F |
| apraclonidine ophth soln (IOPIDINE equiv) | - | F |
| brimonidine ophth soln (ALPHAGAN P equiv) | - | F |
| IOPIDINE OPHTH SOLN 1% | - | F |
| OPHTHALMIC ANTI-INFECTIVES | | |
| VIGAMOX OPHTH SOLN | - | 2+penalty |
| AZASITE SOLN | - | F |
| BACITRACIN OPHTH OINT | - | F |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | F |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | F |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | F |
| erythromycin ophth oint | - | F |
| gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | F |
| gentamicin ophth oint (GARAMYCIN equiv) | - | F |
| gentamicin ophth soln (GARAMYCIN equiv) | - | F |
| levofloxacin ophth soln (QUIXIN equiv) | - | F |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | F |
| neomycin/polymyxin b/gramicidin ophth soln (NEOSPORIN equiv) | - | F |
| ofloxacin ophth soln (OCUFLOX equiv) | - | F |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | F |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | F |
| tobramycin ophth soln (TOBREX equiv) | - | F |
| trifluridine ophth soln (VIROPTIC equiv) | - | F |
| ZIRGAN OPHTH GEL | - | F |
| OPHTHALMIC DECONGESTANTS | | |
| phenylephrine ophth soln (MYDFRIN equiv) | - | F |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | F |
| OPHTHALMIC STEROIDS | | |
| ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP | - | F |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | F |

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| OPHTHALMIC AGENTS Cont. | | |
| BLEPHAMIDE OPHTH SOLN | - | F |
| dexamethasone ophth soln | - | F |
| DUREZOL OPHTH EMULSION | - | F |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | F |
| FML FORTE OPHTH SUSP | - | F |
| LOTEMAX OPHTH GEL | - | F |
| LOTEMAX OPHTH OINT | - | F |
| MAXIDEX OPHTH SOLN | - | F |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | F |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | F |
| neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv) | - | F |
| PRED MILD OPHTH SOLN | - | F |
| PRED-G OPHTH SOLN | - | F |
| prednisolone ophth soln (PRED FORTE equiv) | - | F |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | F |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | F |
| VEXOL OPHTH SUSP | - | F |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | F |
| OPHTHALMICS - MISC. | | |
| ALOCRIAL OPHTH SOLN | - | F |
| ALOMIDE OPHTH SOLN | - | F |
| azelastine ophth soln (OPTIVAR equiv) | - | F |
| bromfenac ophth soln (BROMDAY equiv) | - | F |
| cromolyn ophth soln (CROLOM equiv) | - | F |
| CYSTARAN OPHTH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | F |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | F |
| dorzolamide ophth soln (TRUSOPT equiv) | - | F |
| epinastine ophth soln (ELESTAT equiv) | - | F |
| flurbiprofen ophth soln (OCUFEN equiv) | - | F |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | F |
| ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/30 days) | OTC-QL | F |
| olopatadine ophth soln (PATANOL equiv) | - | F |
| PATADAY OPHTH SOLN (QL= 2.5ml/30 days) | QL | F |
| PROSTAGLANDINS - OPHTHALMIC | | |
| BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | F |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | F |
| TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days) | QL | F |

OTIC AGENTS

| | | |
|---|-----|---|
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | F |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | F |
| carbamide peroxide otic soln (DEBROX equiv) | OTC | F |
| OTIC ANTI-INFECTIVES | | |
| CIPROFLOXACIN OTIC SOLN | - | F |
| ofloxacin otic soln (FLOXIN equiv) | - | F |
| OTIC COMBINATIONS | | |

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OTIC AGENTS Cont.

| | | |
|---|---|---|
| CIPRODEX OTIC SUSP | - | F |
| COLY-MYCIN S OTIC SUSP | - | F |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | F |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | F |

OTIC STEROIDS

| | | |
|---|---|---|
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | F |
| fluocinolone otic oil (DERMOTIC equiv) | - | F |

OXYTOCICS

OXYTOCICS

| | | |
|---|----|---|
| METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days) | QL | F |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill; 1 fill/365 days) | QL | F |

PASSIVE IMMUNIZING AGENTS

MONOCLONAL ANTIBODIES

| | | |
|--|--------|---|
| SYNAGIS INJ (Available through Avella Specialty Pharmacy 877-470-7603) | MSP-PA | F |
|--|--------|---|

PENICILLINS

AMINOPENICILLINS

| | | |
|-------------------------------------|---|---|
| amoxicillin cap (TRIMOX equiv) | - | F |
| amoxicillin chew tab (AMOXIL equiv) | - | F |
| AMOXICILLIN CHEW TAB 250MG | - | F |
| amoxicillin susp (TRIMOX equiv) | - | F |
| amoxicillin tab (AMOXIL equiv) | - | F |
| ampicillin cap (PRINCIPEN equiv) | - | F |
| ampicillin susp (PRINCIPEN equiv) | - | F |

NATURAL PENICILLINS

| | | |
|------------------------------------|---|---|
| penicillin vk soln (VEETIDS equiv) | - | F |
| penicillin vk tab (VEETIDS equiv) | - | F |

PENICILLIN COMBINATIONS

| | | |
|--|---|---|
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | F |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | F |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | F |

PENICILLINASE-RESISTANT PENICILLINS

| | | |
|-----------------------------------|---|---|
| dicloxacillin cap (DYNAPEN equiv) | - | F |
|-----------------------------------|---|---|

PHARMACEUTICAL ADJUVANTS

SEMI SOLID VEHICLES

| | | |
|-----------------------------------|---|---|
| POLYETHYLENE GLYCOL 8000 GRANULES | - | F |
|-----------------------------------|---|---|

PROGESTINS

PROGESTINS

| | | |
|---|---|---|
| medroxyprogesterone tab (PROVERA equiv) | - | F |
| megestrol ES susp (MEGACE ES equiv) | - | F |
| norethindrone tab (AYGESTIN equiv) | - | F |
| progesterone cap (PROMETRIUM equiv) | - | F |

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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| | | | | | |
|-----|--|-----|--------------------------|------|---|
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|---|--------------|------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | F |
| disulfiram tab (ANTABUSE equiv) | - | F |
| ANTIDEMENTIA AGENTS | | |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | F |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | F |
| EXELON SOLN | - | F |
| galantamine ER cap (RAZADYNE ER equiv) | - | F |
| GALANTAMINE SOLN | - | F |
| galantamine tab (RAZADYNE equiv) | - | F |
| memantine soln (NAMENDA equiv) | - | F |
| memantine tab (NAMENDA equiv) | - | F |
| NAMENDA XR CAP | - | F |
| NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine) | ST | F |
| NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine) | ST | F |
| rivastigmine cap (EXELON equiv) | - | F |
| rivastigmine patch (EXELON equiv) | - | F |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| chlordiazepoxide/amitriptyline tab (LIMBITROL equiv) | - | F |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | F |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | F |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK | - | F |
| SAVELLA TAB | - | F |
| MULTIPLE SCLEROSIS AGENTS | | |
| AVONEX INJ | LMSP | F |
| AVONEX INJ | LMSP | F |
| BETASERON INJ (Step Therapy requires trial of 2 of the 3 products: AVONEX, REBIF, COPAXONE) | LMSP-ST | F |
| COPAXONE INJ 20MG/ML | LMSP | F |
| COPAXONE INJ 40MG/ML | LMSP | F |
| EXTAVIA INJ (Step Therapy requires trial of 2: AVONEX, COPAXONE, or REBIF) | LMSP-ST | F |
| GILENYA CAP (QL= 1 cap/day) | LMSP-QL | F |
| REBIF INJ | LMSP | F |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| pimozide tab (ORAP equiv) | - | F |
| SMOKING DETERRENENTS | | |
| bupropion SR tab (ZYBAN equiv) | - | F |
| CHANTIX PAK | - | F |
| CHANTIX TAB | - | F |
| nicotine patch (NICODERM equiv) (QL= 1 patch/day, Limited to 3 months per calendar year) | OTC-QL-SMKG | F |
| NICOTROL INHALER | - | F |
| NICOTROL NASAL SPRAY | - | F |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| KALYDECO PAK (QL= 2 packets/day) | MSP-PA-QL | F |
| KALYDECO TAB (QL= 2 tabs/day) | MSP-PA-QL | F |

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| RESPIRATORY AGENTS - MISC. Cont. | | |
| PULMOZYME INH SOLN | LMSP | F |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| SULFADIAZINE TAB | - | F |
| TETRACYCLINES | | |
| TETRACYCLINES | | |
| demeclocycline tab (DECLOMYCIN equiv) | - | F |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | F |
| doxycycline hyclate tab (VIBRATAB equiv) | - | F |
| doxycycline monohydrate cap (MONODOX equiv) | - | F |
| doxycycline monohydrate tab (ADOXA equiv) | - | F |
| doxycycline susp (VIBRAMYCIN equiv) | - | F |
| minocycline cap (MINOCIN equiv) | - | F |
| minocycline tab (DYNACIN equiv) | - | F |
| tetracycline cap | - | F |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| methimazole tab (TAPAZOLE equiv) | - | F |
| propylthiouracil tab | - | F |
| THYROID HORMONES | | |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | F |
| levothyroxine tab (SYNTHROID equiv) | - | F |
| liothyronine tab (CYTOMEL equiv) | - | F |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | F |
| THYROLAR TAB | - | F |
| ULCER DRUGS | | |
| ANTISPASMODICS | | |
| BELLADONNA ALKALOID/OPIUM SUPP | - | F |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | F |
| dicyclomine cap (BENTYL equiv) | - | F |
| dicyclomine soln (BENTYL equiv) | - | F |
| dicyclomine tab (BENTYL equiv) | - | F |
| glycopyrrolate tab (ROBINUL equiv) | - | F |
| hyoscyamine sulfate CR tab (LEVBIID equiv) | - | F |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | F |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | F |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | F |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | F |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | F |
| hyoscyamine tab (LEVSIN equiv) | - | F |
| methscopolamine tab (PAMINE equiv) | - | F |
| PROPANTHELINE TAB | - | F |
| H-2 ANTAGONISTS | | |
| AXID AR TAB | OTC | F |
| cimetidine soln (TAGAMET equiv) | - | F |

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| ULCER DRUGS Cont. | | |
| cimetidine tab (TAGAMET equiv) (OTC covered only.) | OTC | F |
| famotidine susp (PEPCID equiv) | - | F |
| famotidine tab (PEPCID equiv) (OTC covered only.) | OTC | F |
| nizatidine cap (AXID equiv) | - | F |
| nizatidine soln (AXID equiv) | - | F |
| ranitidine cap (ZANTAC equiv) | - | F |
| ranitidine syrup (ZANTAC equiv) | - | F |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | F |
| MISC. ANTI-ULCER | | |
| CARAFATE SUSP | - | F |
| sucralfate tab (CARAFATE equiv) | - | F |
| PROTON PUMP INHIBITORS | | |
| FIRST OMEPRAZOLE SUSP | - | F |
| lansoprazole cap (PREVACID equiv) | OTC | F |
| lansoprazole cap 15mg (PREVACID equiv) | OTC-QL | F |
| omeprazole DR cap (PRILOSEC equiv) | - | F |
| pantoprazole EC tab (PROTONIX equiv) | - | F |
| PREVACID OTC CAP (QL= 2 caps/day) | OTC-QL | F |
| PREVACID SOLUTAB | QL | F |
| PRILOSEC OTC DR TAB (QL= 2 caps/day) | OTC-QL | F |
| rabeprazole EC tab (ACIPHEX equiv) | - | F |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | F |
| ULCER THERAPY COMBINATIONS | | |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | F |
| URINARY ANTI-INFECTIVES | | |
| URINARY ANTI-INFECTIVES | | |
| methenamine hippurate tab (HIPREX equiv) | - | F |
| methenamine mandelate tab | - | F |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | F |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | F |
| nitrofurantoin susp (FURADANTIN equiv) | - | F |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | F |
| oxybutynin syrup | - | F |
| oxybutynin tab (DITROPAN equiv) | - | F |
| tolterodine tab (DETROL equiv) | - | F |
| VESICARE TAB | - | F |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| tolterodine SR cap (DETROL LA equiv) | - | F |
| TOVIAZ TAB | - | F |
| URINARY ANTISPASMODICS | | |
| hyoscyamine tab (LEVSIN equiv) | - | F |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |

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|-------------------------------------|--------------|------|
| URINARY ANTISPASMODICS Cont. | | |
| bethanechol tab (URECHOLINE equiv) | - | F |

VACCINES

BACTERIAL VACCINES

| | | |
|--|--------|---|
| PNEUMOVAX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| PREVNAR 13 INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |

VIRAL VACCINES

| | | |
|---|--------|---|
| AFLURIA INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| AFLURIA INJ, FLUZONE INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUBLOK INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUBLOK QUAD PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUCELVAX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUCELVAX QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUVIRIN INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUVIRIN PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUZONE HIGH DOSE PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUZONE INTRADERMAL INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUZONE QUADRIVALENT INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |
| FLUZONE/FLUARIX QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | F |

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|----------------------|---|---|
| ACIDIC VAGINAL JELLY | - | F |
|----------------------|---|---|

SPERMICIDES

| | | |
|------------------------------------|-----|---|
| CONTRACEPTIVE GEL | OTC | F |
| TODAY SPONGE | OTC | F |
| vcf vaginal gel (CONCEPTROL equiv) | OTC | F |

VAGINAL ANTI-INFECTIVES

| | | |
|--|-----|---|
| AVC VAGINAL CREAM | - | F |
| clindamycin vaginal cream (CLEOCIN equiv) | - | F |
| clotrimazole vaginal cream (MYCELEX equiv) | OTC | F |
| metronidazole vaginal gel (METROGEL equiv) | - | F |
| miconazole 7 supp (MONISTAT equiv) | OTC | F |
| miconazole vaginal cream (MONISTAT equiv) | OTC | F |
| miconazole vaginal kit (MONISTAT equiv) | OTC | F |

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

| | | | | | |
|-----|--|-----|-------------------------------|------|---|
| INF | NC =Not Covered | LD | generic =small letters | LMSP | BRANDS =CAPITAL LETTERS |
| MSP | Infertility | OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
| SP | Quantity Limit | ST | Restricted to Specialist | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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

**Colorado Access Child Health Plan Plus HMO Formulary
Category/Class**

Last Updated* 8/1/2017

| DrugName | Special Code | Tier |
|---|--------------|------|
| VAGINAL PRODUCTS Cont. | | |
| NYSTATIN VAGINAL TAB | - | F |
| terconazole cream (TERAZOL equiv) | - | F |
| terconazole supp (TERAZOL equiv) | - | F |
| VAGINAL ESTROGENS | | |
| ESTRACE VAGINAL CREAM | - | F |
| ESTRING (3 copays per Rx) | - | F |
| PREMARIN VAGINAL CREAM | - | F |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill) | QL | F |
| EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill) | QL | F |
| VASOPRESSORS | | |
| midodrine tab (PROAMATINE equiv) | - | F |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| cholecalciferol cap (VITAMIN D equiv) | OTC | F |
| cholecalciferol tab (VITAMIN D equiv) | OTC | F |
| MEPHYTON TAB | - | F |
| vitamin D cap (RX strength only) | - | F |
| vitamin D cap 400unit | OTC | F |
| WATER SOLUBLE VITAMINS | | |
| ascorbic acid chew tab | OTC | F |
| ascorbic acid tab | OTC | F |
| niacin cap | OTC | F |
| niacin CR tab (SLO-NIACIN equiv) | OTC | F |
| niacin tab | OTC | F |
| niacinamide tab | OTC | F |
| POTABA POWDER PACKET | - | F |
| POTABA TAB | - | F |

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

| | | | | | |
|-----|--|-----|-------------------------------|------|---|
| INF | NC =Not Covered | LD | generic =small letters | LMSP | BRANDS =CAPITAL LETTERS |
| MSP | Infertility | OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
| SP | Quantity Limit | ST | Restricted to Specialist | VAC | Smoking Cessation |
| | Available through Specialty Pharmacy Program | | Step Therapy | | Vaccine Program |

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

Colorado Access Child Health Plan Plus HMO Formulary
Prior Authorization Drug List
Last Updated* 8/1/2017

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------------------|--|
| ACTEMRA SC INJ | F |
| adapalene cream | F |
| adapalene gel 0.1% | F |
| ADAPALENE LOTION | F |
| ADCIRCA TAB | F |
| ANDRODERM PATCH | F |
| ANDROGEL 1.62% 1.25GM | F |
| ANDROGEL 1.62% 2.5GM | F |
| ANDROGEL PUMP 1.62% | F |
| bexarotene cap | F |
| BUPHENYL TAB | F |
| CABOMETYX TAB | F |
| CAPRELSA TAB | F |
| CAYSTON INH SOLN | F |
| CEREZYME INJ | F |
| CIMZIA INJ | F |
| CIMZIA STARTER INJ KIT | F |
| clobetasol foam | F |
| clobetasol propionate cream | F |
| clobetasol propionate emollient cream | F |
| clobetasol propionate gel | F |
| clobetasol propionate oint | F |
| clobetasol propionate soln | F |
| clobetasol spray | F |
| CYSTAGON CAP | F |
| CYSTARAN OPHTH SOLN | F |
| DESCOVY TAB | F |
| diclofenac gel | F |
| ENBREL INJ 25MG | F |
| ENBREL INJ 50MG | F |
| ENBREL SURECLICK INJ 50MG | F |
| ERWINAZE INJ | F |
| FANAPT TAB | F |
| FANAPT TITRATION PACK | F |
| FERRIPROX SOLN | F |
| FERRIPROX TAB | F |
| HUMIRA INJ | F |
| HUMIRA PEN INJ | F |
| HYCAMTIN CAP | F |
| imatinib tab | F |
| INCIVEK TAB | F |
| INFERGEN INJ | F |

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

**Colorado Access Child Health Plan Plus HMO Formulary cont.
 Prior Authorization Drug List
 Last Updated* 8/1/2017**

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------------|--|
| INVEGA INJ | F |
| IRESSA TAB | F |
| itraconazole cap | F |
| KALYDECO PAK | F |
| KALYDECO TAB | F |
| KINERET INJ | F |
| LATUDA TAB | F |
| LETAIRIS TAB | F |
| LEUKINE INJ | F |
| LINZESS CAP | F |
| LYRICA CAP | F |
| LYRICA SOLN | F |
| modafinil tab | F |
| MOVANTIK TAB | F |
| NEXAVAR TAB | F |
| NORDITROPIN INJ | F |
| ONFI TAB | F |
| OPSUMIT TAB | F |
| POTIGA TAB | F |
| PRALUENT INJ | F |
| REPATHA INJ | F |
| REPATHA PUSHTRONEX INJ | F |
| REVLIMID CAP | F |
| RISPERDAL INJ | F |
| RUBRACA TAB | F |
| SABRIL POWDER PACK | F |
| SABRIL TAB | F |
| SAPHRIS SL TAB | F |
| sildenafil tab | F |
| sodium phenylbutyrate powder | F |
| SOMAVERT INJ | F |
| SPRYCEL TAB | F |
| SUTENT CAP | F |
| SYNAGIS INJ | F |
| TARCEVA TAB | F |
| TASIGNA CAP | F |
| testosterone cypionate inj | F |
| testosterone enanthate inj | F |
| testosterone gel 1% 25mg | F |
| testosterone gel 1% 50mg | F |
| testosterone gel 1% pump | F |
| TESTOSTERONE GEL PUMP | F |

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

Colorado Access Child Health Plan Plus HMO Formulary cont.
Prior Authorization Drug List
Last Updated* 8/1/2017

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------|--|
| THALOMID CAP | F |
| TRACLEER TAB | F |
| tretinoin cream | F |
| tretinoin gel | F |
| TRUVADA TAB | F |
| TYVASO INH SOLN | F |
| VENTAVIS INH SOLN | F |
| VICTRELIS CAP | F |
| VOTRIENT TAB | F |
| XALKORI CAP | F |
| ZAVESCA CAP | F |
| ZOLINZA CAP | F |
| ZORTRESS TAB | F |

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

**Colorado Access Child Health Plan Plus HMO Formulary
Last Updated* 8/1/2017
Over-the-Counter (OTC)**

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

Over-the-Counter (OTC) Medications

| | | | |
|-----------------------------------|--|---|---|
| ACCU-CHECK GUIDE CARE METER | ACCU-CHEK AVIVA PLUS METER | ACCU-CHEK GUIDE TEST STRIP | ACCU-CHEK NANO METER |
| ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP | acetaminophen cap | acetaminophen chew tab |
| acetaminophen drops | acetaminophen elixir | acetaminophen liquid | ACETAMINOPHEN SOLN |
| acetaminophen supp | acetaminophen tab | AEROCHAMBER | ALCOHOL SWABS |
| ALER-DRYL TAB | ALLEGRA TAB | artificial tears | artificial tears ophth oint |
| artificial tears ophth soln | ascorbic acid chew tab | ascorbic acid tab | aspirin chew tab 81mg |
| aspirin supp | aspirin tab 325mg | aspirin tab 81mg | AXID AR TAB |
| bacitracin oint | bacitracin/polymyxin B oint | bacitracin/zinc oint | B-D INSULIN SYRINGE |
| B-D PEN NEEDLE | benzocaine gel | benzocaine paste | benzoyl peroxide cream |
| benzoyl peroxide gel (OTC) | benzoyl peroxide liquid | benzoyl peroxide lotion (OTC) | bufferin tab |
| calcium carbonate chew tab | calcium carbonate susp | calcium carbonate tab | CALCIUM W/ VITAMIN D TAB |
| calcium w/vitamin D tab | CALIBRATION LIQUID | carbamide peroxide otic soln | cetirizine chew tab |
| cetirizine syrup | cetirizine tab | cetirizine/pseudoephedrine 12-hour tab | cholecalciferol cap |
| cholecalciferol tab | cimetidine tab | CLARITIN CHEW | clemastine tab 1.34mg |
| CLINISTIX TEST STRIP | clotrimazole cream (OTC) | clotrimazole vaginal cream | CONTRACEPTIVE GEL |
| cromolyn nasal spray | dextromethorphan/guaifenesin syrup 10-100mg | dialyvit tab | diphenhydramine cap |
| diphenhydramine elixir | diphenhydramine liquid | diphenhydramine tab | docusate calcium cap |
| docusate sodium cap | docusate sodium liquid | docusate sodium syrup | docusate sodium tab |
| famotidine tab | FEMALE CONDOMS | ferrous sulfate soln | fexofenadine susp |
| fexofenadine tab | fexofenadine/pseudoephedrine 12-hour tab | fexofenadine/pseudoephedrine 24-hour tab | FREESTYLE FREEDOM LITE METER |
| FREESTYLE INSULIN SYRINGE | FREESTYLE INSULINX METER | FREESTYLE INSULINX TEST STRIP | FREESTYLE LITE METER |
| FREESTYLE LITE TEST STRIP | FREESTYLE PRECISION NEO METER | FREESTYLE PRECISION NEO TEST STRIP | FREESTYLE TEST STRIP |
| gental ophth oint | GLUCOSE CHEW TAB | glucose gel | glycerin supp |
| guaifenesin ER tab | guaifenesin syrup 100mg/5m | guaifenesin/codeine syrup | hydrocortisone cream |
| hydrocortisone oint | ibuprofen cap 200mg | ibuprofen chew tab | ibuprofen tab 100mg |
| ibuprofen tab 200mg | iron complex cap 150mg | KETO-DIASTIX TEST STRIF | KETOSTIX |
| ketotifen ophth soln | LANCET KIT | LANCETS | lansoprazole cap |
| lansoprazole cap 15mg | levonorgestrel tab | lice aerosol | lice cream rinse |
| lice treatment kit | lice treatment liquid | lice treatment shampoo | loratadine ODT |
| loratadine syrup | loratadine tab | loratadine/pseudoephedrine 12-hour tab | loratadine/pseudoephedrine 24-hour tab |
| meclizine chew tab | meclizine tab | miconazole 7 supp | miconazole cream |
| miconazole nitrate aerosol | miconazole nitrate powder | | |

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

| | | | |
|-----------------------------|--|------------------------------------|---------------------------------|
| MICONAZOLE NITRATE SPRAY | miconazole vaginal cream | miconazole vaginal kit | milk of magnesium |
| MIRALAX POWDER | MUCINEX DM | multiple vitamin liquid | naproxen sodium tab 220mg |
| NASACORT OTC NASAL SPRAY | neomycin/bacitracin/polymyx in oint | niacin cap | niacin CR tab |
| niacin tab | niacinamide tab | nicotine patch | NOVOFINE PEN NEEDLE |
| NOVOLIN INJ | NOVOTWIST PEN NEEDLE | NOVOTWIST/NOVOFINE PEN NEEDLE | PEAK FLOW METER |
| pediatric multivitamin | permethrin lotion | polyethylene glycol 3350 powder | PRECISION INSULIN SYRINGE |
| PRECISION XTRA METER | PRECISION XTRA TEST STRIP | prenatal vitamin | PREVACID OTC CAP |
| PRILOSEC OTC DR TAB | pseudoephedrine 12hr tab | pseudoephedrine tab | pseudopseudoephedrine liquid |
| saline nasal spray | senna cap | senna syrup | senna tab |
| SILPHEN COUGH SYRUP | sodium bicarbonate tab | sodium chloride neb soln | terbinafine cream |
| TODAY SPONGE | tolnaftate aerosol | tolnaftate cream | tolnaftate powder |
| tolnaftate soln | triamcinolone OTC nasal spray | vcf vaginal gel | vitamin D cap 400unit |
| vitamin E liquid | ZYRTEC SYRUP | | |

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

Colorado Access Child Health Plan Plus HMO Formulary
Last Updated* 8/1/2017
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|------------------------|---------------------------|----------------------|------------------------------|
| ACTEMRA SC INJ | ACTIMMUNE INJ | ADCIRCA TAB | ALFERON-N INJ |
| AVONEX INJ | AVONEX INJ | BETASERON INJ | BETHKIS NEB SOLN |
| bexarotene cap | CABOMETYX TAB | calcitriol inj | capecitabine tab |
| CAPRELSA TAB | CAYSTON INH SOLN | CEREZYME INJ | CIMZIA INJ |
| CIMZIA STARTER INJ KIT | COPAXONE INJ 20MG/ML | COPAXONE INJ 40MG/ML | CYSTAGON CAP |
| CYSTARAN OPTH SOLN | ENBREL INJ 25MG | ENBREL INJ 50MG | ENBREL SURECLICK INJ 50MG |
| EPOGEN INJ | etoposide cap | EXJADE TAB | EXTAVIA INJ |
| FERRIPROX SOLN | FERRIPROX TAB | FUZEON INJ | GILENYA CAP |
| HUMIRA INJ | HUMIRA PEN INJ | HYCAMTIN CAP | imatinib tab |
| INCIVEK TAB | INCRELEX INJ | INFERGEN INJ | IRESSA TAB |
| JADENU SPRINKLE | JADENU TAB | KALYDECO PAK | KALYDECO TAB |
| KINERET INJ | KITABIS PAK NEB SOLN | LEUKINE INJ | LYSODREN TAB |
| MESNEX TAB | MIACALCIN INJ | MYLERAN TAB | NEXAVAR TAB |
| nilutamide tab | NORDITROPIN INJ | octreotide inj | OPSUMIT TAB |
| PEGASYS INJ | PEGASYS INJ KIT | PEG-INTRON INJ | PRALUENT INJ |
| PROCRIT INJ | PULMOZYME INH SOLN | REBETOL SOLN | REBIF INJ |
| REPATHA INJ | REPATHA PUSHTRONEX INJ | REVLIMID CAP | RIBATAB |
| ribavirin cap | ribavirin tab | RUBRACA TAB | SABRIL POWDER PACK |
| SABRIL TAB | SANDOSTATIN INJ | SOMAVERT INJ | SPRYCEL TAB |
| SUTENT CAP | SYNAGIS INJ | TARCEVA TAB | TARGRETIN GEL |
| TASIGNA CAP | temozolomide cap | THALOMID CAP | tobramycin neb soln |
| tretinoin cap | TYVASO INH SOLN | VENTAVIS INH SOLN | VICTRELIS CAP |
| VOTRIENT TAB | XALKORI CAP | ZARXIO INJ | ZAVESCA CAP |
| ZOLINZA CAP | | | |

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

Colorado Access Child Health Plan Plus HMO Formulary
Last Updated* 8/1/2017
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|-------------------------|--|
| BANZEL SUSP | QL= 2400ml/30 days; Step Therapy requires trial of valproic acid, lamotrigine, FELBATOL or topiramate |
| BANZEL TAB | QL= 8 tabs/day; Step Therapy requires the trial of valproic acid, lamotrigine, FELBATOL, or topiramate |
| BETASERON INJ | Step Therapy requires trial of 2 of the 3 products: AVONEX, REBIF, COPAXONE |
| celecoxib cap | QL= 2 caps/day; Step Therapy requires trial of 2 generic NSAIDS |
| duloxetine EC cap | Step Therapy requires trial of paroxetine, sertraline, fluoxetine or citalopram |
| EXTAVIA INJ | Step Therapy requires trial of 2: AVONEX, COPAXONE, or REBIF |
| fluvoxamine ER cap | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| gatifloxacin ophth soln | Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| levalbuterol neb soln | Step Therapy requires trial of albuterol neb |
| LYSTEDA TAB | QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID |
| NAMZARIC CAP | Step Therapy requires trial of donepezil and memantine |
| NAMZARIC STARTER PACK | Step Therapy requires trial of donepezil and memantine |
| nevirapine ER tab | Step Therapy requires trial of nevirapine |
| paliperidone ER tab | Step Therapy requires trial of risperidone, GEODON, olanzapine or SEROQUEL |
| risedronate DR tab | Step Therapy requires trial of alendronate |
| tranexamic acid tab | QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID |
| VIMPAT TAB | QL= 2 tabs/day; Step Therapy requires trial of carbamazepine, divalproex, lamotrigir or topiramate |

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

Colorado Access Child Health Plan Plus HMO Formulary
Smoking Cessation Agents
Last Updated* 8/1/2017

| Drug Name | Tier # for Drug Copay |
|---|------------------------------|
| nicotine patch(QL= 1 patch/day, Limited to 3 months per calendar year) | F |

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

Colorado Access Child Health Plan Plus HMO Formulary
Last Updated* 8/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| ABILIFY DISCMELT | QL= 1 tab/day |
| ADDERALL XR CAP | QL= 2 caps/day |
| AFLURIA INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| AFLURIA INJ, FLUZONE INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| ANDRODERM PATCH | QL= 1 patch/day |
| ANDROGEL 1.62% 1.25GM | QL= 1 packet/day |
| ANDROGEL 1.62% 2.5GM | QL= 2 packets/day |
| ANDROGEL PUMP 1.62% | QL= 2 bottles/30 days |
| aprepitant cap | QL= 3 caps/fill |
| aprepitant pak | QL= 3 caps/fill |
| aripiprazole ODT | QL= 1 tab/day |
| aripiprazole tab | QL= 1 tab/day |
| ARNUITY ELLIPTA INHALER | QL= 1 inhaler/30 days |
| artificial tears ophth oint | QL= 25gm/30 days |
| artificial tears ophth soln | QL= 25ml/30 days |
| ASMANEX HFA INHALER | QL= 1 inhaler/30 days |
| ASMANEX INHALER | QL= 1 inhaler/30 days |
| atomoxetine cap | QL= 1 cap/day |
| atorvastatin tab | QL= 1 tab/day |
| azelastine nasal spray | QL= 1 bottle/month |
| BANZEL SUSP | QL= 2400ml/30 days; Step Therapy requires trial of valproic acid, lamotrigine, FELBATOL or topiramate |
| BANZEL TAB | QL= 8 tabs/day; Step Therapy requires the trial of valproic acid, lamotrigine, FELBATOL, or topiramate |
| BIMATOPROST OPHTH SOLN, LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |
| butorphanol nasal spray | QL= 1 bottle/30 days |
| BYDUREON INJ | QL= 4 inj/28 days |
| BYDUREON PEN INJ | QL= 4 inj/28 days |
| CABOMETYX TAB | QL= 1 tab/day |
| calcitonin nasal spray | QL= 1 bottle/30 days |
| celecoxib cap | QL= 2 caps/day; Step Therapy requires trial of 2 generic NSAIDS |
| cetirizine chew tab | QL= 1 tab/day; Covered if under 12 years ONLY |
| cetirizine tab | QL= 1 tab/day |
| cetirizine/pseudoephedrine 12-hour tab | QL= 1 tab/day |
| clonidine ER tab | QL= 2 tabs/day |
| dexmethylphenidate ER cap | QL= 1 cap/day |
| diclofenac gel 1% | QL= 5 tubes/fill |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| ELLA TAB | QL= 1 tab/28 days |

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

Colorado Access Child Health Plan Plus HMO Formulary Cont.
Last Updated* 8/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) | QL= 2 inj/fill |
| EPINEPHRINE PEN INJ 0.3MG (MYLAN) | QL= 2 inj/fill |
| escitalopram soln | QL= 600 units/30 days |
| escitalopram tab | QL= 1 tab/day |
| eszopiclone tab | QL= 1 tab/day |
| FLUAD INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUBLOK INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUBLOK QUAD PF INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUCELVAX INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUCELVAX QUAD INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUVIRIN INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUVIRIN PF INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUZONE HIGH DOSE PF INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUZONE INTRADERMAL INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUZONE QUADRIVALENT INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUZONE/FLUARIX QUAD INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FORTICAL NASAL SPRAY | QL= 1 bottle/30 days |
| GILENYA CAP | QL= 1 cap/day |
| granisetron tab | QL= 9 tabs/fill |
| guaifenesin/codeine syrup | QL= 240ml/fill |
| guanfacine ER tab | QL= 1 tab/day |
| HUMIRA INJ | QL= 2 inj/28 days |
| HUMIRA PEN INJ | QL= 2 inj/28 days |
| hydrocodone/chlorpheniramine/pseudoeph drine liquid | QL= 120ml/fill, 2 fills/month |
| HYSINGLA ER TAB | QL= 1 tab/day |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| KALYDECO PAK | QL= 2 packets/day |
| KALYDECO TAB | QL= 2 tabs/day |

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

Colorado Access Child Health Plan Plus HMO Formulary Cont.
Last Updated* 8/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------|--|
| ketorolac tab | QL= 20 tabs/5 days |
| ketotifen ophth soln | QL= 2 bottles/30 days |
| lansoprazole cap 15mg | |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LATUDA TAB | QL= 1 tab/day |
| lice aerosol | QL= 150ml/7 days, Limited to 2 fills/year |
| lice cream rinse | QL= 59ml/7 days, Limited to 2 fills/year |
| lice treatment liquid | QL= 120ml/7 days, Limited to 2 fills/year |
| lice treatment shampoo | QL= 120ml/7 days, Limited to 2 fills/year |
| lidocaine oint | QL= 107gm/30 days |
| loratadine syrup | QL= 250ml/30 day |
| loratadine tab | QL= 1 tab/day |
| LYSTEDA TAB | QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID |
| malathion lotion | QL= 1 bottle/30 days; Limited to 2 fills/year |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| METHERGINE TAB | QL= 28 tabs/fill, 1 fill/365 days |
| methylergonovine tab | QL= 28 tabs/fill; 1 fill/365 days |
| METHYLPHENIDATE ER TAB | QL= 1 tab/day |
| METHYLPHENIDATE ER TAB 36MG | QL= 2 tabs/day |
| MIACALCIN INJ | QL= 2 units/30 days |
| MIACALCIN NASAL SPRAY | QL= 1 bottle/30 days |
| modafinil tab | QL= 2 tabs/day |
| MOVIPREP SOLN | QL= 1 bottle/fill |
| NALOXONE INJ | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/30 days |
| NARCAN NASAL SPRAY | QL= 2 sprays/fill |
| NASACORT OTC NASAL SPRAY | QL= 2 bottles/fill |
| nicotine patch | QL= 1 patch/day, Limited to 3 months per calendar year |
| olanzapine ODT | QL= 1 tab/day |
| olanzapine tab | QL= 1 tab/day |
| olanzapine tab 10mg | QL= 2 tabs/day |
| ONFI TAB | QL= 2 tabs/day |
| OPSUMIT TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| OXYCONTIN CR TAB | QL= 120 tabs/30 days |
| PATADAY OPHTH SOLN | QL= 2.5ml/30 days |
| permethrin cream | QL= 60gm/30 days |
| pioglitazone/glimepiride tab | QL= 30 tabs/30 days |
| PNEUMOVAX INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| POTIGA TAB | QL= 3 tabs/day |
| PRALUENT INJ | QL= 2 inj/28 days |

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

Colorado Access Child Health Plan Plus HMO Formulary Cont.
Last Updated* 8/1/2017
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------|--|
| PREVACID OTC CAP | QL= 2 caps/day |
| PREVACID SOLUTAB | |
| PREVNAR 13 INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| PRILOSEC OTC DR TAB | QL= 2 caps/day |
| quetiapine tab | QL= 3 tabs/day |
| REGANEX 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 |
| REVLIMID CAP | QL= 1 cap/day |
| rizatriptan ODT | QL= 12 tabs/30 days |
| rizatriptan tab | QL= 12 tabs/30 days |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779 |
| SEROQUEL XR TAB | QL= 2 tabs/day |
| STRIBILD TAB | QL= 1 tab/day |
| sumatriptan inj | QL= 6 inj/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 6 inj/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| TAMIFLU SUSP 6MG/ML | QL= 250ml/fill |
| TESTOSTERONE GEL 1% 25MG | QL= 1 packet/day |
| testosterone gel 1% 50mg | QL= 2 packets/day |
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| tranexamic acid tab | QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID |
| TRAVATAN Z OPHTH SOLN | QL= 5ml/30 days |
| triamcinolone OTC nasal spray | QL= 2 bottles/fill |
| TRIUMEQ TAB | QL= 1 tab/day |
| TRUVADA TAB | QL= 1 tab/day |
| ULESFIA LOTION | QL= 3 bottles/180 days, Limited to 2 fills/year |
| VENTOLIN HFA INHALER | QL= 2 inhalers/fill, 2 fills/30 days |
| V-GO INJ KIT | QL= 1 kit/day |
| VICTOZA INJ | QL= 9ml/30 days |
| VIMPAT INJ | QL= 1200 units/30 days |
| VIMPAT SOLN | QL= 600ml/30days |
| VIMPAT TAB | QL= 2 tabs/day; Step Therapy requires trial of carbamazepine, divalproex, lamotrigine or topiramate |
| ziprasidone cap | QL= 2 caps/day |
| zolpidem tab 10mg | Male QL= 1 tab/day; Female QL= 0.5 tab/day |
| zolpidem tab 5mg | QL= 1 tab/day |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |

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