

Search Tip:

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

**GHC-SCW 3-Tier Complete Formulary
Alphabetical Index
Last Updated 4/1/2021**

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| 8-MOP CAP | - | 2 | DERMATOLOGICALS |
| abacavir soln (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 | ANTIVIRALS |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tab/day;) | MSP-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABSORICA CAP | - | EXC | DERMATOLOGICALS |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTIDIABETICS |
| acebutolol cap (SECTRAL equiv) | - | 1 | BETA BLOCKERS |
| acetaminophen/codeine soln (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 | DIURETICS |
| acetazolamide tab | - | 2 | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | 1 | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 | COUGH/COLD/ALLERGY |
| ACIDIC VAGINAL JELLY | - | 2 | VAGINAL PRODUCTS |
| acitretin cap (SORIATANE equiv) | - | 2 | DERMATOLOGICALS |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | MSP | ANTINEOPLASTICS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| adapalene gel 0.3% (DIFFERIN equiv) (Acne Only- members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| ADDERALL XR CAP | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| ADVAIR DISKUS INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AEROCHAMBER | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| AFINITOR DISPERZ (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

** OTC drugs are not a covered benefit.

| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

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|---|---------------------|-------------|--|
| AFINITOR TAB 10MG (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFLURIA INJ | VAC | \$0 | VACCINES |
| AFLURIA INJ, FLUZONE INJ | VAC | \$0 | VACCINES |
| AIMOVIQ INJ (QL= 1 pack/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| ALAMAST OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| albendazole tab (ALBENZA equiv) | - | 2 | ANTHELMINTICS |
| albuterol neb soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL TAB ER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 2 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| ALECENSA CAP (QL= 8 caps/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate tab (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALFERON-N INJ | MSP-PA | MSP | ANTINEOPLASTICS |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 | GOUT AGENTS |
| ALOCRILOPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOMIDOPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | 2 | ANTIANKXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| ALREX OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| aluminum chloride soln (DRYSOL equiv) | - | 1 | DERMATOLOGICALS |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| amantadine cap (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine tab | - | 2 | ANTIPARKINSON AGENTS |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
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| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416) | LD-QL-RS | MSP | CARDIOVASCULAR AGENTS - MISC. |
| amethyst tab (LYBREL equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 | CONTRACEPTIVES |
| amiloride tab (MIDAMOR equiv) | - | 1 | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 | DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | - | 2 | HEMOSTATICS |
| aminophylline tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| amiodarone tab (CORDARONE equiv) | - | 1 | ANTIARRHYTHMICS |
| amitriptyline tab (ELAVIL equiv) | - | 1 | ANTIDEPRESSANTS |
| amlodipine tab (NORVASC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | 2 | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 | ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 2 | ANTIHYPERTENSIVES |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | EXC | DERMATOLOGICALS |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 2 | DERMATOLOGICALS |
| AMOXAPINE TAB | - | 1 | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN CHEW TAB | - | 1 | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ampicillin cap (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| ampicillin susp (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANORO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| APHTHASOL PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| APTIVUS CAP | - | 2 | ANTIVIRALS |
| APTIVUS SOLN | - | 2 | ANTIVIRALS |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | MSP | AMINOGLYCOSIDES |
| aripiprazole soln (ABILIFY equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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|------|--------------------------------------|-----|--------------------------|-----|--|
| EXC | NC =Not Covered | INF | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| MSP | Plan Exclusion | OTC | Infertility | PA | Limited Distribution |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SF | Prior Authorization |
| SMKG | Quantity Limit | ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months |
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| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 | THYROID AGENTS |
| ARNUITY ELLIPTA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | PA-QL | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| ASMANEX HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENOLX equiv) | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| atazanavir cap (REYATAZ equiv) | - | 2 | ANTIVIRALS |
| atenolol tab (TENORMIN equiv) | - | 1 | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| atomoxetine cap (STRATTERA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | ANTIMALARIALS |
| atropine ophth oint | - | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AUBAGIO TAB | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AVANDAMET TAB | - | 2 | ANTIDIABETICS |
| AVANDARYL TAB | - | 2 | ANTIDIABETICS |
| AVANDIA TAB | - | 2 | ANTIDIABETICS |
| AVAR | - | EXC | DERMATOLOGICALS |
| AVAR GEL | - | 2 | DERMATOLOGICALS |
| AVC VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| AVONEX INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZASITE SOLN | - | 2 | OPHTHALMIC AGENTS |

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|---|---------------------|-------------|--|
| azathioprine tab (IMURAN equiv) | - | 1 | ASSORTED CLASSES |
| azelaic acid gel (FINACEA equiv) | - | 2 | DERMATOLOGICALS |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 | OPHTHALMIC AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| BACITRACIN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| baclofen tab (BACLOFEN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| balsalazide cap (COLAZAL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BANZEL TAB | PA | 2 | ANTICONVULSANTS |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 | ANTIDIABETICS |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | FLUOROQUINOLONES |
| B-D INSULIN SYRINGE | --OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 | ULCER DRUGS |
| benazepril tab (LOTENSIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENLYSTA INJ (QL= 4 inj/28 day) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSES |
| BENZNIDAZOLE TAB | PA | 2 | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | 1 | COUGH/COLD/ALLERGY |
| benzoyl peroxide gel (BENZAC equiv) | OTC | 1 | DERMATOLOGICALS |
| benzoyl peroxide lotion (BENZAC equiv) | - | 1 | DERMATOLOGICALS |
| benzoyl peroxide wash kit (BENZAC equiv) | - | 1 | DERMATOLOGICALS |
| benztropine tab | - | 1 | ANTIPARKINSON AGENTS |
| BERINERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 1 | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 2 | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate oint | - | 1 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |

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| BETIMOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| bexarotene cap (TARGRETIN equiv) | MSP-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BEYAZ TAB | - | EXC | CONTRACEPTIVES |
| BIAFINE EMULSION | - | 2 | DERMATOLOGICALS |
| bicalutamide tab (CASODEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIKTARVY TAB | - | 2 | ANTIVIRALS |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| bimatoprost topical soln (LATISSE equiv) | - | EXC | DERMATOLOGICALS |
| bisoprolol tab (ZEBETA equiv) | - | 1 | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 | ANTIHYPERTENSIVES |
| BLEPHAMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | MSP | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF TAB () | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREZTRI AEROSPHERE INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% | - | 1 | OPHTHALMIC AGENTS |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 | OPHTHALMIC AGENTS |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 2 | ANTIPARKINSON AGENTS |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| budesonide inh susp (PULMICORT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 | CORTICOSTEROIDS |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) (QL= 1 tab/day) | QL | 1 | ANTIDEPRESSANTS |
| buspirone tab (BUSPAR equiv) | - | 1 | ANTIANKXIETY AGENTS |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply) | QL | 2 | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |

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| BYSTOLIC TAB | ¢ | 2 | BETA BLOCKERS |
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 | DERMATOLOGICALS |
| calcipotriene oint | - | 2 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 | DERMATOLOGICALS |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol soln (ROCALTROL SOLN equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAMBIA POWDER PACKET | - | EXC | MIGRAINE PRODUCTS |
| candesartan tab (ATACAND equiv) | - | 1 | ANTIHYPERTENSIVES |
| capecitabine tab (XELODA equiv) | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| captopril tab (CAPOTEN equiv) | - | 2 | ANTIHYPERTENSIVES |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carisoprodol tab (SOMA equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol tab 250mg (SOMA equiv) | - | EXC | MUSCULOSKELETAL THERAPY AGENTS |
| CARTEOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 | OPHTHALMIC AGENTS |
| carvedilol tab (COREG equiv) | - | 1 | BETA BLOCKERS |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | MSP | ANTI-INFECTIVE AGENTS - MISC. |
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFADROXIL TAB | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |

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| cefepodoxime proxetil susp (VANTIN equiv) | - | 2 | CEPHALOSPORINS |
| cefepodoxime proxetil tab (VANTIN equiv) | - | 2 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| CEFTIN SUSP | - | 2 | CEPHALOSPORINS |
| cefuroxime susp (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CELONTIN CAP | - | 2 | ANTICONVULSANTS |
| cephalexin cap (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| CERVICAL CAP | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| cetirizine chew tab (ZYRTEC equiv) | OTC | 2 | ANTIHISTAMINES |
| cetirizine syrup (ZYRTEC equiv) | OTC | 1 | ANTIHISTAMINES |
| cetirizine tab (ZYRTEC equiv) | OTC | 1 | ANTIHISTAMINES |
| cevimeline cap (EVOXAC equiv) | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHEMET CAP | - | 2 | ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | 1 | ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | 1 | DIURETICS |
| chlorothiazide tab (DIURIL equiv) | - | 1 | DIURETICS |
| chlorpheniramine ER cap | - | 1 | ANTIHISTAMINES |
| chlorpromazine tab (THORAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpropamide tab (DIABINESE equiv) | - | 1 | ANTIDIABETICS |
| CHLORTHALIDONE TAB | - | 1 | DIURETICS |
| chlorzoxazone tab 500mg | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 | ANALGESICS - NONNARCOTIC |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| CIMDUO TAB | - | 2 | ANTIVIRALS |
| CIMETIDINE SOLN | - | 1 | ULCER DRUGS |
| cimetidine soln (CIMETIDINE equiv) | - | 1 | ULCER DRUGS |

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| cimetidine tab (TAGAMET equiv) | - | 1 | ULCER DRUGS |
| CIMZIA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | MSP-PA-QL | MSP | GASTROINTESTINAL AGENTS - MISC. |
| cinacalcet tab (SENSIPAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 2 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 | OTIC AGENTS |
| citalopram soln (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| CLARINEX SYRUP | - | EXC | ANTIHISTAMINES |
| CLARITHROMYC SUSP | - | 2 | MACROLIDES |
| clarithromycin susp (BIAXIN equiv) | - | 1 | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | 1 | MACROLIDES |
| CLENPIQ SOLN | - | 2 | LAXATIVES |
| clindamycin cap (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv) | - | EXC | DERMATOLOGICALS |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 | VAGINAL PRODUCTS |
| CLINISTIX TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| clobazam tab (ONFI equiv) | - | 1 | ANTICONVULSANTS |
| clobetasol lotion (CLOBEX equiv) | - | 2 | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX SHAMPOO equiv) | - | 2 | DERMATOLOGICALS |
| CLOBEX LOTION | - | 2+ | DERMATOLOGICALS |
| CLOMIPHENE CITRATE TAB | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomiphene citrate tab (CLOMID equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | 2 | DERMATOLOGICALS |
| CLOZAPINE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT 12.5MG | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| codeine sulfate tab (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| colchicine tab (COLCRYS equiv) | - | 2 | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colesevelam tab (WELCHOL equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | 2 | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| COMBIVENT INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMPLERA TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| CONCEPT DHA CAP | PA | 2 | MULTIVITAMINS |
| CONTRACEPTIVE FOAM | OTC | \$0 | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | \$0 | VAGINAL PRODUCTS |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CORDRAN TAPE | PA | 2 | DERMATOLOGICALS |
| CORLANOR TAB | PA | 2 | CARDIOVASCULAR AGENTS - MISC. |
| CORTISONE ACETATE TAB | - | 2 | CORTICOSTEROIDS |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/365 days) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 2 fills/12 months) | QL | \$0 | VACCINES |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 2 fills/12 months) | QL | \$0 | VACCINES |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRINONE GEL | - | EXC | VAGINAL PRODUCTS |
| CRIXIVAN CAP | - | 2 | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn ophth soln (CROLOM equiv) | - | 1 | OPHTHALMIC AGENTS |
| cryselle tab | - | \$0 | CONTRACEPTIVES |
| cyanocobalamin inj | - | 1 | HEMATOPOIETIC AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cyclophosphamide tab (CYTOXAN equiv) | - | 2 | ANTINEOPLASTICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 | ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | 1 | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | 2 | ASSORTED CLASSES |
| cyproheptadine syrup | - | 1 | ANTIHISTAMINES |

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| cyproheptadine tab | - | 1 | ANTIHISTAMINES |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | MSP | OPHTHALMIC AGENTS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP | OPHTHALMIC AGENTS |
| CYTRA K CRYSTALS | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| danazol cap (DANOCRINE equiv) | - | 2 | ANDROGENS-ANABOLIC |
| dantrolene cap (DANTRIUM equiv) | - | 2 | MUSCULOSKELETAL THERAPY AGENTS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| darifenacin SR tab (ENABLEX equiv) | - | 2 | URINARY ANTISPASMODICS |
| deferasirox granules packet (JADENU equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (EXJADE equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 180mg (JADENU equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 90mg, 360mg (JADENU equiv) | MSP | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | MSP | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| DELSTRIGO TAB | - | 2 | ANTIVIRALS |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| DESCOVY TAB | PA | 2 | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | 2 | ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | EXC | ANTIHISTAMINES |
| desloratadine tab (CLARINEX equiv) | - | EXC | ANTIHISTAMINES |
| desmopressin acetate tab (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin nasal soln (DDAVP equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desonide cream (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desonide lotion | - | 2 | DERMATOLOGICALS |
| desonide oint (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone cream 0.025% (TOPICORT CREAM equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone oint 0.25% (TOPICORT equiv) | - | 2 | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 2 | ANTIDEPRESSANTS |
| DEXAMETHASONE CONC | - | 1 | CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 | CORTICOSTEROIDS |
| dexamethasone ophth soln | - | 1 | OPHTHALMIC AGENTS |
| DEXAMETHASONE SOLN | - | 1 | CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | 1 | CORTICOSTEROIDS |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 3 sensors/28 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |

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| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIACOMIT CAP (Only available through US Bioservices 888-518-7246) | LD-PA | MSP | ANTICONVULSANTS |
| DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246) | LD-PA | MSP | ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 | MULTIVITAMINS |
| DIAPHRAGM | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill) | QL | 1 | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTIANSIETY AGENTS |
| DIAZEPAM SOLN | - | 1 | ANTIANSIETY AGENTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTIANSIETY AGENTS |
| diclofenac gel (SOLARAZE equiv) (QL= 300 gm/30 days) | QL | 2 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 | DERMATOLOGICALS |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | OPHTHALMIC AGENTS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 | DERMATOLOGICALS |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 2 | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 | ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | 2 | ANTIVIRALS |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 | ANTIVIRALS |
| DIFFERIN OTC GEL 0.1% | OTC | 1 | DERMATOLOGICALS |
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 | MACROLIDES |
| diflunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| DIGOXIN SOLN | - | 1 | CARDIOTONICS |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 1 | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 | ANTIDIARRHEALS |
| dipyridamole tab (PERSANTINE equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |

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|---|---------------------|-------------|--|
| disopyramide cap (NORPACE equiv) | - | 1 | ANTIARRHYTHMICS |
| disopyramide ER cap (NORPACE CR equiv) | - | 2 | ANTIARRHYTHMICS |
| DISULFIRAM TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| disulfiram tab (ANTABUSE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP | - | 2 | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 | ANTICONSULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONSULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONSULSANTS |
| dofetilide cap (TIKOSYN equiv) | - | 2 | ANTIARRHYTHMICS |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DOPTELET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| DOVATO TAB | - | 2 | ANTIVIRALS |
| doxazosin tab (CARDURA equiv) | - | 1 | ANTIHYPERTENSIVES |
| DOXEPIN CAP | - | 1 | ANTIDEPRESSANTS |
| doxepin cap (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxercalciferol cap (HECTOROL equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DOXYCYCLINE CAP, ORACEA CAP | - | EXC | DERMATOLOGICALS |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate DR tab (DORYX equiv) | - | EXC | TETRACYCLINES |
| doxycycline hyclate tab 20mg, 100mg (VIBRATAB equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab | - | 2 | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 | TETRACYCLINES |
| D-PENAMINE TAB | - | 2 | ASSORTED CLASSES |
| dronabinol cap (MARINOL equiv) | - | 2 | ANTIEMETICS |
| DROXIA CAP | - | 2 | HEMATOPOIETIC AGENTS |
| DRYSOL SOLN | - | 1 | DERMATOLOGICALS |
| DULERA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 | ANTIDEPRESSANTS |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| DUPIXENT INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| DUREZOL OPTH EMULSION | - | 2 | OPHTHALMIC AGENTS |
| dutasteride cap (AVODART equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |

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|---|---------------------|-------------|---|
| econazole cream (SPECTAZOLE equiv) | - | 1 | DERMATOLOGICALS |
| EDLUAR SL TAB | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| EDURANT TAB | - | 2 | ANTIVIRALS |
| efavirenz cap (SUSTIVA equiv) | - | 2 | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | 2 | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 | ANTIVIRALS |
| EGRIFTA INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | \$0 | CONTRACEPTIVES |
| ELMIRON CAP | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| EMCYT CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| emtricitabine cap (EMTRIVA equiv) | - | 2 | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | PA | 2 | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) | PA | \$0 | ANTIVIRALS |
| EMTRIVA SOLN | - | 2 | ANTIVIRALS |
| enalapril tab (VASOTEC equiv) | - | 1 | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACK (QL= 6 packets/day) | MSP-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | - | EXC | VAGINAL PRODUCTS |
| enoxaparin inj (LOVENOX equiv) (QL= 17 days supply) | QL | 2 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 | CONTRACEPTIVES |
| ENSPRYNG INJ (QL= 1 inj/28 days) | MSP-PA-QL | MSP | MISCELLANEOUS THERAPEUTIC CLASSE |
| entacapone tab (COMTAN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| entecavir tab (BARACLUDGE equiv) (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| EPIDIOLEX SOLN | MSP-PA | MSP | ANTICONVULSANTS |
| EPIFOAM AEROSOL | - | 2 | DERMATOLOGICALS |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| EPIQUIN MICRO CREAM | - | EXC | DERMATOLOGICALS |
| EPIVIR HBV SOLN | - | 2 | ANTIVIRALS |
| eplerenone tab (INSPRA equiv) | - | 2 | ANTIHYPERTENSIVES |
| EQUETRO CAP | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERIVEDGE CAP () | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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| erlotinib tab (TARCEVA equiv) | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERY PAD | - | 1 | DERMATOLOGICALS |
| erythromycin DR cap (ERYC equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | 2 | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 | MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 2 | MACROLIDES |
| erythromycin gel | - | 2 | DERMATOLOGICALS |
| erythromycin ophth oint (Covered at \$0 for members 1 year or younger) | - | 1 | OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 | DERMATOLOGICALS |
| erythromycin soln | - | 1 | DERMATOLOGICALS |
| erythromycin stearate tab | - | 2 | MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 | MACROLIDES |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| ESBRIET CAP (QL= 9 caps/day) | MSP-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | MSP-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| escitalopram soln (LEXAPRO equiv) | - | 2 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| esomeprazole cap (NEXIUM equiv) (Step Therapy requires trial of omeprazole) | ST | 1 | ULCER DRUGS |
| estazolam tab (PROSOM equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 | ESTROGENS |
| estradiol cream (ESTRACE equiv) | - | 1 | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) (QL= 1 patch/week) | QL | 1 | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) (QL= 2 patches/week) | QL | 1 | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 | ESTROGENS |
| estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 2 | VAGINAL PRODUCTS |
| estradiol valerate inj (DELESTROGEN equiv) | - | 2 | ESTROGENS |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 2 | ESTROGENS |
| ESTRING (3 copays per Rx) | - | 2 | VAGINAL PRODUCTS |
| ESTROPIPATE TAB | - | 1 | ESTROGENS |
| estropipate tab (OGEN equiv) | - | 1 | ESTROGENS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ethacrynic tab (EDECIN equiv) | - | 2 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 2 | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EURAX CREAM | - | 2 | DERMATOLOGICALS |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv) | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSE |
| EVOTAZ TAB | - | 2 | ANTIVIRALS |

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|--|---------------------|-------------|---|
| EVRYSDI SOLN (QL= 200ml/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP | NEUROMUSCULAR AGENTS |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXTAVIA INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTIHYPERTENSIVES |
| famciclovir tab (FAMVIR equiv) | - | 2 | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | 2 | ULCER DRUGS |
| famotidine tab (PEPCID equiv) | - | 1 | ULCER DRUGS |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| FARYDAK CAP (QL= 6 caps/21 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 2 | GOUT AGENTS |
| felbamate susp (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| felbamate tab (FELBATOL equiv) | - | 2 | ANTICONVULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| FEMALE CONDOMS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTIHYPERTENSIVES |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days; Dosage limits may apply) | PA-QL | 2 | ANALGESICS - OPIOID |
| fentanyl patch (DURAGESIC equiv) (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| ferrex 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS |
| ferrex 150 forte (NIFEREX 150 FORTE equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | MSP | ANTIDOTES |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | MSP | ANTIDOTES |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FIASP FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| FIASP INJ | - | 2 | ANTIDIABETICS |
| FIASP PENFILL INJ | - | 2 | ANTIDIABETICS |
| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| FINACEA PLUS KIT | - | 2 | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | EXC | DERMATOLOGICALS |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | MSP | ANTICONVULSANTS |
| FIRST-VANCOMYCIN SOLN | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| FIRVANQ SOLN | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| flecainide tab (TAMBOCOR equiv) | - | 1 | ANTIARRHYTHMICS |
| FLOVENT DISKUS INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| FLUAD INJ | VAC | \$0 | VACCINES |
| FLUAD QUAD INJ | VAC | \$0 | VACCINES |
| FLUBLOK INJ | VAC | \$0 | VACCINES |
| FLUBLOK QUAD PF INJ | VAC | \$0 | VACCINES |
| FLUCELVAX INJ | VAC | \$0 | VACCINES |
| FLUCELVAX QUAD INJ | VAC | \$0 | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 2 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 | VACCINES |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | \$0 | VACCINES |
| FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA-SMOOTH equiv) | - | 2 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 2 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 2 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger) | - | 2 | MINERALS & ELECTROLYTES |
| FLUOR-A-DAY CHEW TAB | - | 1 | MINERALS & ELECTROLYTES |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 | OPHTHALMIC AGENTS |
| FLUOROPLEX CREAM | - | 2 | DERMATOLOGICALS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 2 | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine soln (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab 10mg, 20mg (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FLURAZEPAM CAP | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| FLURBIPROFEN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| FLUTAMIDE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| flutamide cap (EULEXIN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| FLUTICASONE/SALMETEROL INHALER (AIRDUO equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

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| fluvastatin cap (LESCOL equiv) (QL= 1 cap/day) | QL | 2 | ANTHYPERLIPIDEMICS |
| FLUVIRIN INJ | VAC | \$0 | VACCINES |
| FLUVIRIN PF INJ | VAC | \$0 | VACCINES |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine) | ST | 2 | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUZONE HD PF INJ | VAC | \$0 | VACCINES |
| FLUZONE HIGH DOSE PF INJ | VAC | \$0 | VACCINES |
| FLUZONE INTRADERMAL INJ | VAC | \$0 | VACCINES |
| FLUZONE QUAD INJ | VAC | \$0 | VACCINES |
| FLUZONE/FLUARIX QUAD INJ | VAC | \$0 | VACCINES |
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only) | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| fondaparinux inj (ARIXTRA equiv) | - | 2 | ANTICOAGULANTS |
| FORTICAL NASAL SPRAY | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | 2 | ANTIVIRALS |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| FOSRENOL POWDER PACK | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| FRAGMIN INJ | - | 2 | ANTICOAGULANTS |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| FREESTYLE LANCETS | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| FULPHILA INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FUZEON INJ | MSP-PA | MSP | ANTIVIRALS |
| gabapentin cap (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) | - | 2 | ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|---|---------------------|-------------|---|
| GALANTAMINE SOLN | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | 2 | MINERALS & ELECTROLYTES |
| GANCICLOVIR CAP | - | 2 | ANTIVIRALS |
| gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | 2 | OPHTHALMIC AGENTS |
| GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year) | QL | 1 | LAXATIVES |
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| GENTAK OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 | CONTRACEPTIVES |
| GILENYA CAP | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glatiramer inj (COPAXONE equiv) | MSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEOSTINE/LOMUSTINE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glimepiride tab (AMARYL equiv) | - | 1 | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | 1 | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 | ANTIDIABETICS |
| GLUCAGEN HYPOKIT INJ (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 | ANTIDIABETICS |
| GLUCAGEN INJ (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 | DIAGNOSTIC PRODUCTS |
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 | ANTIDIABETICS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| glyburide micronized tab (GLYNASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 | ANTIDIABETICS |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 | ULCER DRUGS |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 | ANTIEMETICS |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 | ANTIFUNGALS |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 | ANTIHYPERTENSIVES |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |

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| HAEGARDA INJ | MSP-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 | DERMATOLOGICALS |
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HEMLIBRA INJ | MSP-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| HEXALEN CAP | - | 2 | ANTINEOPLASTICS |
| HIZENTRA INJ | MSP-PA | MSP | PASSIVE IMMUNIZING AGENTS |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| HOMATROPINE OPTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, fill/plan year) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HYCANTIN CAP | MSP-PA | MSP | ANTINEOPLASTICS |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |
| hydrocodone/acetaminophen cap (LORCET equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 | DERMATOLOGICALS |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |
| hydrocortisone valerate cream | PA | 2 | DERMATOLOGICALS |
| hydrocortisone valerate oint (WESTCORT equiv) | PA | 2 | DERMATOLOGICALS |
| HYDROMORPHONE SUPP (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| hydroquinone cream (LUSTRA equiv) | - | EXC | DERMATOLOGICALS |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 | ANTIMALARIALS |
| hydroxyurea cap (HYDREA equiv) | - | 1 | ANTINEOPLASTICS |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 | ANTIAXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 | ANTIAXIETY AGENTS |

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| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| HYPODERMIC NEEDLES | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab (RX only) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| icatibant inj (FIRAZYR equiv) | MSP-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap 1gm (VASCEPA equiv) | PA | 2 | ANTIHYPERTENSIVES |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ILEVRO OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| imatinib tab (GLEEVEC equiv) | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imipramine tab (TOFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 2 | DERMATOLOGICALS |
| INCRELEX INJ | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 | DIURETICS |
| indomethacin cap (INDOCIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |

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| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | 2 | ANTIDIABETICS |
| INTELENCE TAB | - | 2 | ANTIVIRALS |
| INTRON-A INJ | MSP-PA | MSP | ANTINEOPLASTICS |
| INVIRASE CAP | - | 2 | ANTIVIRALS |
| INVIRASE TAB | - | 2 | ANTIVIRALS |
| IOPIDINE OPHTH SOLN 1% | - | 2 | OPHTHALMIC AGENTS |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | 1 | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IRON SUSP (Covered for members 1 year or younger) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| ISENTRESS (HD) TAB | - | 2 | ANTIVIRALS |
| ISENTRESS CHEW TAB | - | 2 | ANTIVIRALS |
| ISENTRESS POWDER PACK | - | 2 | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 | CONTRACEPTIVES |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 | MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 2 | MIGRAINE PRODUCTS |
| ISONIAZID SYRUP | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ISONIAZID TAB | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate SL tab | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTIANGINAL AGENTS |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| itraconazole cap (SPORANOX equiv) | PA | 2 | ANTIFUNGALS |
| ivermectin tab (STROMECTOL equiv) | - | 2 | ANTHELMINTICS |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUVIA TAB (QL= 1 tab/day) | QL-¢ | 2 | ANTIDIABETICS |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | 2 | ESTROGENS |
| JUBLIA SOLN | - | EXC | DERMATOLOGICALS |
| JULUCA TAB | - | 2 | ANTIVIRALS |

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|--|---------------------|-------------|---|
| junel FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KALETRA TAB | - | 2 | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| kelnor tab (DEMULEN equiv) | - | \$0 | CONTRACEPTIVES |
| KERYDIN SOLN | - | EXC | DERMATOLOGICALS |
| KESIMPTA INJ | MSP-PA | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | OTC | DME | DIAGNOSTIC PRODUCTS |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | 1 | OPHTHALMIC AGENTS |
| KEVZARA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| KLOR-CON M15 TAB | - | 2 | MINERALS & ELECTROLYTES |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | MSP | ANTIDIABETICS |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| K-PHOS TAB | - | 2 | MINERALS & ELECTROLYTES |
| KRINTAFEL TAB | - | 2 | ANTIMALARIALS |
| K-TAB | - | 1 | MINERALS & ELECTROLYTES |
| labetalol tab (NORMODYNE equiv) | - | 1 | BETA BLOCKERS |
| LAC-HYDRIN LOTION 5% | OTC | 1 | DERMATOLOGICALS |
| lactulose soln | - | 1 | LAXATIVES |
| LAMICTAL CHEW TAB 2MG | - | 2 | ANTICONSULSANTS |
| lamivudine soln (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 | ANTICONSULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONSULSANTS |
| LANCETS | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| lansoprazole cap (PREVACID equiv) | OTC | 1 | ULCER DRUGS |
| lansoprazole odt (PREVACID SOLUTAB equiv) (No Prior Authorization required for members 12 years and younger.) | PA | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| LANTUS INJ | - | 2 | ANTIDIABETICS |

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| LANTUS SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| lapatinib ditosylate tab (TYKERB equiv) | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| LATISSE SOLN | - | EXC | DERMATOLOGICALS |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 | CONTRACEPTIVES |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | MSP | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| LENVIMA CAP (QL= 3 caps/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| letrozole tab (FEMARA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | 1 | ANTINEOPLASTICS |
| LEUKERAN TAB | - | 2 | ANTINEOPLASTICS |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVEMIR FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| LEVEMIR INJ | - | 2 | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| LEVITRA TAB | - | EXC | CARDIOVASCULAR AGENTS - MISC. |
| LEVOBUNOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) | - | 2 | ANTIHISTAMINES |
| levocetirizine tab (XYZAL equiv) | - | 2 | ANTIHISTAMINES |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 | CONTRACEPTIVES |
| LEVONORGESTREL TAB 0.75MG | - | \$0 | CONTRACEPTIVES |
| levonorgestrel/ethinyl estradiol tab (LOSEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| levonorgestrel/ethinyl estradiol tab (QUARTETTE equiv) | - | \$0 | CONTRACEPTIVES |
| LEXIVA SUSP | - | 2 | ANTIVIRALS |
| lidocaine cream | OTC | 1 | DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine cream 4% | OTC | 1 | DERMATOLOGICALS |
| LIDOCAINE GEL | - | 1 | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 | DERMATOLOGICALS |
| lidocaine rectal cream | OTC | 1 | ANORECTAL AGENTS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine viscous soln | - | 1 | MOUTH/THROAT/DENTAL AGENTS |

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| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | 1 | THYROID AGENTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium citrate soln | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| L-METHYLFOLATE TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LOESTRIN 24 FE TAB (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 | CONTRACEPTIVES |
| LOKELMA PAK | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSE |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LONSURF TAB (Only available through Walgreens 888-347-3416) | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 | ANTIVIRALS |
| loratadine ODT (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| loratadine syrup (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| loratadine tab (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 | OPHTHALMIC AGENTS |
| lovastatin tab (MEVACOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| malathion lotion (OVIDE equiv) | QL | 2 | DERMATOLOGICALS |
| maldemar tab (SCOPACE equiv) | - | 1 | ANTIEMETICS |
| MAPROTILINE TAB | - | 1 | ANTIDEPRESSANTS |
| MARPLAN TAB | - | 2 | ANTIDEPRESSANTS |
| MASK | OTC | DME | MEDICAL DEVICES AND SUPPLIES |

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|--|---------------------|-------------|--|
| MATULANE CAP | - | 2 | ANTINEOPLASTICS |
| MAVYRET TAB (QL= 3 tabs/day) | MSP-PA-QL | MSP | ANTIVIRALS |
| MAXIDEX OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| MAYZENT TAB | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| meclizine chew tab (BONINE equiv) | OTC | 1 | ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) | OTC | 1 | ANTIEMETICS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 | PROGESTINS |
| MEFLOQUINE TAB | - | 2 | ANTIMALARIALS |
| mefloquine tab (LARIAM equiv) | - | 2 | ANTIMALARIALS |
| megestrol susp (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam tab (MOBIC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| melphalan tab (ALKERAN equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine soln (NAMENDA equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| mercaptapurine tab (PURINETHOL equiv) | - | 2 | ANTINEOPLASTICS |
| mesalamine DR cap (DELZICOL equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | MSP | MSP | ANTINEOPLASTICS |
| METAPROTERENOL SYRUP | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| metformin ER osmotic tab (FORTAMET equiv) | - | EXC | ANTIDIABETICS |
| metformin ER osmotic tab (GLUMETZA equiv) | - | EXC | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 | ANTIDIABETICS |
| metformin XL tab (GLUCOPHAGE XR equiv) | - | 1 | ANTIDIABETICS |
| methadone soln (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| methadose tab (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| methazolamide tab (NEPTAZANE equiv) | - | 2 | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine mandelate tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |

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|---|---------------------|-------------|---|
| methimazole tab (TAPAZOLE equiv) | - | 1 | THYROID AGENTS |
| methocarbamol tab (ROBAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| methotrexate inj | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (Trexall equiv) | - | 1 | ANTINEOPLASTICS |
| methoxsalen cap (Oxsoralen Ultra equiv) | - | 2 | DERMATOLOGICALS |
| METHYCLOTHIAZIDE TAB | - | 1 | DIURETICS |
| methyldopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 | OXYTOCICS |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER cap (Ritalin LA equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER tab | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER tab (Concerta equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER tab 10mg, 20mg (Ritalin equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate soln (Methylin equiv) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate tab (Ritalin equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylprednisolone dose pack (Medrol equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone tab (Medrol equiv) | - | 1 | CORTICOSTEROIDS |
| METIPRANOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| metoclopramide soln (Reglan equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (Reglan equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (Zaroxolyn equiv) | - | 1 | DIURETICS |
| metoprolol ER tab (Toprol XL equiv) | - | 1 | BETA BLOCKERS |
| metoprolol tab (Lopressor equiv) | - | 1 | BETA BLOCKERS |
| METOPROLOL/HYDROCHLOROTHIAZIDE TAB | - | 2 | ANTIHYPERTENSIVES |
| metoprolol/hydrochlorothiazide tab (Lopressor HCT equiv) | - | 2 | ANTIHYPERTENSIVES |
| METZOZOLV ODT | - | EXC | GASTROINTESTINAL AGENTS - MISC. |
| metronidazole cap (Flagyl equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (Metrocream equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole gel (Metrogel equiv) | - | 2 | DERMATOLOGICALS |
| metronidazole lotion (MetroLotion equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole tab (Flagyl equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (Metrogel equiv) | - | 1 | VAGINAL PRODUCTS |
| mexiletine hcl cap | - | 2 | ANTIARRHYTHMICS |
| mibelas chew tab (Minastrin equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 | CONTRACEPTIVES |
| midazolam hcl syrup | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| midodrine tab (Proamatine equiv) | - | 1 | VASOPRESSORS |
| MIGERGOT SUPP | - | 2 | MIGRAINE PRODUCTS |
| miglustat cap (Zavesca equiv) (Only available through Accredio 800-803-2523) | LD-PA | MSP | HEMATOPOIETIC AGENTS |
| minocycline cap (Minocin equiv) | - | 1 | TETRACYCLINES |

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| minoxidil tab (LONITEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| mirtazapine ODT (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| misoprostol tab (CYTOTEC equiv) | - | 1 | ULCER DRUGS |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| moexipril tab (UNIVASC equiv) | - | 2 | ANTIHYPERTENSIVES |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| mometasone cream (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) (Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide) | ST | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| montelukast chew tab (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| morphine sulfate ER tab (MS CONTIN equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate soln (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE SUPP (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| MORPHINE SULFATE TAB (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| MOVANTIK TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 2 | FLUOROQUINOLONES |
| MULTAQ TAB | - | 2 | ANTIARRHYTHMICS |
| MULTIGEN FOLIC TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN PLUS TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 | MULTIVITAMINS |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 | MULTIVITAMINS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| MYLERAN TAB | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MYRBETRIQ TAB | - | 2 | URINARY ANTISPASMODICS |
| nabumetone tab (RELAFEN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | 2 | BETA BLOCKERS |
| naloxone inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone prefilled inj (QL= 2 inj/fill) | QL | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 | ANTIDOTES |

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| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY | - | 2 | ANTIDOTES |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 2 | ANTICONVULSANTS |
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| NECON TAB | - | \$0 | CONTRACEPTIVES |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEUMEGA INJ | MSP-PA | MSP | HEMATOPOIETIC AGENTS |
| NEVANAC OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | 2 | ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 2 | ANTIVIRALS |
| NEVIRAPINE SUSP (VIRAMUNE equiv) | - | 2 | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| NEXAVAR TAB | MSP-PA-SF | MSP | ANTINEOPLASTICS |
| niacin cap | OTC | 1 | VITAMINS |
| niacin CR tab (SLO-NIACIN equiv) | OTC | 1 | VITAMINS |
| niacin ER tab (NIASPAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| niacin tab | OTC | 1 | VITAMINS |
| NIACIN TR TAB | OTC | 1 | VITAMINS |
| niacinamide tab | OTC | 1 | VITAMINS |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| nifedipine cap (PROCARDIA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NINLARO CAP | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| NITRO-BID OINT | - | 2 | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| NIVESTYM INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| NIZATIDINE CAP | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | EXC | DERMATOLOGICALS |
| NORDITROPIN INJ | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone tab (NORA-QD equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 | CONTRACEPTIVES |
| nortrel tab (OVCON 35 equiv) | - | \$0 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORTRIPTYLINE SOLN | - | 1 | ANTIDEPRESSANTS |
| NORVIR CAP | - | 2 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 2 | ANTIVIRALS |
| NORVIR SOLN | - | 2 | ANTIVIRALS |
| NOVOFINE PEN NEEDLE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN MIX FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN N INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLIN R INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | 2 | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCYNTA ER TAB (QL= 2 tabs/day; Dosage limits may apply) | QL | 2 | ANALGESICS - OPIOID |

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|---|---------------------|-------------|---|
| NUDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NUQUIN HP GEL | - | EXC | DERMATOLOGICALS |
| NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| NUVAIL SOLN | - | EXC | DERMATOLOGICALS |
| NUVARING | - | \$0 | CONTRACEPTIVES |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 | DERMATOLOGICALS |
| nystatin oint | - | 1 | DERMATOLOGICALS |
| nystatin powder | - | 1 | ANTIFUNGALS |
| nystatin susp | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | 1 | ANTIFUNGALS |
| nystatin topical powder | - | 1 | DERMATOLOGICALS |
| NYSTATIN VAGINAL TAB | - | 1 | VAGINAL PRODUCTS |
| OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF-¢ | MSP | GASTROINTESTINAL AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ODEFSEY TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| ODOMZO CAP | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OFEV CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | 1 | FLUOROQUINOLONES |
| OGESTREL TAB (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 | CONTRACEPTIVES |
| olanzapine ODT (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| olmesartan tab (BENICAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| olopatadine nasal spray (PATANASE equiv) | - | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 | OPHTHALMIC AGENTS |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| OLUMIANT TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 | ULCER DRUGS |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS (QL= 10 pods/month) | PA-QL | DME | MEDICAL DEVICES AND SUPPLIES |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB | - | 1 | ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |

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|---|---------------------|-------------|---|
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 | ESTROGENS |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 | ANTIVIRALS |
| OTEZLA STARTER PACK (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| oxandrolone tab (OXANDRIN equiv) | - | 1 | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | 2 | ANTIAXIETY AGENTS |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | MSP | HEMATOPOIETIC AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN (Dosage limits may apply) | - | 2 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/aspirin tab (PERCODAN equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| OXYTROL PATCH (OTC) | OTC | 1 | URINARY ANTISPASMODICS |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 | ANTIDIABETICS |
| paliperidone ER tab (INVEGA equiv) | PA | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | ULCER DRUGS |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| paroxetine cap (BRISDELLE equiv) | - | EXC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PEAK FLOW METER | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| pediatric multiple vitamins/fluoride chew tab | - | 1 | MULTIVITAMINS |

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|---|---------------------|-------------|---|
| pediatric multiple vitamins/fluoride soln | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 | MULTIVITAMINS |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year) | QL | 1 | LAXATIVES |
| PEGANONE TAB | - | 2 | ANTICONVULSANTS |
| PEGASYS INJ | MSP-PA | MSP | ANTIVIRALS |
| PEG-INTRON INJ | MSP-PA | MSP | ANTIVIRALS |
| PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk soln (VEETIDS equiv) | - | 1 | PENICILLINS |
| penicillin vk tab (VEETIDS equiv) | - | 1 | PENICILLINS |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| pentoxifylline ER tab (TRENAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| PEPCID CHEWABLE | - | 1 | ULCER DRUGS |
| perindopril tab (ACEON equiv) | - | 1 | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| phenazopyridine tab (PYRIDIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| phenobarbital tab | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| phenoxybenzamine cap (DIBENZYLINE equiv) | MSP-PA | MSP | ANTIHYPERTENSIVES |
| phentermine cap (ADIPEX equiv) | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phentermine tab (ADIPEX equiv) | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 2 | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | 2 | VITAMINS |
| PIFELTRO TAB | - | 2 | ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 | DERMATOLOGICALS |
| PIMOZIDE TAB | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | 1 | BETA BLOCKERS |
| pioglitazone tab (ACTOS equiv) | - | 1 | ANTIDIABETICS |
| PIQRAY TAB | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| piroxicam cap (FELDENE equiv) | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |

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| PLEGRIDY INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PODOCON SOLN | - | 2 | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 2 | DERMATOLOGICALS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 | OPHTHALMIC AGENTS |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| posaconazole DR tab (NOXAFIL equiv) | - | 2 | ANTIFUNGALS |
| POT/CHLORIDE EFFER TAB | - | 1 | MINERALS & ELECTROLYTES |
| POTABA POWDER PACKET | - | 2 | VITAMINS |
| POTABA TAB | - | 2 | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 2 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 | ANTICONSULSANTS |
| PRADAXA CAP | - | 2 | ANTICOAGULANTS |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | 2 | ANTIHYPERLIPIDEMICS |
| PRAMASONE OINT | - | 2 | DERMATOLOGICALS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | 2 | DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | 2 | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 | ANORECTAL AGENTS |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 | ANORECTAL AGENTS |
| PRASCION RA CREAM | - | 2 | DERMATOLOGICALS |
| prasugrel tab (EFFIENT equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| praziquantel tab (BILTRICIDE equiv) | - | 2 | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | 1 | ANTIHYPERTENSIVES |
| PRECISION XTRA KETONE TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| PRECISION XTRA METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP | OTC | DME | DIAGNOSTIC PRODUCTS |
| PRED FORTE OPHTH SUSP 1% | - | 2 | OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 | DERMATOLOGICALS |
| prednicarbate cream (DERMATOP equiv) | - | 2 | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 | DERMATOLOGICALS |
| PREDNISOLONE OPHTH SUSP | - | 1 | OPHTHALMIC AGENTS |

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| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE SYRUP | - | 1 | CORTICOSTEROIDS |
| prednisolone syrup (PRELONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISON SOLN | - | 1 | CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| pregabalin cap (LYRICA equiv) | - | 1 | ANTICONVULSANTS |
| pregabalin soln (LYRICA equiv) | PA | 2 | ANTICONVULSANTS |
| PREMARIN TAB | - | 2 | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | 2 | ESTROGENS |
| PRENATABS RX TAB | PA | 2 | MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | 1 | MULTIVITAMINS |
| PRENATAL 19 TAB | PA | 2 | MULTIVITAMINS |
| PRENATAL VITAMIN (RX ONLY) | - | 1 | VITAMINS |
| PRENATAL VITAMIN (RX ONLY) | --PA | 2 | MULTIVITAMINS |
| PRENATAL VITAMINS (RX ONLY) | PA | 2 | MULTIVITAMINS |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTIMYCOBACTERIAL AGENTS |
| PREVACID OTC CAP | OTC | 1 | ULCER DRUGS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger) | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT RINSE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREZCOBIX TAB | - | 2 | ANTIVIRALS |
| PREZISTA SUSP | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | 2 | ANTIVIRALS |
| PRIFTIN TAB | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| primaquine tab (PRIMAQUINE equiv) | - | 1 | ANTIMALARIALS |
| primidone tab (MYSOLINE equiv) | - | 1 | ANTICONVULSANTS |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| progesterone cap (PROMETRIUM equiv) | - | 2 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROLENSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PROMACTA POWDER | MSP-PA | MSP | HEMATOPOIETIC AGENTS |
| PROMACTA TAB | MSP-PA | MSP | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 2 | ANTIHISTAMINES |
| promethazine syrup | - | 1 | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETHEGAN SUPP | - | 2 | ANTIHISTAMINES |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |

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|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| PROPANTHELINE TAB | - | 2 | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| PROSTIGMIN TAB | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| PULMOZYME INH SOLN | MSP-PA | MSP | RESPIRATORY AGENTS - MISC. |
| PYRAZINAMIDE TAB | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP | ANTIMALARIALS |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QSYMIA CAP | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quinapril tab (ACCUPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 2 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 | ULCER DRUGS |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of zolpidem or zolpidem ER) | QL-ST | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ramipril cap (ALTACE equiv) | - | 1 | ANTIHYPERTENSIVES |
| ranolazine tab (RANEXA equiv) | - | 2 | ANTIANGINAL AGENTS |
| rasagiline tab (AZILECT equiv) | ¢ | 2 | ANTIPARKINSON AGENTS |
| RAYOS TAB | - | EXC | CORTICOSTEROIDS |
| REBETOL SOLN | - | 2 | ANTIVIRALS |
| REBIF INJ () | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 | DERMATOLOGICALS |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 | ANTIVIRALS |
| renaphro cap (NEPHROCAP equiv) | - | 1 | MULTIVITAMINS |
| RENOVA CREAM | - | EXC | DERMATOLOGICALS |
| repaglinide tab (PRANDIN equiv) | - | 1 | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 | ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 | ANTIHYPERLIPIDEMICS |
| RESCRIPTOR TAB | - | 2 | ANTIVIRALS |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 | OPHTHALMIC AGENTS |
| RETACRIT INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| RETEVMO CAP (QL= 4 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REVLIMID CAP (QL= 1 cap/day) | MSP-PA-QL | MSP | ASSORTED CLASSES |

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| EXC | NC =Not Covered | INF | generic =small letters | LD | BRANDS =CAPITAL LETTERS |
| MSP | Plan Exclusion | OTC | Infertility | PA | Limited Distribution |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SF | Prior Authorization |
| SMKG | Quantity Limit | ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months |
| ¢ | Smoking Cessation | | Step Therapy | | Vaccine Program |
| | RxCENTS | | | | |

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|---|---------------------|-------------|---|
| REYATAZ POWDER PACK | - | 2 | ANTIVIRALS |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| RHOPRESSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ribavirin cap (REBETOL equiv) | - | 2 | ANTIVIRALS |
| ribavirin tab (COPEGUS equiv) | - | 2 | ANTIVIRALS |
| RIDAURA CAP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| riluzole tab (RILUTEK equiv) | - | 2 | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | 1 | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate.) | ST | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERIDONE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ritonavir tab (NORVIR equiv) | - | 2 | ANTIVIRALS |
| rivastigmine cap (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| ROCKLATAN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERLIPIDEMICS |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | QL | 1 | ANTIHYPERLIPIDEMICS |
| rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 | ANTIHYPERLIPIDEMICS |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 | ANTIHYPERLIPIDEMICS |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | MSP | HEMATOLOGICAL AGENTS - MISC. |
| rufinamide susp (BANZEL equiv) | PA | 2 | ANTICONVULSANTS |
| RUKOBIA ER TAB | PA | 2 | ANTIVIRALS |
| RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | MSP | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| RYBELSUS TAB (QL=1 tab/day) | QL | 2 | ANTIDIABETICS |
| RYDAPT CAP | MSP-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| salicylic acid shampoo (SALEX equiv) | - | 2 | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | 2 | ANALGESICS - NONNARCOTIC |
| SANDIMMUNE SOLN 100MG/ML | - | 2 | ASSORTED CLASSES |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 | DERMATOLOGICALS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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|---|---------------------|-------------|---|
| SAVELLA PAK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 5 patches/fill) | QL | 2 | ANTIEMETICS |
| SECONAL CAP | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | - | EXC | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 | DERMATOLOGICALS |
| SELZENTRY SOLN | - | 2 | ANTIVIRALS |
| SELZENTRY TAB | - | 2 | ANTIVIRALS |
| SEREVENT DISKUS INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| sertraline conc (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sevelamer powder pak (RENVELA equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sildenafil tab (VIAGRA equiv) (QL=8 tabs/30 days) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) (QL= 40 tabs/30 days) | QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| silodosin cap (RAPAFLO equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 | ANTIHYPERTENSIVES |
| sirolimus soln (RAPAMUNE equiv) | - | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| sirolimus tab (RAPAMUNE equiv) | - | 2 | ASSORTED CLASSES |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| SKYRIZI INJ (QL= 2 inj/84 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | 1 | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger) | - | 1 | MINERALS & ELECTROLYTES |
| sodium fluoride lozenge (LOZI-FLUR equiv) (Covered at \$0 for members 5 years or younger) | - | 1 | MINERALS & ELECTROLYTES |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | 1 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger) | - | 1 | MINERALS & ELECTROLYTES |

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|--|---------------------|-------------|--|
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium phenylbutyrate powder (BUPHENYL equiv) | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | 1 | ASSORTED CLASSES |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 | DERMATOLOGICALS |
| SOFOBUIVIR/VELPATASVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | MSP | ANTIVIRALS |
| solifenacin tab (VESICARE equiv) | - | 1 | URINARY ANTISPASMODICS |
| SOLIQUA INJ (QL= 15ml/25 days) | PA-QL | 2 | ANTIDIABETICS |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | 1 | BETA BLOCKERS |
| SPACER MASK | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 | DERMATOLOGICALS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| sprintec 28 tab (ORTHO-CYCLLEN equiv) | - | \$0 | CONTRACEPTIVES |
| SPRYCEL TAB | MSP-PA-SF | MSP | ANTINEOPLASTICS |
| SPS SUSP | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| SSKI SOLN | - | 2 | COUGH/COLD/ALLERGY |
| STAVUDINE CAP | - | 2 | ANTIVIRALS |
| stavudine cap (ZERIT equiv) | - | 2 | ANTIVIRALS |
| STELARA INJ (QL= 1 inj/84 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| STIMATE NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIBILD TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| sucralfate susp (CARAFATE equiv) | - | 2 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFICS |
| sucralfate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS |

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|---|---------------------|-------------|---|
| SULFADIAZINE TAB | - | 1 | SULFONAMIDES |
| SULFAMYLON CREAM | - | 2 | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| SUTENT CAP | MSP-PA-SF | MSP | ANTINEOPLASTICS |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | 2+ | ANTIVIRALS |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 2 | VASOPRESSORS |
| SYMPROIC TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | 2 | ANTIVIRALS |
| SYNAREL NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNTHROID TAB | - | 1 | THYROID AGENTS |
| SYRINGE LUER-LOK | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| TABLOID TAB | - | 2 | ANTINEOPLASTICS |
| TABRECTA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tacrolimus cap (PROGRAF equiv) | - | 1 | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 2 | DERMATOLOGICALS |
| tadalafil tab (PAH) (ADCIRCA equiv) | MSP-PA | MSP | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | MSP | HEMATOLOGICAL AGENTS - MISC. |
| TALTZ INJ (QL= 1 inj/28 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| TARGRETIN GEL | MSP-PA | MSP | DERMATOLOGICALS |

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| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
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|---|---------------------|-------------|---|
| TASIGNA CAP | MSP-PA-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tavorole soln (KERYDIN equiv) | - | EXC | DERMATOLOGICALS |
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | HEMATOLOGICAL AGENTS - MISC. |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 | DERMATOLOGICALS |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TB SYRINGE | OTC | DME | MEDICAL DEVICES AND SUPPLIES |
| telmisartan tab (MICARDIS equiv) | - | 1 | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temozolomide cap (TEMODAR equiv) | MSP | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 | ANTIVIRALS |
| terazosin cap (HYTRIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | 1 | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TEST STRIP (all other test strips) | OTC-PA | DME | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| tetrabenazine tab (XENAZINE equiv) | MSP-PA | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| THALOMID CAP | MSP-PA | MSP | ASSORTED CLASSES |
| THEOCHRON TAB | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| thioridazine tab (MELLARIL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| THYROLAR TAB | - | 2 | THYROID AGENTS |
| tiagabine tab (GABITRIL equiv) | - | 2 | ANTICONVULSANTS |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ticlopidine tab (TICLID equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |

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| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 | BETA BLOCKERS |
| TIMOLOL OPHTH GEL SOLN | - | 2 | OPHTHALMIC AGENTS |
| TIVICAY PD TAB | - | 2 | ANTIVIRALS |
| TIVICAY TAB | - | 2 | ANTIVIRALS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER | MSP-PA | MSP | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) | MSP-PA | MSP | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBREX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |
| TOLAZAMIDE TAB | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolterodine SR cap (DETROL LA equiv) | - | 2 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | ¢ | 2 | URINARY ANTISPASMODICS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| toremifene tab (FARESTON equiv) | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide tab (DEMADEX equiv) | - | 1 | DIURETICS |
| TOUJEO MAX SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| tramadol tab (ULTRAM equiv) (Dosage limits may apply) | - | 1 | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | 1 | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 | HEMOSTATICS |
| tranylcypromine tab (PARNATE equiv) | - | 2 | ANTIDEPRESSANTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 | ANTIDEPRESSANTS |
| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TREMFYA INJ (QL= 1 inj/56 days) | MSP-PA-QL | MSP | DERMATOLOGICALS |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| TRESIBA INJ | - | 2 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | MSP-PA | MSP | ANTINEOPLASTICS |
| tretinoin cream | - | 2 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) | - | 2 | DERMATOLOGICALS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |
| triamcinolone oint | - | 1 | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone spray (KENALOG equiv) | - | 2 | DERMATOLOGICALS |
| triamterene cap (DYRENIUM equiv) | - | 2 | DIURETICS |

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| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| triazolam tab (HALCION equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| trientine cap (SYPRINE equiv) | MSP-PA | MSP | MISCELLANEOUS THERAPEUTIC CLASSE |
| trifluoperazine tab (STELAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| trifluridine ophth soln (VIROPTIC equiv) | - | 2 | OPHTHALMIC AGENTS |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | MSP | RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 | CONTRACEPTIVES |
| TRI-LUMA CREAM | - | EXC | DERMATOLOGICALS |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | 1 | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 | CONTRACEPTIVES |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| TROKENDI XR CAP | - | EXC | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 | URINARY ANTISPASMODICS |
| tropium tab (SANCTURA equiv) | - | 2 | URINARY ANTISPASMODICS |
| TRULANCE TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 4 pens/28 days) | QL | 2 | ANTIDIABETICS |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYBLUME TAB | - | \$0 | CONTRACEPTIVES |
| TYMLOS INJ | MSP-PA | MSP | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| U-CORT CREAM | - | 2 | DERMATOLOGICALS |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| urea cream () | - | 1 | DERMATOLOGICALS |
| urea lotion (KERALAC LOTION equiv) | - | 1 | DERMATOLOGICALS |
| ursodiol cap (ACTIGALL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| valacyclovir tab (VALTREX equiv) | - | 1 | ANTIVIRALS |

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|--|---------------------|-------------|--|
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | LD-PA-QL | MSP | DERMATOLOGICALS |
| valganciclovir soln (VALCYTE equiv) | - | 2 | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | 2 | ANTIVIRALS |
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| VANIQA CREAM | - | EXC | DERMATOLOGICALS |
| vardenafil tab (LEVITRA equiv) | - | EXC | CARDIOVASCULAR AGENTS - MISC. |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| VASCEPA CAP 0.5GM | PA | 2 | ANTIHYPERLIPIDEMICS |
| vasoex oint (XENADERM equiv) | - | 2 | DERMATOLOGICALS |
| VAXELIS INJ | VAC | EXC | TOXOIDS |
| velivet tab (CYCLESSA equiv) | - | \$0 | CONTRACEPTIVES |
| VEMLIDY TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | 1 | ANTIDEPRESSANTS |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VERAPAMIL CAP 100MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 200MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERZENIO TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VEXOL OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| V-GO INJ KIT (QL= 1 kit/day) | QL | DME | MEDICAL DEVICES AND SUPPLIES |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 | ANTIDIABETICS |
| VIDEX SOLN | - | 2 | ANTIVIRALS |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 | CONTRACEPTIVES |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479) | LD-PA | MSP | ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416) | LD-PA | MSP | ANTICONVULSANTS |
| VIMOVO TAB | - | EXC | ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT SOLN | - | 2 | ANTICONVULSANTS |
| VIMPAT TAB (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 | CONTRACEPTIVES |
| VIRACEPT POWDER | - | 2 | ANTIVIRALS |
| VIRACEPT TAB | - | 2 | ANTIVIRALS |

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| VIREAD TAB | - | 2 | ANTIVIRALS |
| vitamin D cap (RX strength only) | - | 1 | VITAMINS |
| vitamin D cap 1000unit (Only covered for members 65 years old or older.) | OTC | \$0 | VITAMINS |
| vitamin D cap 2000IU (Only covered for members 65 years old or older.) | OTC | \$0 | VITAMINS |
| VITAMIN D CAP 400IU (Only covered for members 65 years old or older.) | OTC | \$0 | VITAMINS |
| vitamin D cap 400unit (Only covered for members 65 years old or older.) | OTC | \$0 | VITAMINS |
| vitamin D tab 2000IU (Only covered for members 65 years old or older.) | OTC | \$0 | VITAMINS |
| VITEKTA TAB | - | 2 | ANTIVIRALS |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VIVOTIF CAP (QL= 4 caps/fill) | QL-VAC | 2 | VACCINES |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANTIVIRALS |
| VOTRIENT TAB | MSP-PA-SF | MSP | ANTINEOPLASTICS |
| VP-PNV-DHA CAP | PA | 2 | MULTIVITAMINS |
| VYNDAMAX CAP (QL= 1 cap/day) | MSP-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| VYNDAREL CAP (QL= 4 caps/day) | MSP-PA-QL | MSP | CARDIOVASCULAR AGENTS - MISC. |
| VYVANSE CAP | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| VYVANSE CHEW TAB | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XARELTO STARTER PACK | - | 2 | ANTICOAGULANTS |
| XARELTO TAB | - | 2 | ANTICOAGULANTS |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XELJANZ TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | MSP-PA-QL | MSP | ANALGESICS - ANTI-INFLAMMATORY |
| XENADERM OINT | - | 2 | DERMATOLOGICALS |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| XERESE CREAM | - | EXC | DERMATOLOGICALS |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

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|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

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GHC-SCW 3-Tier Complete Formulary Cont.
Alphabetical Index
Last Updated 4/1/2021

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTAMPZA ER CAP (QL= 120 caps/30 days; Dosage limits may apply) | QL | 2 | ANALGESICS - OPIOID |
| XULTOPHY INJ (QL= 15ml/30 days) | PA-QL | 2 | ANTIDIABETICS |
| XYREM SOLN (Only available through Xyrem Central Pharmacy 314-587-4050) | LD-PA | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| zafemy patch (XULANE equiv) | - | \$0 | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ZARXIO INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEPOSIA CAP | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZEPOSIA STARTER PACK | MSP | MSP | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| zidovudine cap (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | 2 | ANTIVIRALS |
| ZIEXTENZO INJ | MSP | MSP | HEMATOPOIETIC AGENTS |
| zinc sulfate cap | - | 1 | MINERALS & ELECTROLYTES |
| ziprasidone cap (GEODON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIRGAN OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| ZOLINZA CAP | MSP-PA-SF | MSP | ANTINEOPLASTICS |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| zolpidem ER tab (AMBIEN CR equiv) (Step Therapy requires trial of zolpidem IR) | ST | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| zolpidem tab (AMBIEN equiv) | - | 1 | HYPNOTICS |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ZOLPIMIST SPRAY | - | EXC | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| zonisamide cap (ZONEGRAN equiv) | - | 1 | ANTICONVULSANTS |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 2 | HEMATOLOGICAL AGENTS - MISC. |
| ZORTRESS TAB 1MG | PA | 2 | ASSORTED CLASSES |
| ZUBSOLV SL TAB | - | 2 | ANALGESICS - OPIOID |
| ZUPLENZ SL FILM | - | EXC | ANTIEMETICS |
| ZYCLARA CREAM | - | EXC | DERMATOLOGICALS |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | OPHTHALMIC AGENTS |

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| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

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**GHC-SCW 3-Tier Complete Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| ADDERALL XR CAP | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 2 |
| VYVANSE CAP | - | 2 |
| VYVANSE CHEW TAB | - | 2 |
| ANALEPTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 |
| ANOREXIANTS NON-AMPHETAMINE | | |
| phentermine cap (ADIPEX equiv) | - | EXC |
| phentermine tab (ADIPEX equiv) | - | EXC |
| QSYMIA CAP | - | EXC |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA equiv) | - | 1 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 |
| methylphenidate ER tab 10mg, 20mg (RITALIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 2 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 2 |
| methylphenidate ER tab | - | 2 |
| methylphenidate ER tab (CONCERTA equiv) | - | 2 |
| methylphenidate soln (METHYLIN equiv) | - | 2 |
| AMINOGLYCOSIDES | | |
| AMINOGLYCOSIDES | | |
| neomycin tab | - | 1 |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | MSP |
| TOBI PODHALER | MSP-PA | MSP |
| tobramycin neb soln (TOBI equiv) | MSP-PA | MSP |
| ANALGESICS - ANTI-INFLAMMATORY | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| OLUMIANT TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| RINVOQ ER TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| XELJANZ TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| XELJANZ XR TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP |

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| | | | | | |
|------|--------------------------------------|-----|--------------------------|-----|--|
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| MSP | Plan Exclusion | OTC | Infertility | PA | Limited Distribution |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SF | Prior Authorization |
| SMKG | Quantity Limit | ST | Restricted to Specialist | VAC | Limited to two 15 day fills per month for first 3 months |
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| DrugName | Special Code | Tier |
|--|--------------|------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | MSP-PA-QL | MSP |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | MSP-PA-QL | MSP |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | MSP-PA-QL | MSP |
| GOLD COMPOUNDS | | |
| RIDAURA CAP | - | 2 |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | MSP |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| KEVZARA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day) | QL | 1 |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 |
| etodolac cap (LODINE equiv) | - | 1 |
| etodolac tab | - | 1 |
| FLURBIPROFEN TAB | - | 1 |
| flurbiprofen tab (ANSAID equiv) | - | 1 |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 |
| ibuprofen tab | - | 1 |
| ibuprofen tab (RX only) | - | 1 |
| indomethacin cap (INDOCIN equiv) | - | 1 |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 |
| meloxicam tab (MOBIC equiv) | - | 1 |
| nabumetone tab (RELAFEN equiv) | - | 1 |
| naproxen tab (NAPROSYN equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 2 |
| naproxen sodium tab (ANAPROX equiv) | - | 2 |
| oxaprozin tab (DAYPRO equiv) | - | 2 |
| piroxicam cap (FELDENE equiv) | - | 2 |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | EXC |
| VIMOVO TAB | - | EXC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA STARTER PACK (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| OTEZLA TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| leflunomide tab (ARAVA equiv) | - | 1 |

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|-----------------|---------------------|-------------|
|-----------------|---------------------|-------------|

ANALGESICS - ANTI-INFLAMMATORY Cont.

SELECTIVE COSTIMULATION MODULATORS

| | | |
|---|-----------|-----|
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | MSP-PA-QL | MSP |

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

| | | |
|---|-----------|-----|
| ENBREL INJ 25MG (QL= 8 inj/28 days) | MSP-PA-QL | MSP |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ENBREL MINI INJ (QL= 4 inj/28 days) | MSP-PA-QL | MSP |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | MSP-PA-QL | MSP |

ANALGESICS - NONNARCOTIC

SALICYLATES

| | | |
|--|-----|-----|
| aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| aspirin tab 325mg (Covered for males age 45-79 and females age 55-79) | OTC | \$0 |
| aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction)) | OTC | \$0 |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 2 |

ANALGESICS - OPIOID

OPIOID AGONISTS

| | | |
|---|-------|---|
| CODEINE SULFATE TAB (Dosage limits may apply) | - | 1 |
| HYDROMORPHONE SUPP (Dosage limits may apply) | - | 1 |
| hydromorphone tab (DILAUDID equiv) (Dosage limits may apply) | - | 1 |
| METHADONE SOLN (Dosage limits may apply) | - | 1 |
| methadone tab (DOLOPHINE equiv) (Dosage limits may apply) | - | 1 |
| methadose tab (Dosage limits may apply) | - | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) (Dosage limits may apply) | - | 1 |
| morphine sulfate soln (Dosage limits may apply) | - | 1 |
| MORPHINE SULFATE TAB (Dosage limits may apply) | - | 1 |
| oxycodone tab (ROXICODONE equiv) (Dosage limits may apply) | - | 1 |
| tramadol tab (ULTRAM equiv) (Dosage limits may apply) | - | 1 |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days; Dosage limits may apply) | PA-QL | 2 |
| fentanyl patch (DURAGESIC equiv) (Dosage limits may apply) | - | 2 |
| MORPHINE SULFATE SUPP (Dosage limits may apply) | - | 2 |
| NUCYNTA ER TAB (QL= 2 tabs/day; Dosage limits may apply) | QL | 2 |
| oxycodone cap (OXYIR equiv) (Dosage limits may apply) | - | 2 |
| oxycodone conc (ROXICODONE equiv) (Dosage limits may apply) | - | 2 |
| oxycodone soln (ROXICODONE equiv) (Dosage limits may apply) | - | 2 |
| XTAMPZA ER CAP (QL= 120 caps/30 days; Dosage limits may apply) | QL | 2 |

OPIOID COMBINATIONS

| | | |
|---|---|---|
| acetaminophen/codeine soln (Dosage limits may apply) | - | 1 |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (Dosage limits may apply) | - | 1 |

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| DrugName | Special Code | Tier |
|--|--------------|------|
| ANALGESICS - OPIOID Cont. | | |
| aspirin/codeine tab (Dosage limits may apply) | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv) (Dosage limits may apply) | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (Dosage limits may apply) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) (Dosage limits may apply) | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv) (Dosage limits may apply) | - | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv) (Dosage limits may apply) | - | 1 |
| OXYCODONE/ASPIRIN TAB (Dosage limits may apply) | - | 1 |
| oxycodone/aspirin tab (PERCODAN equiv) (Dosage limits may apply) | - | 1 |
| pentazocine/acetaminophen tab (TALACEN equiv) (Dosage limits may apply) | - | 1 |
| OXYCODONE/ACETAMINOPHEN SOLN (Dosage limits may apply) | - | 2 |
| OPIOID PARTIAL AGONISTS | | |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply) | QL | 2 |
| ZUBSOLV SL TAB | - | 2 |
| ANDROGENS-ANABOLIC | | |
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | - | 1 |
| ANDROGENS | | |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 |
| danazol cap (DANOCRINE equiv) | - | 2 |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 2 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 2 |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 2 |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 2 |
| ANORECTAL AGENTS | | |
| INTRARECTAL STEROIDS | | |
| hydrocortisone enema (CORTENEMA equiv) | - | 2 |
| RECTAL COMBINATIONS | | |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 2 |
| PROCTOFOAM HC FOAM | - | 2 |
| RECTAL LOCAL ANESTHETICS | | |
| lidocaine rectal cream | OTC | 1 |
| RECTAL STEROIDS | | |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 |

ANTHELMINTICS

ANTHELMINTICS

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| | | | | | |
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**GHC-SCW 3-Tier Complete Formulary
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| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

ANTHELMINTICS Cont.

| | | |
|-------------------------------------|----|---|
| albendazole tab (ALBENZA equiv) | - | 2 |
| BENZNIDAZOLE TAB | PA | 2 |
| ivermectin tab (STROMECTOL equiv) | - | 2 |
| praziquantel tab (BILTRICIDE equiv) | - | 2 |

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

| | | |
|-------------------------------|---|---|
| ranolazine tab (RANEXA equiv) | - | 2 |
|-------------------------------|---|---|

NITRATES

| | | |
|--|---|---|
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 |
| isosorbide dinitrate SL tab | - | 1 |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| NITROGLYCERIN ER CAP | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| NITRO-BID OINT | - | 2 |

ANTIANGIETY AGENTS

ANTIANGIETY AGENTS - MISC.

| | | |
|--|---|---|
| bupirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |

BENZODIAZEPINES

| | | |
|--------------------------------------|---|---|
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| DIAZEPAM SOLN | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| alprazolam ER tab (XANAX XR equiv) | - | 2 |
| oxazepam cap (SERAX equiv) | - | 2 |

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

| | | |
|--|---|---|
| disopyramide cap (NORPACE equiv) | - | 1 |
| quinidine sulfate tab | - | 1 |
| disopyramide ER cap (NORPACE CR equiv) | - | 2 |
| NORPACE CR CAP | - | 2 |
| quinidine gluconate CR tab | - | 2 |

ANTIARRHYTHMICS TYPE I-B

| | | |
|--------------------|---|---|
| mexiletine hcl cap | - | 2 |
|--------------------|---|---|

ANTIARRHYTHMICS TYPE I-C

| | | |
|---------------------------------|---|---|
| flecainide tab (TAMBOCOR equiv) | - | 1 |
| propafenone tab (RYTHMOL equiv) | - | 1 |

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| ANTIARRHYTHMICS Cont. | | |
| propafenone ER cap (RYTHMOL SR equiv) | - | 2 |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | 1 |
| dofetilide cap (TIKOSYN equiv) | - | 2 |
| MULTAQ TAB | - | 2 |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA INHALER | - | 2 |
| INCRUSE ELLIPTA INHALER | - | 2 |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL) | QL-ST | 2 |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | 1 |
| montelukast tab (SINGULAIR equiv) | - | 1 |
| montelukast granule pack (SINGULAIR equiv) | - | 2 |
| zafirlukast tab (ACCOLATE equiv) | - | 2 |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA INHALER | - | 1 |
| ASMANEX HFA INHALER | - | 1 |
| ASMANEX INHALER | - | 1 |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| FLOVENT DISKUS INHALER | - | 1 |
| FLOVENT HFA INHALER | - | 1 |
| SYMPATHOMIMETICS | | |
| albuterol neb soln | - | 1 |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| FLUTICASONE/SALMETEROL INHALER (AIRDUO equiv) | - | 1 |
| METAPROTERENOL SYRUP | - | 1 |
| VENTOLIN HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 1 |
| ADVAIR DISKUS INHALER | - | 2 |
| ADVAIR HFA INHALER | - | 2 |
| albuterol sulfate tab | - | 2 |
| ALBUTEROL TAB ER | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| BREZTRI AEROSPHERE INHALER | - | 2 |
| COMBIVENT INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler) | QL | 2 |
| SEREVENT DISKUS INHALER | - | 2 |
| STIOLTO INHALER | - | 2 |

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|---|--------------|------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| terbutaline sulfate tab (BRETHINE equiv) | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| XANTHINES | | |
| aminophylline tab | - | 1 |
| THEOCHRON TAB | - | 1 |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | 1 |
| DIRECT FACTOR XA INHIBITORS | | |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 |
| XARELTO STARTER PACK | - | 2 |
| XARELTO TAB | - | 2 |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin inj (LOVENOX equiv) (QL= 17 days supply) | QL | 2 |
| fondaparinux inj (ARIXTRA equiv) | - | 2 |
| FRAGMIN INJ | - | 2 |
| THROMBIN INHIBITORS | | |
| PRADAXA CAP | - | 2 |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clobazam tab (ONFI equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill) | QL | 1 |
| NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist) | QL-RS | 2 |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) | - | 1 |
| gabapentin tab (NEURONTIN equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin cap (LYRICA equiv) | - | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |

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| ANTICONVULSANTS Cont. | | |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| BANZEL TAB | PA | 2 |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 2 |
| gabapentin soln (NEURONTIN equiv) | - | 2 |
| LAMICTAL CHEW TAB 2MG | - | 2 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| pregabalin soln (LYRICA equiv) | PA | 2 |
| rufinamide susp (BANZEL equiv) | PA | 2 |
| VIMPAT SOLN | - | 2 |
| VIMPAT TAB (QL= 2 tabs/day) | QL | 2 |
| TROKENDI XR CAP | - | EXC |
| DIACOMIT CAP (Only available through US Bioservices 888-518-7246) | LD-PA | MSP |
| DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246) | LD-PA | MSP |
| EPIDIOLEX SOLN | MSP-PA | MSP |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | MSP |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 2 |
| felbamate tab (FELBATOL equiv) | - | 2 |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 2 |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416 or PantherRx 855-726-8479) | LD-PA | MSP |
| vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416) | LD-PA | MSP |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |
| PEGANONE TAB | - | 2 |
| phenytoin chew tab (DILANTIN equiv) | - | 2 |
| SUCCINIMIDES | | |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| CELONTIN CAP | - | 2 |
| ethosuximide cap (ZARONTIN equiv) | - | 2 |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |

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|---|--------------|------|
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | 1 |
| mirtazapine tab (REMERON equiv) | - | 1 |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) (QL= 1 tab/day) | QL | 1 |
| MAPROTILINE TAB | - | 1 |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| phenelzine tab (NARDIL equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| tranylcypromine tab (PARNATE equiv) | - | 2 |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab 10mg, 20mg (PROZAC equiv) | - | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 2 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine) | ST | 2 |
| paroxetine ER tab (PAXIL CR equiv) | - | 2 |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 |
| venlafaxine tab (EFFEXOR equiv) | - | 1 |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 2 |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| AMOXAPINE TAB | - | 1 |
| DOXEPIN CAP | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |

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| ANTIDEPRESSANTS Cont. | | |
| NORTRIPTYLINE SOLN | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 2 |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| AVANDAMET TAB | - | 2 |
| AVANDARYL TAB | - | 2 |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 |
| SOLIQUA INJ (QL= 15ml/25 days) | PA-QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XULTOPHY INJ (QL= 15ml/30 days) | PA-QL | 2 |
| BIGUANIDES | | |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| metformin XL tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin ER osmotic tab (FORTAMET equiv) | - | EXC |
| metformin ER osmotic tab (GLUMETZA equiv) | - | EXC |
| DIABETIC OTHER | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| GLUCAGEN HYPOKIT INJ (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 |
| glucagon (rdna) for inj kit (GLUCAGON equiv) (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 |
| KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596)) | LD-PA | MSP |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA TAB (QL= 1 tab/day) | QL-¢ | 2 |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 |

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|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| RYBELSUS TAB (QL=1 tab/day) | QL | 2 |
| TRULICITY INJ (QL= 4 pens/28 days) | QL | 2 |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 |
| INSULIN | | |
| FIASP FLEXTOUCH INJ | - | 2 |
| FIASP INJ | - | 2 |
| FIASP PENFILL INJ | - | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | 2 |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) | - | 2 |
| LANTUS INJ | - | 2 |
| LANTUS SOLOSTAR INJ | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| NOVOLIN 70/30 INJ | OTC | 2 |
| NOVOLIN MIX FLEXPEN INJ | OTC | 2 |
| NOVOLIN N FLEXPEN INJ | OTC | 2 |
| NOVOLIN N INJ | OTC | 2 |
| NOVOLIN R FLEXPEN INJ | OTC | 2 |
| NOVOLIN R INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ | - | 2 |
| NOVOLOG INJ | - | 2 |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |
| NOVOLOG PENFILL INJ | - | 2 |
| TOUJEO MAX SOLOSTAR INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS equiv) | - | 1 |
| AVANDIA TAB | - | 2 |
| MEGLITINIDE ANALOGUES | | |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 |
| SULFONYLUREAS | | |
| chlorpropamide tab (DIABINESE equiv) | - | 1 |
| glimepiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |
| glipizide tab (GLUCOTROL equiv) | - | 1 |

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|--|--------------|------|
| ANTIDIABETICS Cont. | | |
| glyburide micronized tab (GLYNASE equiv) | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| TOLAZAMIDE TAB | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 1 |
| ANTIDIARRHEALS | | |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| ANTIDOTES | | |
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | MSP |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | MSP |
| OPIOID ANTAGONISTS | | |
| naltrexone tab (REVIA equiv) | - | 1 |
| NARCAN NASAL SPRAY | - | 2 |
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| ANTIDOTES - CHELATING AGENTS | | |
| deferasirox granules packet (JADENU equiv) | MSP | MSP |
| deferasirox tab (EXJADE equiv) | MSP | MSP |
| deferasirox tab 180mg (JADENU equiv) | MSP | MSP |
| deferasirox tab 90mg, 360mg (JADENU equiv) | MSP | MSP |
| deferiprone tab (FERRIPROX equiv) (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | MSP |
| OPIOID ANTAGONISTS | | |
| naloxone inj | - | 1 |
| naloxone prefilled inj (QL= 2 inj/fill) | QL | 1 |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
| ANTIEMETICS | | |
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 |
| ondansetron soln (ZOFTRAN equiv) | - | 1 |
| ONDANSETRON TAB | - | 1 |
| ondansetron tab (ZOFTRAN equiv) | - | 1 |
| ZUPLENZ SL FILM | - | EXC |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| maldemar tab (SCOPACE equiv) | - | 1 |
| meclizine chew tab (BONINE equiv) | OTC | 1 |
| meclizine tab (ANTIVERT equiv) | OTC | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 5 patches/fill) | QL | 2 |
| ANTIEMETICS - MISCELLANEOUS | | |

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| ANTIEMETICS Cont. | | |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| dronabinol cap (MARINOL equiv) | - | 2 |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| ANTIFUNGALS | | |
| ANTIFUNGALS | | |
| nystatin powder | - | 1 |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| flucytosine cap (ANCOBON equiv) | - | 2 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 2 |
| griseofulvin susp (GRIFULVIN equiv) | - | 2 |
| griseofulvin tab (GRIS-PEG equiv) | - | 2 |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| ketoconazole tab (NIZORAL equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | PA | 2 |
| posaconazole DR tab (NOXAFIL equiv) | - | 2 |
| voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ALKYLAMINES | | |
| chlorpheniramine ER cap | - | 1 |
| ANTIHISTAMINES - NON-SEDATING | | |
| cetirizine syrup (ZYRTEC equiv) | OTC | 1 |
| cetirizine tab (ZYRTEC equiv) | OTC | 1 |
| loratadine ODT (CLARITIN equiv) | OTC | 1 |
| loratadine syrup (CLARITIN equiv) | OTC | 1 |
| loratadine tab (CLARITIN equiv) | OTC | 1 |
| cetirizine chew tab (ZYRTEC equiv) | OTC | 2 |
| levocetirizine soln (XYZAL equiv) | - | 2 |
| levocetirizine tab (XYZAL equiv) | - | 2 |
| CLARINEX SYRUP | - | EXC |
| DESLORATADINE ODT | - | EXC |
| desloratadine tab (CLARINEX equiv) | - | EXC |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| promethazine supp (PHENERGAN equiv) | - | 2 |
| PROMETHEGAN SUPP | - | 2 |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | 1 |

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|---|--------------|------|
| ANTI-HISTAMINES Cont. | | |
| cyproheptadine tab | - | 1 |
| ANTIHYPERLIPIDEMICS | | |
| ANTIHYPERLIPIDEMICS - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 |
| icosapent ethyl cap 1gm (VASCEPA equiv) | PA | 2 |
| VASCEPA CAP 0.5GM | PA | 2 |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine powder (QUESTRAN equiv) | - | 1 |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 |
| colestipol tab (COLESTID equiv) | - | 1 |
| colesevelam pack (WELCHOL equiv) | - | 2 |
| colesevelam tab (WELCHOL equiv) | - | 2 |
| colestipol granule (COLESTID equiv) | - | 2 |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day) | QL | \$0 |
| atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day) | QL | \$0 |
| lovastatin tab (MEVACOR equiv) | - | \$0 |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 |
| rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 |
| rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day) | QL | \$0 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 |
| rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day) | QL | 1 |
| rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day) | QL | 1 |
| fluvastatin cap (LESCOL equiv) (QL= 1 cap/day) | QL | 2 |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| NICOTINIC ACID DERIVATIVES | | |
| niacin ER tab (NIASPAN equiv) | - | 1 |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | 2 |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 |

ANTIHYPERTENSIVES

ACE INHIBITORS

| | | |
|---------------------------------|---|---|
| benazepril tab (LOTENSIN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| trandolapril tab (MAVIK equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 2 |
| moexipril tab (UNIVASC equiv) | - | 2 |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| phenoxybenzamine cap (DIBENZYLININE equiv) | MSP-PA | MSP |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| candesartan tab (ATACAND equiv) | - | 1 |
| irbesartan tab (AVAPRO equiv) | - | 1 |
| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| clonidine patch (CATAPRES-TTS equiv) | - | 2 |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | 2 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 2 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 2 |
| METOPROLOL/HYDROCHLOROTHIAZIDE TAB | - | 2 |

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| ANTIHYPERTENSIVES Cont. | | |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 2 |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPRA equiv) | - | 2 |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
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| metronidazole cap (FLAGYL equiv) | - | 1 |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| pentamidine neb soln (NEBUPENT equiv) | - | 2 |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| ANTIPROTOZOAL AGENTS | | |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |
| atovaquone susp (MEPRON equiv) | - | 2 |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 2 |
| GLYCOPEPTIDES | | |
| FIRST-VANCOMYCIN SOLN | - | 1 |
| FIRVANQ SOLN | - | 1 |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 2 |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | MSP |
| OXAZOLIDINONES | | |
| linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 2 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PLEUROMUTILINS | | |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| URINARY ANTI-INFECTIVES | | |
| methenamine mandelate tab | - | 1 |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 |
| methenamine hippurate tab (HIPREX equiv) | - | 2 |

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS

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| ANTIMALARIALS Cont. | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |
| primaquine tab (PRIMAQUINE equiv) | - | 1 |
| KRINTAFEL TAB | - | 2 |
| MEFLOQUINE TAB | - | 2 |
| mefloquine tab (LARIAM equiv) | - | 2 |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| PROSTIGMIN TAB | - | 2 |
| pyridostigmine CR tab (MESTINON equiv) | - | 2 |
| RUZURGI TAB (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | MSP |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFAMATE CAP | - | 2 |
| ANTIMYCOBACTERIAL AGENTS | | |
| ISONIAZID SYRUP | - | 1 |
| isoniazid tab | - | 1 |
| pyrazinamide tab | - | 1 |
| ethambutol tab (MYAMBUTOL equiv) | - | 2 |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PRIFTIN TAB | - | 2 |
| rifabutin cap (MYCOBUTIN equiv) | - | 2 |
| rifampin cap (RIFADIN equiv) | - | 2 |
| ANTINEOPLASTICS | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide tab (CYTOXAN equiv) | - | 2 |
| HEXALEN CAP | - | 2 |
| LEUKERAN TAB | - | 2 |
| ANTIMETABOLITES | | |
| methotrexate tab (TREXALL equiv) | - | 1 |
| mercaptapurine tab (PURINETHOL equiv) | - | 2 |
| TABLOID TAB | - | 2 |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| NEXAVAR TAB | MSP-PA-SF | MSP |
| SPRYCEL TAB | MSP-PA-SF | MSP |
| SUTENT CAP | MSP-PA-SF | MSP |
| VOTRIENT TAB | MSP-PA-SF | MSP |
| ZOLINZA CAP | MSP-PA-SF | MSP |
| ANTINEOPLASTICS MISC. | | |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| MATULANE CAP | - | 2 |

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**GHC-SCW 3-Tier Complete Formulary
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Last Updated* 4/1/2021

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|---|--------------|------|
| ANTINEOPLASTICS Cont. | | |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | MSP |
| ALFERON-N INJ | MSP-PA | MSP |
| INTRON-A INJ | MSP-PA | MSP |
| tretinoin cap (VESANOID equiv) | MSP-PA | MSP |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| MESNEX TAB | MSP | MSP |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | MSP-PA | MSP |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide cap | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| melphalan tab (ALKERAN equiv) | - | 2 |
| AFINITOR TAB 10MG (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| MYLERAN TAB | MSP | MSP |
| temozolomide cap (TEMODAR equiv) | MSP | MSP |
| ANTIMETABOLITES | | |
| methotrexate inj | - | 1 |
| capecitabine tab (XELODA equiv) | MSP | MSP |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP |
| VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| ERIVEDGE CAP () | MSP-PA-SF | MSP |
| ODOMZO CAP | MSP-PA-SF | MSP |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older) | - | 1 |
| EMCYT CAP | - | 2 |
| FLUTAMIDE CAP | - | 2 |
| flutamide cap (EULEXIN equiv) | - | 2 |
| toremifene tab (FARESTON equiv) | - | 2 |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tab/day;) | MSP-QL | MSP |
| ERLEADA TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | MSP |
| nilutamide tab (NILANDRON equiv) | MSP | MSP |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | MSP |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| ANTINEOPLASTIC COMBINATIONS | | |
| INQOVI TAB (QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP |
| LONSURF TAB (Only available through Walgreens 888-347-3416) | LD-PA | MSP |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| AFINITOR DISPERZ (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| ALECENSA CAP (QL= 8 caps/day) | MSP-PA-QL | MSP |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP |
| BOSULIF TAB () | MSP-PA-SF | MSP |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | MSP |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP |
| CAPRELSA TAB (Only available through Biologics 800-850-4306) | LD-PA | MSP |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | MSP |
| COTELLIC TAB (QL= 3 tabs/day) | MSP-PA-QL | MSP |
| erlotinib tab (TARCEVA equiv) | MSP-PA-SF | MSP |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| FARYDAK CAP (QL= 6 caps/21 days) | MSP-PA-QL | MSP |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP |
| IBRANCE CAP (QL= 21 caps/28 days) | MSP-PA-QL | MSP |
| IBRANCE TAB (QL= 21 caps/28 days) | MSP-PA-QL | MSP |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144) | LD-PA-QL-SF | MSP |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| imatinib tab (GLEEVEC equiv) | MSP | MSP |
| IMBRUVICA CAP 140MG (QL= 3 caps/day) | MSP-PA-QL | MSP |
| IMBRUVICA CAP 70MG (QL= 1 cap/day) | MSP-PA-QL | MSP |
| IMBRUVICA TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL-SF | MSP |
| IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | MSP |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | MSP |
| lapatinib ditosylate tab (TYKERB equiv) | MSP-PA | MSP |
| LENVIMA CAP (QL= 3 caps/day) | MSP-PA-QL | MSP |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP |
| LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day) | LD-PA-QL-SF | MSP |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day) | LD-PA-QL-SF | MSP |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | MSP-PA-QL | MSP |
| MEKINIST TAB 2MG (QL= 1 tab/day) | MSP-PA-QL | MSP |
| MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | MSP |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP |
| NINLARO CAP | MSP-PA | MSP |
| PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306) | LD-PA-QL | MSP |
| PIQRAY TAB | MSP-PA-SF | MSP |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | MSP |
| RETEVMO CAP (QL= 4 caps/day) | MSP-PA-QL-SF | MSP |
| ROZLYTREK CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779) | LD-PA-QL-SF | MSP |
| RYDAPT CAP | MSP-PA | MSP |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP |
| TABRECTA TAB (QL= 4 tabs/day) | MSP-PA-QL-SF | MSP |
| TAFINLAR CAP (QL= 4 caps/day) | MSP-PA-QL | MSP |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL-SF | MSP |
| TALZENNA CAP 1MG (QL= 1 cap/day) | MSP-PA-QL-SF | MSP |
| TASIGNA CAP | MSP-PA-SF | MSP |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | MSP |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | MSP |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| VERZENIO TAB (QL= 2 tabs/day) | MSP-PA-QL-SF | MSP |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP |
| VITRAKVI SOLN (QL= 10ml/day; Only available through US Bioservices 888-518-7246) | LD-PA-QL-SF | MSP |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL-SF | MSP |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP |
| ZELBORAF TAB (QL= 8 tabs/day) | MSP-PA-QL | MSP |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | MSP |
| ZYKADIA CAP (QL= 3 caps/day) | MSP-PA-QL-SF | MSP |
| ZYKADIA TAB (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP |

ANTINEOPLASTICS MISC.

| | | |
|----------------------------------|--------|-----|
| bexarotene cap (TARGRETIN equiv) | MSP-SF | MSP |
|----------------------------------|--------|-----|

MITOTIC INHIBITORS

| | | |
|---------------|-----|-----|
| ETOPOSIDE CAP | MSP | MSP |
|---------------|-----|-----|

ANTIPARKINSON AGENTS

ANTIPARKINSON ADJUVANTS

| | | |
|-------------------------------|---|---|
| carbidopa tab (LODOSYN equiv) | - | 2 |
|-------------------------------|---|---|

ANTIPARKINSON ANTICHOLINERGICS

| | | |
|------------------------------------|---|---|
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |

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|---|--------------|------|
| ANTIPARKINSON AGENTS Cont. | | |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | 2 |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine cap (SYMMETREL equiv) | - | 1 |
| amantadine syrup (SYMMETREL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| amantadine tab | - | 2 |
| bromocriptine cap (PARLODEL equiv) | - | 2 |
| bromocriptine tab (PARLODEL equiv) | - | 2 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| rasagiline tab (AZILECT equiv) | ¢ | 2 |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| lithium citrate soln | - | 1 |
| ANTIPSYCHOTICS - MISC. | | |
| ziprasidone cap (GEODON equiv) | - | 1 |
| EQUETRO CAP | - | 2 |
| BENZISOXAZOLES | | |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| paliperidone ER tab (INVEGA equiv) | PA | 2 |
| RISPERIDONE ODT | - | 2 |
| risperidone ODT (RISPERDAL M equiv) | - | 2 |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| DIBENZAPINES | | |
| loxapine cap (LOXITANE equiv) | - | 1 |
| olanzapine ODT (ZYPREXA equiv) | - | 1 |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |

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| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | PA-QL | 2 |
| CLOZAPINE ODT | - | 2 |
| CLOZAPINE ODT 12.5MG | - | 2 |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 2 |
| clozapine tab (CLOZARIL equiv) | - | 2 |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole tab (ABILIFY equiv) | - | 1 |
| aripiprazole soln (ABILIFY equiv) | - | 2 |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |

ANTIVIRALS

| | | |
|---|----|-----|
| ANTIRETROVIRALS | | |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) | PA | \$0 |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| abacavir soln (ZIAGEN equiv) | - | 2 |
| abacavir tab (ZIAGEN equiv) | - | 2 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 2 |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 2 |
| APTIVUS CAP | - | 2 |
| APTIVUS SOLN | - | 2 |
| atazanavir cap (REYATAZ equiv) | - | 2 |
| BIKTARVY TAB | - | 2 |
| CIMDUO TAB | - | 2 |
| COMPLERA TAB (QL= 1 tab/day) | QL | 2 |
| CRIVAN CAP | - | 2 |
| DELSTRIGO TAB | - | 2 |
| DESCOVY TAB | PA | 2 |
| didanosine DR cap (VIDEX EC equiv) | - | 2 |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 2 |
| DOVATO TAB | - | 2 |
| EDURANT TAB | - | 2 |
| efavirenz cap (SUSTIVA equiv) | - | 2 |
| efavirenz tab (SUSTIVA equiv) | - | 2 |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | 2 |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 2 |
| emtricitabine cap (EMTRIVA equiv) | - | 2 |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | PA | 2 |
| EMTRIVA SOLN | - | 2 |

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|---|--------------|------|
| ANTIVIRALS Cont. | | |
| EVOTAZ TAB | - | 2 |
| fosamprenavir tab (LEXIVA equiv) | - | 2 |
| GENVOYA TAB (QL= 1 tab/day) | QL | 2 |
| INTELENCE TAB | - | 2 |
| INVIRASE CAP | - | 2 |
| INVIRASE TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 2 |
| ISENTRESS CHEW TAB | - | 2 |
| ISENTRESS POWDER PACK | - | 2 |
| JULUCA TAB | - | 2 |
| KALETRA TAB | - | 2 |
| lamivudine soln (EPIVIR equiv) | - | 2 |
| lamivudine tab (EPIVIR equiv) | - | 2 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 2 |
| LEXIVA SUSP | - | 2 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 2 |
| NEVIRAPINE ER TAB (Step Therapy requires trial of nevirapine) | ST | 2 |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 2 |
| NEVIRAPINE SUSP (VIRAMUNE equiv) | - | 2 |
| NORVIR CAP | - | 2 |
| NORVIR POWDER PACK | - | 2 |
| NORVIR SOLN | - | 2 |
| ODEFSEY TAB (QL= 1 tab/day) | QL | 2 |
| PIFELTRO TAB | - | 2 |
| PREZCOBIX TAB | - | 2 |
| PREZISTA SUSP | - | 2 |
| PREZISTA TAB | - | 2 |
| RESCRIPTOR TAB | - | 2 |
| REYATAZ POWDER PACK | - | 2 |
| ritonavir tab (NORVIR equiv) | - | 2 |
| RUKOBIA ER TAB | PA | 2 |
| SELZENTRY SOLN | - | 2 |
| SELZENTRY TAB | - | 2 |
| STAVUDINE CAP | - | 2 |
| stavudine cap (ZERIT equiv) | - | 2 |
| STRIBILD TAB (QL= 1 tab/day) | QL | 2 |
| SYMTUZA TAB | - | 2 |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 2 |
| TIVICAY PD TAB | - | 2 |
| TIVICAY TAB | - | 2 |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | 2 |
| VIDEX SOLN | - | 2 |
| VIRACEPT POWDER | - | 2 |
| VIRACEPT TAB | - | 2 |
| VIREAD TAB | - | 2 |
| VITEKTA TAB | - | 2 |
| zidovudine cap (RETROVIR equiv) | - | 2 |

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Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIVIRALS Cont. | | |
| zidovudine syrup (RETROVIR equiv) | - | 2 |
| zidovudine tab (RETROVIR equiv) | - | 2 |
| SYMFI (LO) TAB | - | 2+ |
| FUZEON INJ | MSP-PA | MSP |
| CMV AGENTS | | |
| GANCICLOVIR CAP | - | 2 |
| valganciclovir soln (VALCYTE equiv) | - | 2 |
| valganciclovir tab (VALCYTE equiv) | - | 2 |
| HEPATITIS AGENTS | | |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 2 |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 2 |
| EPIVIR HBV SOLN | - | 2 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 |
| REBETOL SOLN | - | 2 |
| ribavirin cap (REBETOL equiv) | - | 2 |
| ribavirin tab (COPEGUS equiv) | - | 2 |
| VEMLIDY TAB (QL= 1 tab/day) | QL | 2 |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | MSP |
| MAVYRET TAB (QL= 3 tabs/day) | MSP-PA-QL | MSP |
| PEGASYS INJ | MSP-PA | MSP |
| PEG-INTRON INJ | MSP-PA | MSP |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day) | MSP-PA-QL | MSP |
| VOSEVI TAB (QL= 1 tab/day) | MSP-PA-QL | MSP |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |
| valacyclovir tab (VALTREX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 2 |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| RIMANTADINE TAB | - | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 2 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| D-PENAMINE TAB | - | 2 |
| IMMUNOMODULATORS | | |
| REVLIMID CAP (QL= 1 cap/day) | MSP-PA-QL | MSP |
| THALOMID CAP | MSP-PA | MSP |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| cyclosporine modified cap (NEORAL equiv) | - | 1 |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 |

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| ASSORTED CLASSES Cont. | | |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| cyclosporine cap (SANDIMMUNE equiv) | - | 2 |
| cyclosporine modified soln (NEORAL equiv) | - | 2 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 2 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 2 |
| SANDIMMUNE SOLN 100MG/ML | - | 2 |
| sirolimus tab (RAPAMUNE equiv) | - | 2 |
| ZORTRESS TAB 1MG | PA | 2 |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 2 |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| BYSTOLIC TAB | ¢ | 2 |
| BETA BLOCKERS NON-SELECTIVE | | |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| timolol maleate tab (BLOCADREN equiv) | - | 1 |
| nadolol tab (CORGARD equiv) | - | 2 |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| diltiazem tab (CARDIZEM equiv) | - | 1 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |

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|--|--------------|------|
| CALCIUM CHANNEL BLOCKERS Cont. | | |
| VERAPAMIL CAP 100MG | - | 1 |
| VERAPAMIL ER CAP 200MG | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| VERAPAMIL SR CAP 360mg | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 2 |
| CARDIOTONICS | | |
| CARDIAC GLYCOSIDES | | |
| DIGOXIN SOLN | - | 1 |
| digoxin soln (LANOXIN equiv) | - | 1 |
| digoxin tab (LANOXIN equiv) | - | 1 |
| CARDIOVASCULAR AGENTS - MISC. | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS | | |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 |
| IMPOTENCE AGENTS | | |
| sildenafil tab (VIAGRA equiv) (QL=8 tabs/30 days) | QL | 2 |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day) | QL | 2 |
| LEVITRA TAB | - | EXC |
| vardenafil tab (LEVITRA equiv) | - | EXC |
| PROSTAGLANDIN VASODILATORS | | |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416) | LD-QL-RS | MSP |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | MSP |
| OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | MSP |
| TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil tab 20mg (REVATIO equiv) (QL= 40 tabs/30 days) | QL | 1 |
| tadalafil tab (PAH) (ADCIRCA equiv) | MSP-PA | MSP |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP |
| SINUS NODE INHIBITORS | | |
| CORLANOR TAB | PA | 2 |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP (QL= 1 cap/day) | MSP-PA-QL | MSP |
| VYNDAQEL CAP (QL= 4 caps/day) | MSP-PA-QL | MSP |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | 1 |

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|---|--------------|------|
| CEPHALOSPORINS Cont. | | |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| CEFADROXIL TAB | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| CEPHALOSPORINS - 2ND GENERATION | | |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime susp (CEFTIN equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| CEFTIN SUSP | - | 2 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 2 |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 2 |
| CONTRACEPTIVES | | |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| amethyst tab (LYBREL equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 |
| cryselle tab | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| junel FE tab (LOESTRIN FE equiv) | - | \$0 |
| junel tab (LOESTRIN equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| levonorgestrel/ethinyl estradiol tab (LOSEASONIQUE equiv) | - | \$0 |
| levonorgestrel/ethinyl estradiol tab (QUARTETTE equiv) | - | \$0 |
| LOESTRIN 24 FE TAB (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 |
| mibelas chew tab (MINASTRIN equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 |
| NECON TAB | - | \$0 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| OGESTREL TAB (Step Therapy requires a trial of 2 preferred oral contraceptives) | ST | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 |
| tri-igest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| TYBLUME TAB | - | \$0 |
| velivet tab (CYCLESSA equiv) | - | \$0 |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 |
| BEYAZ TAB | - | EXC |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| zafemy patch (XULANE equiv) | - | \$0 |

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|--|--------------|------|
| CONTRACEPTIVES Cont. | | |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| NUVARING | - | \$0 |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | \$0 |
| levonorgestrel tab (PLAN B equiv) | OTC | \$0 |
| LEVONORGESTREL TAB 0.75MG | - | \$0 |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | \$0 |
| CORTICOSTEROIDS | | |
| GLUCOCORTICOSTEROIDS | | |
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| DEXAMETHASONE SOLN | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 1 |
| hydrocortisone tab (CORTEF equiv) | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| PREDNISOLONE SYRUP | - | 1 |
| prednisolone syrup (PRELONE equiv) | - | 1 |
| PREDNISONE SOLN | - | 1 |
| prednisone tab (DELTAONE equiv) | - | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 2 |
| CORTISONE ACETATE TAB | - | 2 |
| RAYOS TAB | - | EXC |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVES | | |
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| promethazine DM syrup | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| EXPECTORANTS | | |
| SSKI SOLN | - | 2 |
| MISC. RESPIRATORY INHALANTS | | |

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COUGH/COLD/ALLERGY Cont.

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

MUCOLYTICS

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

DERMATOLOGICALS

ACNE PRODUCTS

| | | |
|--|-----|-----|
| benzoyl peroxide gel (BENZAC equiv) | OTC | 1 |
| benzoyl peroxide lotion (BENZAC equiv) | - | 1 |
| benzoyl peroxide wash kit (BENZAC equiv) | - | 1 |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| DIFFERIN OTC GEL 0.1% | OTC | 1 |
| ERY PAD | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| adapalene gel 0.3% (DIFFERIN equiv) (Acne Only- members age 35 or older require Prior Authorization) | PA | 2 |
| amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv) | - | 2 |
| AVAR GEL | - | 2 |
| erythromycin gel | - | 2 |
| PRASCION RA CREAM | - | 2 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 2 |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 2 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 2 |
| sodium sulfacetamide/sulfur susp (SUMAXIN equiv) | - | 2 |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | 2 |
| tretinoin cream | - | 2 |
| tretinoin gel (RETIN-A GEL equiv) | - | 2 |
| ABSORICA CAP | - | EXC |
| AVAR | - | EXC |
| clindamycin foam (EVOCLIN equiv) | - | EXC |

AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES

| | | |
|--------------|---|-----|
| RENOVA CREAM | - | EXC |
|--------------|---|-----|

ANTIBIOTICS - TOPICAL

| | | |
|---------------------------------------|---|---|
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |

ANTIFUNGALS - TOPICAL

| | | |
|---|---|---|
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |

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Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 2 |
| clotrimazole/betamethasone lotion (LOTTRISONE LOTION equiv) | - | 2 |
| JUBLIA SOLN | - | EXC |
| KERYDIN SOLN | - | EXC |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | EXC |
| tavaborole soln (KERYDIN equiv) | - | EXC |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 2 |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| diclofenac gel (SOLARAZE equiv) (QL= 300 gm/30 days) | QL | 2 |
| FLUOROPLEX CREAM | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 2 |
| FLUOROURACIL SOLN | - | 2 |
| TARGRETIN GEL | MSP-PA | MSP |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Avella (877) 546-5779) | LD-PA-QL | MSP |
| ANTIPSORIATICS | | |
| 8-MOP CAP | - | 2 |
| acitretin cap (SORIATANE equiv) | - | 2 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 2 |
| calcipotriene oint | - | 2 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 2 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 2 |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 |
| SKYRIZI INJ (QL= 2 inj/84 days) | MSP-PA-QL | MSP |
| STELARA INJ (QL= 1 inj/84 days) | MSP-PA-QL | MSP |
| TALTZ INJ (QL= 1 inj/28 days) | MSP-PA-QL | MSP |
| TREMFYA INJ (QL= 1 inj/56 days) | MSP-PA-QL | MSP |
| ANTISEBORRHEIC PRODUCTS | | |
| selenium sulfide shampoo (SELSEB equiv) | - | 2 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 2 |
| selenium sulfide lotion | - | EXC |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 2 |
| XERESE CREAM | - | EXC |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLON CREAM | - | 2 |

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**GHC-SCW 3-Tier Complete Formulary
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Last Updated* 4/1/2021

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|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| CORTICOSTEROIDS - TOPICAL | | |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| BETAMETHASONE AUGMENTED GEL | - | 1 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone dipropionate oint | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| hydrocortisone oint | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| alclometasone cream (ACLOVATE equiv) | - | 2 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 2 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 2 |
| clobetasol lotion (CLOBEX equiv) | - | 2 |
| clobetasol shampoo (CLOBEX SHAMPOO equiv) | - | 2 |
| CORDRAN TAPE | PA | 2 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide lotion | - | 2 |
| desonide oint (DESOWEN equiv) | - | 2 |
| desoximetasone cream 0.025% (TOPICORT CREAM equiv) | - | 2 |
| desoximetasone gel (TOPICORT equiv) | - | 2 |
| desoximetasone oint 0.25% (TOPICORT equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| fluocinolone acetonide oil (DERMA-SMOOTH equiv) | - | 2 |

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|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| fluocinolone acetonide soln | - | 2 |
| fluocinonide emollient cream | - | 2 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 2 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 2 |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 2 |
| hydrocortisone valerate cream | PA | 2 |
| hydrocortisone valerate oint (WESTCORT equiv) | PA | 2 |
| PRAMASONE OINT | - | 2 |
| PRAMOSONE CREAM 1-1% | - | 2 |
| PRAMOSONE E CREAM | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| prednicarbate cream (DERMATOP equiv) | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| triamcinolone spray (KENALOG equiv) | - | 2 |
| U-CORT CREAM | - | 2 |
| CLOBEX LOTION | - | 2+ |
| ECZEMA AGENTS | | |
| DUPIXENT INJ (QL= 2 inj/ 28 days) | MSP-PA-QL | MSP |
| DUPIXENT INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| urea cream () | - | 1 |
| urea lotion (KERALAC LOTION equiv) | - | 1 |
| EMOLLIENTS | | |
| LAC-HYDRIN LOTION 5% | OTC | 1 |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | EXC |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| vasolex oint (XENADERM equiv) | - | 2 |
| XENADERM OINT | - | 2 |
| HAIR GROWTH AGENTS | | |
| bimatoprost topical soln (LATISSE equiv) | - | EXC |
| finasteride tab (PROPECIA equiv) | - | EXC |
| LATISSE SOLN | - | EXC |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 2 |
| ZYCLARA CREAM | - | EXC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 2 |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 2 |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| PODOCON SOLN | - | 2 |
| podofilox soln (CONDYLOX equiv) | - | 2 |

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Last Updated* 4/1/2021

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|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| salicylic acid shampoo (SALEX equiv) | - | 2 |
| LOCAL ANESTHETICS - TOPICAL | | |
| LIDOCAINE CREAM | OTC | 1 |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| lidocaine cream 4% | OTC | 1 |
| LIDOCAINE GEL | - | 1 |
| lidocaine gel (GLYDO equiv) | - | 1 |
| lidocaine gel (XYLOCAINE equiv) | - | 1 |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| lidocaine patch (LIDODERM equiv) (QL= 3 patches/day) | QL | 2 |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| NUVAIL SOLN | - | EXC |
| MISC. TOPICAL | | |
| aluminum chloride soln (DRYSOL equiv) | - | 1 |
| DRYSOL SOLN | - | 1 |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| EPIQUIN MICRO CREAM | - | EXC |
| hydroquinone cream (LUSTRA equiv) | - | EXC |
| NUQUIN HP GEL | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| ROSACEA AGENTS | | |
| metronidazole lotion (METROLOTION equiv) | - | 1 |
| azelaic acid gel (FINACEA equiv) | - | 2 |
| FINACEA FOAM | - | 2 |
| FINACEA PLUS KIT | - | 2 |
| metronidazole cream (METROCREAM equiv) | - | 2 |
| metronidazole gel (METROGEL equiv) | - | 2 |
| DOXYCYCLINE CAP, ORACEA CAP | - | EXC |
| SCABICIDES & PEDICULICIDES | | |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| EURAX CREAM | - | 2 |
| malathion lotion (OVIDE equiv) | QL | 2 |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| WOUND CARE PRODUCTS | | |
| BIAFINE EMULSION | - | 2 |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN INJ (QL= 1 kit/fill, 2 fills/30 days) | QL | 2 |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP | OTC | DME |
| DIAGNOSTIC TESTS | | |

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Last Updated* 4/1/2021

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|------------------------------------|--------------|------|
| DIAGNOSTIC PRODUCTS Cont. | | |
| CLINISTIX TEST STRIP | OTC | DME |
| FREESTYLE INSULINX TEST STRIP | OTC | DME |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | DME |
| FREESTYLE TEST STRIP | OTC | DME |
| KETO-DIASTIX TEST STRIP | OTC | DME |
| KETOSTIX | OTC | DME |
| PRECISION XTRA KETONE TEST STRIP | OTC | DME |
| PRECISION XTRA TEST STRIP | OTC | DME |
| TEST STRIP (all other test strips) | OTC-PA | DME |

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

| | | |
|--------------------|---|-----|
| L-METHYLFOLATE TAB | - | EXC |
|--------------------|---|-----|

DIGESTIVE AIDS

DIGESTIVE ENZYMES

| | | |
|-----------|---|---|
| CREON CAP | - | 2 |
|-----------|---|---|

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

| | | |
|--|---|---|
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 2 |
| acetazolamide tab | - | 2 |
| methazolamide tab (NEPTAZANE equiv) | - | 2 |

DIURETIC COMBINATIONS

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

LOOP DIURETICS

| | | |
|--------------------------------|---|---|
| bumetanide tab (BUMEX equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torseamide tab (DEMADEX equiv) | - | 1 |
| ethacrynic tab (EDECRIN equiv) | - | 2 |

POTASSIUM SPARING DIURETICS

| | | |
|--------------------------------------|---|---|
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 2 |

THIAZIDES AND THIAZIDE-LIKE DIURETICS

| | | |
|---|---|---|
| CHLOROTHIAZIDE TAB | - | 1 |
| chlorthiazide tab (DIURIL equiv) | - | 1 |
| CHLORTHALIDONE TAB | - | 1 |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| METHYCLOTHIAZIDE TAB | - | 1 |

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| DIURETICS Cont. | | |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

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

BONE DENSITY REGULATORS

| | | |
|---|--------|-----|
| alendronate tab (FOSAMAX equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 2 |
| FORTICAL NASAL SPRAY | - | 2 |
| risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate.) | ST | 2 |
| TYMLOS INJ | MSP-PA | MSP |

FERTILITY REGULATORS

| | | |
|---------------------------------------|---|---|
| CLOMIPHENE CITRATE TAB | - | 1 |
| clomiphene citrate tab (CLOMID equiv) | - | 1 |

GNRH/LHRH ANTAGONISTS

| | | |
|------------------------------------|-------|---|
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |

GROWTH HORMONE RECEPTOR ANTAGONISTS

| | | |
|--|-------|-----|
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | MSP |
|--|-------|-----|

GROWTH HORMONE RELEASING HORMONES (GHRH)

| | | |
|-------------|---|-----|
| EGRIFTA INJ | - | EXC |
|-------------|---|-----|

GROWTH HORMONES

| | | |
|-----------------|--------|-----|
| NORDITROPIN INJ | MSP-PA | MSP |
|-----------------|--------|-----|

HORMONE RECEPTOR MODULATORS

| | | |
|--|---|---|
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older) | - | 1 |
|--|---|---|

INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)

| | | |
|--------------|--------|-----|
| INCRELEX INJ | MSP-PA | MSP |
|--------------|--------|-----|

LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

| | | |
|--------------------|---|---|
| SYNAREL NASAL SOLN | - | 2 |
|--------------------|---|---|

METABOLIC MODIFIERS

| | | |
|---|-------------|-----|
| calcitriol cap (ROCALTRONL equiv) | - | 1 |
| calcitriol soln (ROCALTRONL SOLN equiv) | - | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| cinacalcet tab (SENSIPAR equiv) | - | 2 |
| doxercalciferol cap (HECTOROL equiv) | - | 2 |
| paricalcitol cap (ZEMPLAR equiv) | - | 2 |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL-SF | MSP |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | MSP-PA | MSP |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | MSP-PA | MSP |

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|--|---------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| sodium phenylbutyrate powder (BUPHENYL equiv) | MSP-PA | MSP |
| sodium phenylbutyrate tab (BUPHENYL equiv) | MSP-PA | MSP |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | MSP |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate tab (DDAVP equiv) | - | 2 |
| desmopressin nasal soln (DDAVP equiv) | - | 2 |
| STIMATE NASAL SOLN | - | 2 |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | - | 2 |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP |
| VASOPRESSIN RECEPTOR ANTAGONISTS | | |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 2 |
| jinteli tab (FEMHRT equiv) | - | 2 |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) (QL= 1 patch/week) | QL | 1 |
| estradiol patch (VIVELLE-DOT equiv) (QL= 2 patches/week) | QL | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| ESTROPIPATE TAB | - | 1 |
| estropipate tab (OGEN equiv) | - | 1 |
| estradiol valerate inj (DELESTROGEN equiv) | - | 2 |
| PREMARIN TAB | - | 2 |
| FLUOROQUINOLONES | | |
| FLUOROQUINOLONES | | |
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| ofloxacin tab (FLOXIN equiv) | - | 1 |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| ciprofloxacin susp (CIPRO equiv) | - | 2 |
| moxifloxacin tab (AVELOX equiv) | - | 2 |
| GASTROINTESTINAL AGENTS - MISC. | | |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
| TRULANCE TAB | PA | 2 |
| FARNESOID X RECEPTOR (FXR) AGONISTS | | |
| OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF-ϕ | MSP |

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

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| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ϕ | RxCENTS | | | | |

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**GHC-SCW 3-Tier Complete Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| GALLSTONE SOLUBILIZING AGENTS | | |
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | 2 |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| METZOLV ODT | - | EXC |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| mesalamine DR cap (DELZICOL equiv) | - | 2 |
| mesalamine DR tab (LIALDA equiv) | - | 2 |
| mesalamine enema (ROWASA equiv) | - | 2 |
| mesalamine ER cap (APRISO equiv) | - | 2 |
| mesalamine supp (CANASA equiv) | - | 2 |
| CIMZIA INJ (QL= 2 inj/28 days) | MSP-PA-QL | MSP |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | MSP-PA-QL | MSP |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB | PA | 2 |
| SYMPROIC TAB | PA | 2 |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 2 |
| sevelamer powder pak (RENVELA equiv) | - | 2 |
| sevelamer tab (RENVELA TAB equiv) | - | 2 |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA K CRYSTALS | - | 1 |
| CYTRA-3 SYRUP | - | 1 |
| ORACIT SOLN | - | 1 |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | 2 |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | 2 |
| PROSTATIC HYPERTROPHY AGENTS | | |

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| | | | |
|---|-----------------|--------------------------------|--|
| EXC Plan Exclusion | NC =Not Covered | INF Infertility | LD Limited Distribution |
| MSP Mandatory Specialty Pharmacy Program | | OTC Over-the-Counter | PA Prior Authorization |
| QL Quantity Limit | | RS Restricted to Specialist | SF Limited to two 15 day fills per month for first 3 months |
| SMKG Smoking Cessation | | ST Step Therapy | VAC Vaccine Program |
| ¢ RxCENTS | | | |

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| DrugName | Special Code | Tier |
|---|--------------|------|
| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 |
| dutasteride cap (AVODART equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| dutasteride/tamsulosin cap (JALYN equiv) | - | 2 |
| silodosin cap (RAPAFLO equiv) | - | 2 |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| GOUT AGENTS | | |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| colchicine tab (COLCRYS equiv) | - | 2 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 2 |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | 1 |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| HEMLIBRA INJ | MSP-PA | MSP |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| icatibant inj (FIRAZYR equiv) | MSP-PA | MSP |
| COMPLEMENT INHIBITORS | | |
| BERINERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | MSP |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | MSP |
| HAEGARDA INJ | MSP-PA | MSP |
| RUCONEST INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | MSP |
| HEMATAOLOGIC - TYROSINE KINASE INHIBITORS | | |
| TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | MSP |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |
| PLASMA KALLIKREIN INHIBITORS | | |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | MSP |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| ticlopidine tab (TICLID equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENOX equiv) | - | 2 |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 2 |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | MSP |

HEMATOPOIETIC AGENTS

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| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

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**GHC-SCW 3-Tier Complete Formulary
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Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| HEMATOPOIETIC AGENTS Cont. | | |
| AGENTS FOR GAUCHER DISEASE | | |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | MSP |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| AGENTS FOR SICKLE CELL DISEASE | | |
| ENDARI POWDER PACK (QL= 6 packets/day) | MSP-PA-QL | MSP |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | MSP |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| FOLIC ACID/FOLATES | | |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 1mg (Covered at \$0 for females only) | - | 1 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| DOPTELET TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | MSP |
| FULPHILA INJ | MSP | MSP |
| NEUMEGA INJ | MSP-PA | MSP |
| NIVESTYM INJ | MSP | MSP |
| PROMACTA POWDER | MSP-PA | MSP |
| PROMACTA TAB | MSP-PA | MSP |
| RETACRIT INJ | MSP | MSP |
| ZARXIO INJ | MSP | MSP |
| ZIEXTENZO INJ | MSP | MSP |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | 1 |
| folbee tab | - | 1 |
| MULTIGEN FOLIC TAB | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |
| MULTIGEN TAB | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| IRON | | |
| ferrous sulfate elixir (Covered for members 1 year or younger) | OTC | \$0 |
| FERROUS SULFATE LIQUID (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate soln (Covered for members 1 year or younger) | OTC | \$0 |
| ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger) | OTC | \$0 |
| IRON SUSP (Covered for members 1 year or younger) | OTC | \$0 |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| aminocaproic acid soln (AMICAR equiv) | - | 2 |
| tranexamic acid tab (LYSTEDA equiv) | - | 2 |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |

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| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
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| ¢ | RxCENTS | | | | |

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**GHC-SCW 3-Tier Complete Formulary
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| DrugName | Special Code | Tier |
|--|--------------|------|
| HYPNOTICS Cont. | | |
| zolpidem tab (AMBIEN equiv) | - | 1 |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| FLURAZEPAM CAP | - | 1 |
| midazolam hcl syrup | - | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) | - | 1 |
| zolpidem ER tab (AMBIEN CR equiv) (Step Therapy requires trial of zolpidem IR) | ST | 2 |
| EDLUAR SL TAB | - | EXC |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | EXC |
| ZOLPIMIST SPRAY | - | EXC |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of zolpidem or zolpidem ER) | QL-ST | 2 |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year) | QL | 1 |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year) | QL | 1 |
| trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | 1 |
| CLENPIQ SOLN | - | 2 |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| CLARITHROMYCIN | | |
| clarithromycin susp (BIAXIN equiv) | - | 1 |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYC SUSP | - | 2 |
| ERYTHROMYCINS | | |
| erythromycin DR cap (ERYC equiv) | - | 2 |
| ERYTHROMYCIN EC CAP | - | 2 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 2 |
| erythromycin stearate tab | - | 2 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 2 |
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| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
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|----------|--------------|------|
|----------|--------------|------|

MACROLIDES Cont.

FIDAXOMICIN

| | | |
|---|-------|---|
| DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 |
| DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN) | QL-ST | 2 |

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

| | | |
|----------------|-----|-----|
| CERVICAL CAP | - | \$0 |
| DIAPHRAGM | - | \$0 |
| FEMALE CONDOMS | OTC | \$0 |

DIABETIC SUPPLIES

| | | |
|---|-------|-----|
| FREESTYLE FREEDOM LITE METER | OTC | \$0 |
| FREESTYLE INSULINX METER | OTC | \$0 |
| FREESTYLE LITE METER | OTC | \$0 |
| FREESTYLE PRECISION NEO METER | OTC | \$0 |
| PRECISION XTRA METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | 1 |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year) | PA-QL | DME |
| DEXCOM G6 SENSOR (QL= 3 sensors/28 days) | PA-QL | DME |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days) | PA-QL | DME |
| FREESTYLE LANCETS | OTC | DME |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | DME |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days) | PA-QL | DME |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year) | PA-QL | DME |
| FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days) | PA-QL | DME |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days) | PA-QL | DME |
| LANCETS | OTC | DME |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | PA-QL | DME |
| OMNIPOD DASH PODS (QL= 10 pods/month) | PA-QL | DME |
| V-GO INJ KIT (QL= 1 kit/day) | QL | DME |

MISC. DEVICES

| | | |
|---------------|-----|-----|
| ALCOHOL SWABS | OTC | DME |
|---------------|-----|-----|

PARENTERAL THERAPY SUPPLIES

| | | |
|----------------------|-------|-----|
| B-D INSULIN SYRINGE | --OTC | DME |
| B-D PEN NEEDLE | OTC | DME |
| HYPODERMIC NEEDLES | OTC | DME |
| NOVOFINE PEN NEEDLE | OTC | DME |
| NOVOTWIST PEN NEEDLE | OTC | DME |
| SYRINGE LUER-LOK | OTC | DME |
| TB SYRINGE | OTC | DME |

RESPIRATORY AIDS

| | | |
|------|-----|-----|
| MASK | OTC | DME |
|------|-----|-----|

RESPIRATORY THERAPY SUPPLIES

| | | |
|-----------------|-----|-----|
| AEROCHAMBER | OTC | DME |
| PEAK FLOW METER | OTC | DME |
| SPACER MASK | OTC | DME |

MIGRAINE PRODUCTS

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| | | | | | |
|------|--------------------------------------|-----|---------------------------------------|-----|--|
| EXC | NC =Not Covered Plan Exclusion | INF | generic =small letters Infertility | LD | BRANDS =CAPITAL LETTERS Limited Distribution |
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| ¢ | RxCENTS | | | | |

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

MIGRAINE PRODUCTS Cont.

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

| | | |
|---|-------|---|
| NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
|---|-------|---|

MIGRAINE COMBINATIONS

| | | |
|--|---|---|
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 2 |
| MIGERGOT SUPP | - | 2 |

MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES

| | | |
|--|-------|---|
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 |

MIGRAINE PRODUCTS - NSAIDS

| | | |
|----------------------|---|-----|
| CAMBIA POWDER PACKET | - | EXC |
|----------------------|---|-----|

SEROTONIN AGONISTS

| | | |
|---|-------|---|
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 2 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 2 |

MINERALS & ELECTROLYTES

FLUORIDE

| | | |
|---|---|---|
| FLUOR-A-DAY CHEW TAB | - | 1 |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | 1 |
| SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger) | - | 1 |
| sodium fluoride lozenge (LOZI-FLUR equiv) (Covered at \$0 for members 5 years or younger) | - | 1 |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger) | - | 1 |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger) | - | 1 |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger) | - | 2 |

PHOSPHATE

| | | |
|--|---|---|
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 |
| K-PHOS TAB | - | 2 |

POTASSIUM

| | | |
|--|---|---|
| K-TAB | - | 1 |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |

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| | | | | | |
|------|--|-----|--|-----|--|
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Last Updated* 4/1/2021

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|---|--------------|------|
| MINERALS & ELECTROLYTES Cont. | | |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| KLOR-CON M15 TAB | - | 2 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |
| potassium chloride soln | - | 2 |
| ZINC | | |
| zinc sulfate cap | - | 1 |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 2 |
| trientine cap (SYPRINE equiv) | MSP-PA | MSP |
| IMMUNOSUPPRESSIVE AGENTS | | |
| everolimus tab 0.25mg, 0.5mg, 0.75mg (ZORTRESS equiv) | PA | 2 |
| sirolimus soln (RAPAMUNE equiv) | - | 2 |
| ENSPRYNG INJ (QL= 1 inj/28 days) | MSP-PA-QL | MSP |
| POTASSIUM REMOVING AGENTS | | |
| SPS SUSP | - | 1 |
| LOKELMA PAK | PA | 2 |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS | | |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | MSP-PA-QL | MSP |
| BENLYSTA INJ (QL= 4 inj/28 day) | MSP-PA-QL | MSP |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln | - | 1 |
| LIDOCAINE ORAL SOLN 4% | - | 2 |
| ANTIALLERGY AGENTS - MOUTH/THROAT | | |
| APHTHASOL PASTE | - | 2 |
| ANTI-INFECTIVES - THROAT | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 |
| nystatin susp | - | 1 |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 |
| DENTAL PRODUCTS | | |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger) | - | 1 |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger) | - | 2 |
| PREVIDENT PASTE | - | 2 |
| PREVIDENT RINSE | - | 2 |
| STEROIDS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 |
| THROAT PRODUCTS - MISC. | | |

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MOUTH/THROAT/DENTAL AGENTS Cont.

| | | |
|---------------------------------|---|---|
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| cevimeline cap (EVOXAC equiv) | - | 2 |

MULTIVITAMINS

B-COMPLEX W/ FOLIC ACID

| | | |
|-----------------------------------|---|---|
| DIALYVITE TAB | - | 1 |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |
| FOLBEE PLUS CZ TAB | - | 1 |
| renaphro cap (NEPHROCAP equiv) | - | 1 |

MULTIPLE VITAMINS W/ MINERALS

| | | |
|--|---|---|
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
|--|---|---|

PED MULTI VITAMINS W/FL & FE

| | | |
|--|---|---|
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
|--|---|---|

PED MV W/ FLUORIDE

| | | |
|---|---|---|
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG | - | 1 |
| MULTIVITAMIN/FLOURIDE CHEW 1MG | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 |
| pediatric multiple vitamins/fluoride chew tab | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |

PRENATAL VITAMINS

| | | |
|-----------------------------|----|---|
| PRENATAL 19 CHEW TAB | - | 1 |
| CONCEPT DHA CAP | PA | 2 |
| PRENATABS RX TAB | PA | 2 |
| PRENATAL 19 TAB | PA | 2 |
| PRENATAL VITAMIN (RX ONLY) | PA | 2 |
| PRENATAL VITAMINS (RX ONLY) | PA | 2 |
| VP-PNV-DHA CAP | PA | 2 |

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

| | | |
|---|---|-----|
| baclofen tab (BACLOFEN equiv) | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| chlorzoxazone tab 500mg | - | 2 |
| carisoprodol tab 250mg (SOMA equiv) | - | EXC |

DIRECT MUSCLE RELAXANTS

| | | |
|---------------------------------|---|---|
| dantrolene cap (DANTRIUM equiv) | - | 2 |
|---------------------------------|---|---|

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL ANTIALLERGY

| | | |
|--|---|---|
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 2 |
| olopatadine nasal spray (PATANASE equiv) | - | 2 |

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| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 |
| NASAL STEROIDS | | |
| budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill) | QL | 1 |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 |
| NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill) | OTC-QL | 1 |
| triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill) | OTC-QL | 1 |
| mometasone nasal spray (NASONEX equiv) (Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide) | ST | 2 |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| riluzole tab (RILUTEK equiv) | - | 2 |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN (QL= 200ml/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | MSP |
| OPHTHALMIC AGENTS | | |
| BETA-BLOCKERS - OPHTHALMIC | | |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| CARTEOLOL OPHTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPHTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPHTH SOLN | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| COMBIGAN OPHTH SOLN | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 2 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 2 |
| TIMOLOL OPHTH GEL SOLN | - | 2 |
| CYCLOPLEGIC MYDRIATICS | | |
| atropine ophth oint | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| HOMATROPINE OPHTH SOLN | - | 2 |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |

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|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |
| PHOSPHOLINE OPHTH SOLN | - | 2 |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| brimonidine ophth soln 0.2% | - | 1 |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 2 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 |
| IOPIDINE OPHTH SOLN 1% | - | 2 |
| SIMBRINZA OPHTH SUSP | - | 2 |
| OPHTHALMIC ANTI-INFECTIVES | | |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 |
| erythromycin ophth oint (Covered at \$0 for members 1 year or younger) | - | 1 |
| GENTAK OPHTH OINT | - | 1 |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBREX equiv) | - | 1 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| CILOXAN OPHTH OINT | - | 2 |
| gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA) | ST | 2 |
| TOBREX OPHTH OINT | - | 2 |
| TRIFLURIDINE OPHTH SOLN | - | 2 |
| trifluridine ophth soln (VIROPTIC equiv) | - | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| OPHTHALMIC IMMUNOMODULATORS | | |
| RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist) | RS | 2 |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | - | 2 |
| ROCKLATAN OPHTH SOLN | - | 2 |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| OPHTHALMIC STEROIDS | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 |
| dexamethasone ophth soln | - | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |

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| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 |
| PREDNISOLONE OPHTH SUSP | - | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP | - | 2 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| DUREZOL OPHTH EMULSION | - | 2 |
| LOTEMAX OPHTH GEL | - | 2 |
| LOTEMAX OPHTH OINT | - | 2 |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 2 |
| loteprednol ophth susp (LOTEMAX equiv) | - | 2 |
| MAXIDEX OPHTH SOLN | - | 2 |
| PRED FORTE OPHTH SUSP 1% | - | 2 |
| PRED MILD OPHTH SOLN | - | 2 |
| PRED-G OPHTH SOLN | - | 2 |
| TOBRADEX OPHTH OINT | - | 2 |
| VEXOL OPHTH SUSP | - | 2 |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| OPHTHALMICS - MISC. | | |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 |
| cromolyn ophth soln (CROLOM equiv) | - | 1 |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 |
| FLURBIPROFEN OPHTH SOLN | - | 1 |
| flurbiprofen ophth soln (OCUFEN equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 |
| ALAMAST OPHTH SOLN | - | 2 |
| ALOCRIAL OPHTH SOLN | - | 2 |
| ALOMIDE OPHTH SOLN | - | 2 |
| brinzolamide ophth susp (AZOPT equiv) | - | 2 |
| bromfenac ophth soln (BROMDAY equiv) | - | 2 |
| ILEVRO OPHTH SUSP | - | 2 |
| NEVANAC OPHTH SUSP | - | 2 |
| PROLENSA OPHTH SOLN | - | 2 |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | MSP |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | MSP |
| PROSTAGLANDINS - OPHTHALMIC | | |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 2 |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 2 |

OTIC AGENTS

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| OTIC AGENTS Cont. | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| OTIC STEROIDS | | |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 |
| fluocinolone otic oil (DERMOTIC equiv) | - | 2 |
| OXYTOCICS | | |
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 2 |
| PASSIVE IMMUNIZING AGENTS | | |
| IMMUNE SERUMS | | |
| HIZENTRA INJ | MSP-PA | MSP |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| HIZENTRA INJ | MSP-PA | MSP |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| AMOXICILLIN CHEW TAB | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| ampicillin cap (PRINCIPEN equiv) | - | 1 |
| ampicillin susp (PRINCIPEN equiv) | - | 1 |
| NATURAL PENICILLINS | | |
| penicillin vk soln (VEETIDS equiv) | - | 1 |
| penicillin vk tab (VEETIDS equiv) | - | 1 |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |
| PROGESTINS | | |
| PROGESTINS | | |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |

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|---|--------------|------|
| PROGESTINS Cont. | | |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone oil inj | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| DISULFIRAM TAB | - | 1 |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 2 |
| ANTI-CATAPLECTIC AGENTS | | |
| XYREM SOLN (Only available through Xyrem Central Pharmacy 314-587-4050) | LD-PA | MSP |
| ANTIDEMENTIA AGENTS | | |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| galantamine tab (RAZADYNE equiv) | - | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg) | QL-ST | 2 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 2 |
| GALANTAMINE SOLN | - | 2 |
| memantine ER cap (NAMENDA XR equiv) | - | 2 |
| memantine soln (NAMENDA equiv) | - | 2 |
| NAMENDA XR TITRATION PACK | - | 2 |
| rivastigmine patch (EXELON equiv) | - | 2 |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | 1 |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 2 |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK | - | 2 |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 |
| MOVEMENT DISORDER DRUG THERAPY | | |
| AUSTEDO TAB (QL= 4 tabs/day) | MSP-PA-QL | MSP |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | MSP |
| tetrabenazine tab (XENAZINE equiv) | MSP-PA | MSP |
| MULTIPLE SCLEROSIS AGENTS | | |
| dimethyl fumarate DR cap (TECFIDERA equiv) | MSP | 1 |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | MSP | 1 |
| glatiramer inj (COPAXONE equiv) | MSP | 1 |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day) | QL | 2 |
| AUBAGIO TAB | MSP | MSP |
| AVONEX INJ | MSP | MSP |
| EXTAVIA INJ | MSP | MSP |
| GILENYA CAP | MSP | MSP |
| KESIMPTA INJ | MSP-PA | MSP |
| MAYZENT TAB | MSP | MSP |

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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 | SF | Limited to two 15 day fills per month for first 3 months |
| SMKG | Smoking Cessation | ST | Step Therapy | VAC | Vaccine Program |
| ¢ | RxCENTS | | | | |

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**GHC-SCW 3-Tier Complete Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| MAYZENT TAB STARTER PACK | MSP | MSP |
| PLEGRIDY INJ | MSP | MSP |
| PLEGRIDY PEN INJ | MSP | MSP |
| REBIF INJ () | MSP | MSP |
| ZEPOSIA CAP | MSP | MSP |
| ZEPOSIA STARTER PACK | MSP | MSP |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| PIMOZIDE TAB | - | 2 |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| CHANTIX PAK (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| CHANTIX TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTINE KIT | OTC-QL-SMKG | \$0 |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| VASOMOTOR SYMPTOM AGENTS | | |
| paroxetine cap (BRISDELLE equiv) | - | EXC |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP |
| PULMOZYME INH SOLN | MSP-PA | MSP |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL-SF | MSP |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | MSP |
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET CAP (QL= 9 caps/day) | MSP-PA-QL-SF | MSP |
| ESBRIET TAB 267MG (QL= 9 tabs/day) | MSP-PA-QL-SF | MSP |
| ESBRIET TAB 801MG (QL= 3 tabs/day) | MSP-PA-QL-SF | MSP |
| OFEV CAP (QL= 2 caps/day) | MSP-PA-QL-SF | MSP |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| SULFADIAZINE TAB | - | 1 |
| TETRACYCLINES | | |
| TETRACYCLINES | | |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |

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| | | | | | |
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**GHC-SCW 3-Tier Complete Formulary
Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| TETRACYCLINES Cont. | | |
| doxycycline hyclate tab 20mg, 100mg (VIBRATAB equiv) | - | 1 |
| doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv) | - | 1 |
| minocycline cap (MINOCIN equiv) | - | 1 |
| doxycycline monohydrate tab | - | 2 |
| doxycycline susp (VIBRAMYCIN equiv) | - | 2 |
| doxycycline hyclate DR tab (DORYX equiv) | - | EXC |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |
| THYROID HORMONES | | |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| SYNTHROID TAB | - | 1 |
| THYROLAR TAB | - | 2 |

TOXOIDS

| DrugName | Special Code | Tier |
|----------------------------|--------------|------|
| TOXOID COMBINATIONS | | |
| VAXELIS INJ | VAC | EXC |

ULCER DRUGS

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTISPASMODICS | | |
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 2 |
| dicyclomine soln (BENTYL equiv) | - | 2 |
| glycopyrrolate tab (ROBINUL equiv) | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| H-2 ANTAGONISTS | | |
| CIMETIDINE SOLN | - | 1 |
| cimetidine soln (CIMETIDINE equiv) | - | 1 |
| cimetidine tab (TAGAMET equiv) | - | 1 |
| famotidine tab (PEPCID equiv) | - | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 2 |

| DrugName | Special Code | Tier |
|---------------------------------|--------------|------|
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | 1 |

PROTON PUMP INHIBITORS

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Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| ULCER DRUGS Cont. | | |
| esomeprazole cap (NEXIUM equiv) (Step Therapy requires trial of omeprazole) | ST | 1 |
| lansoprazole cap (PREVACID equiv) | OTC | 1 |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 |
| PREVACID OTC CAP | OTC | 1 |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 |
| ULCER THERAPY COMBINATIONS | | |
| pepcid chewable | - | 1 |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| H-2 ANTAGONISTS | | |
| NIZATIDINE CAP | - | 1 |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 2 |
| PROTON PUMP INHIBITORS | | |
| lansoprazole odt (PREVACID SOLUTAB equiv) (No Prior Authorization required for members 12 years and younger.) | PA | 2 |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 2 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| OXYTROL PATCH (OTC) | OTC | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |
| darifenacin SR tab (ENABLEX equiv) | - | 2 |
| tolterodine SR cap (DETROL LA equiv) | - | 2 |
| tolterodine tab (DETROL equiv) | ¢ | 2 |
| tropium tab (SANCTURA equiv) | - | 2 |
| URINARY ANTISPASMODICS | | |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS | | |
| MYRBETRIQ TAB | - | 2 |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | 1 |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| VIVOTIF CAP (QL= 4 caps/fill) | QL-VAC | 2 |
| VIRAL VACCINES | | |
| AFLURIA INJ | VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ | VAC | \$0 |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/365 days) | QL | \$0 |
| COVID-19 VACCINE INJ (MODERNA) (QL= 1 dose/24 days; limit 2 fills/12 months) | QL | \$0 |

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Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|---|--------------|------|
| VACCINES Cont. | | |
| COVID-19 VACCINE INJ (PFIZER) (QL= 1 dose/17 days; limit 2 fills/12 months) | QL | \$0 |
| FLUAD INJ | VAC | \$0 |
| FLUAD QUAD INJ | VAC | \$0 |
| FLUBLOK INJ | VAC | \$0 |
| FLUBLOK QUAD PF INJ | VAC | \$0 |
| FLUCELVAX INJ | VAC | \$0 |
| FLUCELVAX QUAD INJ | VAC | \$0 |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | \$0 |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | \$0 |
| FLUVIRIN INJ | VAC | \$0 |
| FLUVIRIN PF INJ | VAC | \$0 |
| FLUZONE HD PF INJ | VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ | VAC | \$0 |
| FLUZONE INTRADERMAL INJ | VAC | \$0 |
| FLUZONE QUAD INJ | VAC | \$0 |
| FLUZONE/FLUARIX QUAD INJ | VAC | \$0 |

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|----------------------|-----|-----|
| ACIDIC VAGINAL JELLY | - | 2 |
| SPERMICIDES | | |
| CONTRACEPTIVE FOAM | OTC | \$0 |
| CONTRACEPTIVE GEL | OTC | \$0 |
| TODAY SPONGE | OTC | \$0 |

VAGINAL ANTI-INFECTIVES

| | | |
|--|---|---|
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| NYSTATIN VAGINAL TAB | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| AVC VAGINAL CREAM | - | 2 |

VAGINAL ESTROGENS

| | | |
|---|----|---|
| estradiol cream (ESTRACE equiv) | - | 1 |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill)) | QL | 2 |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |

VAGINAL PROGESTINS

| | | |
|-------------------|---|-----|
| CRINONE GEL | - | EXC |
| ENDOMETRIN INSERT | - | EXC |

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

| | | |
|--|----|---|
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 2 |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | 2 |

VASOPRESSORS

| | | |
|----------------------------------|---|---|
| midodrine tab (PROAMATINE equiv) | - | 1 |
|----------------------------------|---|---|

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Category/Class**

Last Updated* 4/1/2021

| DrugName | Special Code | Tier |
|--|--------------|------|
| VITAMINS | | |
| MISC. NUTRITIONAL FACTORS | | |
| PRENATAL VITAMIN (RX ONLY) | - | 1 |
| OIL SOLUBLE VITAMINS | | |
| vitamin D cap 1000unit (Only covered for members 65 years old or older.) | OTC | \$0 |
| vitamin D cap 2000IU (Only covered for members 65 years old or older.) | OTC | \$0 |
| VITAMIN D CAP 400IU (Only covered for members 65 years old or older.) | OTC | \$0 |
| vitamin D cap 400unit (Only covered for members 65 years old or older.) | OTC | \$0 |
| vitamin D tab 2000IU (Only covered for members 65 years old or older.) | OTC | \$0 |
| vitamin D cap (RX strength only) | - | 1 |
| phytonadione tab (MEPHYTON equiv) | - | 2 |
| WATER SOLUBLE VITAMINS | | |
| niacin cap | OTC | 1 |
| niacin CR tab (SLO-NIACIN equiv) | OTC | 1 |
| niacin tab | OTC | 1 |
| NIACIN TR TAB | OTC | 1 |
| niacinamide tab | OTC | 1 |
| POTABA POWDER PACKET | - | 2 |
| POTABA TAB | - | 2 |

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**GHC-SCW 3-Tier Complete Formulary
Therapeutic Interchange List**

**Note: Suggested interchange is product appropriate for MOST indications.
Last Updated* 4/1/2021**

| Non-Preferred/Not Covered | Alternatives* |
|--|-----------------------------|
| ABSORICA CAP | amnesteem |
| ABSTRAL SL TAB | fentanyl citrate lollipop |
| ACCOLATE TAB | montelukast |
| ACCUNEB NEB SOLN | albuterol neb 0.5%, 0.083% |
| ACETASOL HC OTIC SOLN | acetic acid otic soln. |
| | fluocinolone |
| ACIPHEX SPRINKLE CAP | lansoprazole susp |
| | omeprazole susp |
| | PREVACID ODT |
| ACTEMRA SC INJ | ENBREL |
| | HUMIRA |
| ACUVAIL OPHTH SOLN | ketorolac ophth |
| acyclovir oint | ZOVIRAX OINT |
| adapalene gel 0.3% | DIFFERIN GEL 0.3% |
| ADASUVE INHALER | loxapine tab |
| | olanzapine |
| | risperidone |
| ADMELOG INJ, INSULIN LISPRO INJ | NOVOLOG |
| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR | NOVOLOG |
| ADVICOR TAB | lovastatin |
| | pravastatin |
| | simvastatin |
| ALORA PATCH | estradiol patch |
| | VIVELLE-DOT |
| alprazolam ER tab | alprazolam |
| alprazolam ODT | alprazolam |
| ALTABAX OINT | mupirocin oint |
| ALTOPREV TAB | CRESTOR |
| | lovastatin |
| | simvastatin |
| AMBIEN CR TAB | temazepam |
| | trazodone |
| | zolpidem |
| amlodipine/valsartan tab | EXFORGE TAB |
| amoxicillin/clavulanate ER tab | amoxicillin/clavulanic acid |
| amphetamine/dextroamphetamine ER cap | ADDERALL XR |
| AMTURNIDE TAB | amlodipine |
| | hydrochlorothiazide |
| | losartan |
| | valsartan |
| ANAFRANIL CAP | fluoxetine |

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GHC-SCW 3-Tier Complete Formulary Cont'

Therapeutic Interchange List

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Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|---------------------------------|
| ANAFRANIL CAP | sertraline |
| | venlafaxine |
| ANGELIQ TAB | jinteli |
| | PREMPHASE |
| | PREMPRO |
| ANORO ELLIPTA INHALER | ADVAIR |
| | BREO ELLIPTA |
| ANTARA CAP, LOFIBRA CAP | LOFIBRA |
| | TRILIPIX |
| ANZEMET TAB | ondansetron |
| APIDRA INJ | NOVOLOG |
| APIDRA SOLOSTAR INJ | NOVOLOG |
| APTIOM TAB | carbamazepine |
| | lamotrigine |
| | oxcarbazepine |
| AUGMENTIN XR TAB | amoxicillin/clavulanic acid |
| AVAR | PLEXION |
| | PRASCION |
| AVAR AEROSOL FOAM | sodium sulfacetamide/sulfur |
| AZASAN TAB | azathioprine |
| azelastine ophth soln | PATADAY |
| AZELEX CREAM | adapalene |
| | DIFFERIN |
| | RETIN-A MICRO |
| | tretinoin |
| BACLOFEN CREAM COMPOUND KIT | lidocaine oint. |
| BECONASE AQ NASAL SPRAY | fluticasone nasal spray |
| | NASONEX |
| | VERAMYST |
| BESIVANCE OPHTH SUSP | ciprofloxacin |
| | levofloxacin |
| | MOXEZA/ VIGAMOX |
| | ofloxacin |
| betamethasone valerate foam | Formulary Alternatives |
| BIAXIN XL TAB | clarithromycin |
| BIFERARX TAB | Formulary vitamins and minerals |
| BROVANA NEB SOLN | iprotropium neb |
| budesonide nasal spray | flunisolide |
| | fluticasone nasal spray |
| | NASONEX |
| | VERAMYST |

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GHC-SCW 3-Tier Complete Formulary Cont'

Therapeutic Interchange List

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Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|----------------------------------|-------------------------|
| buprenorphine SL tab | butorphanol nasal spray |
| BYETTA INJ | BYDUREON |
| | VICTOZA |
| calcipotriene/betamethasone oint | DOVONEX + betamethasone |
| calcitonin nasal spray | FORTICAL |
| CAMBIA POWDER PACKET | sumatriptan |
| candesartan tab | losartan |
| | valsartan |
| CAPITAL/CODEINE SUSP | acetaminophen/codeine |
| CARDENE SR CAP | amlodipine |
| | nifedipine ER |
| CARDURA XL TAB | doxazosin |
| | terazosin |
| | UROXATRAL |
| carisoprodol/aspirin/codeine tab | carisoprodol/aspirin |
| CEDAX CAP | cefdinir |
| | cefprozil |
| | cefuroxime |
| CEDAX SUSP | cefdinir |
| | cefprozil |
| | cefuroxime |
| cefaclor cap | cefdinir |
| | cefprozil |
| | cefuroxime |
| CEFACLOR ER TAB | cefdinir |
| | cefprozil |
| | cefuroxime |
| CEFACLOR SUSP | cefdinir |
| | cefprozil |
| | cefuroxime |
| CENESTIN TAB | estradiol |
| | PREMARIN |
| CENTANY OINT | mupirocin |
| CESAMET CAP | dronabinol |
| | Formulary Antiemetics |
| CIPRO HC OTIC SUSP | CIPRODEX |
| | ofloxacin otic |
| CIPRO XR TAB | AVELOX |
| | ciprofloxacin |
| | levofloxacin |
| CIPROFLOXACIN OTIC SOLN | CIPRODEX SUSP |

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GHC-SCW 3-Tier Complete Formulary Cont'

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|----------------------------------|--|
| CIPROFLOXACIN OTIC SOLN | ofloxacin otic |
| CLARIFOAM EF FOAM | sodium sulfacetamide w/sulfur emulsion |
| clarithromycin ER tab | clarithromycin |
| CLINDACIN KIT | clindamycin topical |
| clindamycin foam | clindamycin topical solution |
| CLINDESSE VAGINAL CREAM | clindamycin vaginal cream |
| clobetasol E foam | clobetasol cream |
| | clobetasol gel |
| | clobetasol oint |
| | clobetasol soln. |
| CLOCORTOLONE CREAM | desonide topical |
| clonazepam ODT | clonazepam |
| clonidine ER tab | methylphenidate (ER) |
| | mixed amphetamine salts |
| CODEINE SULFATE SOLN | acetaminophen w/ codeine soln |
| | hydrocodone/ acetaminophen soln |
| | oxycodone oral soln |
| COLESTID GRANULE | cholestyramine powder |
| COLESTID POWDER PACK | cholestyramine powder |
| colestipol powder packet | cholestyramine powder |
| CONDYLOX GEL | imiquimod |
| CORTIFOAM | hydrocortisone supp |
| COVERA-HS TAB | verapamil |
| CYCLOBENZAPRINE COMPOUND KIT | lidocaine |
| | VOLTAREN |
| cyclobenzaprine tab 7.5mg | cyclobenzaprine 5mg or 10mg |
| CYCLOSET TAB | glipizide |
| | JANUVIA |
| | metformin |
| DAYTRANA PATCH | methylphenidate (ER) |
| DESOWEN CREAM KIT | betamethasone |
| | clobetasol |
| | triamcinolone |
| DESOWEN LOTION KIT | betamethasone |
| | clobetasol |
| | triamcinolone |
| DESOWEN OINT KIT | betamethasone |
| | clobetasol |
| | triamcinolone |
| DESVENLAFAXINE ER TAB | citalopram |
| | fluoxetine |

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|---|--|
| DESVENLAFAXINE ER TAB | fluvoxamine paroxetine sertraline venlafaxine |
| DEXILANT CAP | omeprazole pantoprazole |
| dexmethylphenidate ER cap | ADDERALL XR amphetamine/dextroamphetamine dextroamphetamine |
| dexmethylphenidate tab | methylphenidate ER ADDERALL XR amphetamine/dextroamphetamine methylphenidate (ER) |
| dextroamphetamine soln | dextroamphetamine tab |
| diclofenac sodium XR tab | regular release diclofenac |
| diclofenac soln 1.5% | oral NSAIDS VOLTAREN GEL |
| DIFFERIN CREAM | adapalene DIFFERIN RETIN-A MICRO tretinoin |
| DIFFERIN GEL | adapalene DIFFERIN RETIN-A MICRO tretinoin |
| DIFICID TAB | vancomycin |
| DIPENTUM CAP | ASACOL |
| diphenhydramine cap 50mg | OTC Alternatives |
| DIVIGEL GEL, ELESTRIN GEL | estradiol patch estradiol tab PREMARIN VIVELLE/DOT |
| DOXYCYCLINE CAP, ORACEA CAP | doxycycline topical metronidazole |
| doxycycline hyclate DR tab | doxycycline hyclate capsule |
| doxycycline monohydrate cap 75mg, 150mg | doxycycline monohydrate cap 100mg doxycycline monohydrate cap 50mg |
| doxycycline monohydrate cap 75mg,150mg | doxycycline monohydrate cap 100mg doxycycline monohydrate cap 50mg |
| doxycycline susp | doxycycline hyclate |
| DYNACIRC CR TAB | isradipine |

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|----------------------------------|----------------------------|
| ECOZA FOAM | econazole cream |
| EDARBI TAB | losartan |
| | valsartan |
| EDLUAR SL TAB | formulary benzodiazepines |
| | trazodone |
| | zolpidem |
| ELESTAT OPHTH SOLN | PATADAY |
| EMADINE OPHTH SOLN | PATADAY |
| EMBEDA CAP | morphine sulfate ER |
| EMSAM PATCH | Formulary Anti-Depressants |
| epinastine ophth soln | PATADAY |
| eplerenone tab | spironolactone |
| EPROSARTAN TAB | DIOVAN |
| | losartan |
| ERTACZO CREAM | OTC Alternatives |
| ESOMEPRAZOLE STRONTIUM CAP | lansoprazole |
| | omeprazole |
| | pantoprazole |
| estradiol/norethindrone tab | FEMHRT |
| | PREMPRO |
| etodolac ER tab | etodolac |
| EVAMIST SPRAY | estradiol patch |
| | estradiol tab |
| | PREMARIN |
| | VIVELLE/DOT |
| FABIOR AEROSOL FOAM | tazorac |
| FALESSA KIT | lutea |
| | sronyx |
| FAMVIR TAB | acyclovir |
| | valacyclovir |
| FANAPT TAB | olanzapine |
| | quetiapine |
| | risperidone |
| | ziprasidone |
| felodipine ER tab | amlodipine |
| | nifedipine ER |
| FEMCON FE CHEW TAB | levora |
| | portia |
| FEMRING | estradiol patch |
| | Formulary Estrogens |
| fenofibrate cap 43mg, 130mg | LOFIBRA |

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|--|--|
| fenofibrate cap 43mg, 130mg | TRILIPIX |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | LOFIBRA |
| fenofibrate tab 40mg, 120mg | LOFIBRA |
| | TRILIPIX |
| fenofibric acid DR cap | TRILIPIX |
| FENOFIBRIC TAB, FIBRICOR TAB | LOFIBRA |
| | TRILIPIX |
| FETZIMA CAP | duloxetine |
| | venlafaxine |
| FEXMID TAB | cyclobenzaprine 5mg or 10mg |
| finasteride tab | Plan Exclusion |
| FIORICET CAP | Plan Exclusion |
| FIORICET/CODEINE CAP | Plan Exclusion |
| FIORINAL CAP | Plan Exclusion |
| FIORINAL/CODEINE CAP | Plan Exclusion |
| FLAGYL ER TAB | metronidazole |
| flavoxate tab | oxybutynin |
| FLO-PRED SUSP | prednisolone soln |
| fluocinolone acetonide oil | fluocinolone |
| FLUOXETINE TAB 60MG | fluoxetine cap |
| fluoxetine weekly cap | fluoxetine |
| fluvoxamine ER cap | citalopram |
| | fluoxetine |
| | fluvoxamine |
| | paroxetine |
| | sertraline |
| fondaparinux inj | enoxaparin |
| FOSAMAX+D TAB | alendronate+vitamin D (OTC) |
| FYCOMPA TAB | carbamazepine |
| | lamotrigine |
| | oxcarbazepine |
| GATTEX KIT | NORDITROPIN |
| GELCLAIR GEL | Compounds including lidocaine, diphenhydramine, and magnesium aluminum hydroxide |
| GELNIQUE | MYRBETRIQ |
| | oxybutynin |
| | tolterodine |
| | VESICARE |
| gianvi tab, ocella tab | YASMIN |
| | YAZ |
| GILOTRIF TAB | TARCEVA |

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|---|--|
| GOLYTELY SOLN | MOVIPREP peg 3350 |
| GRANISOL SOLN | granisetron ondansetron |
| GRASTEK SL TAB guaifenesin tab | Formulary Antihistamines OTC Alternatives |
| HALFLYTELY BOWEL PREP KIT | MOVIPREP peg 3350 |
| HALOG OINT | betamethasone triamcinolone |
| halonate pac kit | ammonium lactate cream halobetasol |
| HEMANGEOL SOLN | PROPRANOLOL ORAL SOLN |
| HETLIOZ CAP | temazepam trazodone zolpidem |
| HUMALOG MIX INJ | NOVOLOG |
| HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ | NOVOLOG |
| HUMALOG PEN INJ | NOVOLOG |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | OTC Alternatives |
| hydrocodone/ibuprofen tab | hydrocodone + ibuprofen |
| hydrocortisone butyrate lipocream | hydrocortisone butyrate cream, soln, oint |
| hydroquinone cream | Plan Exclusion |
| imipramine pamoate cap | imipramine |
| INCIVEK TAB | SOVALDI |
| INDERAL XL CAP, INNOPRAN XL CAP | propranolol er cap |
| INSPIRA TAB | spironolactone |
| INSULIN SYRINGE | B-D BRAND PRECISION BRAND |
| iodoquinol/hydrocortisone cream 1% | nystatin/triamcinolone cream |
| JENTADUETO TAB | JANUMET JANUVIA KOMBIGLYZE ONGLYZA |
| JUXTAPID CAP | atorvastatin lovastatin NIASPAN pravastatin simvastatin ZETIA |
| KERAFOAM | formulary urea products |

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|---|--|
| KETEK TAB | amoxicillin amoxicillin/clavulanate azithromycin clarithromycin |
| KETOPROFEN ER CAP | ibuprofen indomethacin ketoprofen naproxen |
| ketorolac inj | ketorolac tab |
| KHEDEZLA ER TAB | citalopram fluoxetine fluvoxamine paroxetine sertraline venlafaxine |
| KRISTALOSE PACKET | lactulose |
| KYNAMRO INJ | atorvastatin lovastatin niacin pravastatin simvastatin ZETIA |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | lamotrigine |
| LAMICTAL XR TAB | lamotrigine |
| lamotrigine ER tab | lamotrigine |
| LANOXIN TAB 0.0625MG, 0.1875MG | digoxin tab |
| lansoprazole/amoxicillin/clarithromycin kit | lansoprazole + antibiotic omeprazole + antibiotic |
| LASTACAFT OPHTH SOLN | alaway PATADAY |
| levalbuterol neb soln | albuterol nebulizer |
| LEVATOL TAB | atenolol propranolol |
| LIDOCAINE CREAM | lidocaine cream |
| lidocaine cream 3% | Plan Exclusion |
| lidocaine/hydrocortisone cream | OTC Alternatives |
| LIDODERM PATCH | gabapentin |
| LINZESS CAP | OTC alternatives PEG 3350 |
| LIVALO TAB | simvastatin |
| LOCOID LIPOCREAM | hydrocortisone butyrate cream, soln, oint |

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|----------------------------------|--|
| LORTAB ELIXIR | hydrocodone/acetaminophen soln 7.5/325mg |
| LOTRIMIN AF CREAM | OTC CLOTRIMAZOLE |
| malathion lotion | permethrin |
| mefenamic acid cap | diclofenac |
| | ibuprofen |
| | naproxen |
| MELOXICAM COMFORT KIT | meloxicam + OTC alternative |
| MENEST TAB | estradiol |
| | PREMARIN |
| MENOSTAR PATCH | estradiol patch |
| | VIVELLE/DOT |
| MENTAX CREAM | OTC CLOTRIMAZOLE |
| METANX CAP | METANX TAB |
| metaxalone tab | carisoprodol |
| | cyclobenzaprine |
| | methocarbamol |
| metformin ER osmotic tab | metformin |
| | metformin ER |
| METHITEST TAB | ANDRODERM |
| | ANDROGEL |
| METOZOLV ODT | metoclopramide |
| MIACALCIN NASAL SPRAY | FORTICAL |
| MICARDIS HCT TAB | losartan/hctz |
| MILLIPRED TAB | prednisolone |
| minocycline ER tab | minocycline |
| MONODOX CAP | doxycycline hyclate |
| morphine sulfate ER cap | morphine sulfate er tab |
| | morphine sulfate tab |
| MOXATAG TAB | amoxicillin |
| MOXATAG TAB 775MG | amoxicillin |
| MYTESI TAB | diphenoxylate/atropine |
| | loperamide |
| NAFTIN GEL 2% | NAFTIN GEL 1% |
| naltrexone tab | ANTABUSE |
| | disulfiram |
| NAPROXEN CREAM COMPOUND KIT | lidocaine oint |
| naproxen sodium CR tab | naproxen |
| NATAZIA TAB | aviane |
| | portia |
| | YAZ |
| nateglinide tab | glipizide |

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|-----------------------------------|--|
| nateglinide tab | glyburide |
| NATROBA SUSP | SPINOSAD SUSP |
| NEFAZODONE TAB | citalopram |
| | fluoxetine |
| | paroxetine |
| NEUPRO PATCH | amantadine |
| | carbidopa/ levodopa |
| | pramipexole |
| | ropinirole tab |
| NEXICLON XR SUSP | clonidine IR |
| NEXICLON XR TAB | clonidine IR |
| NEXIUM CAP | lansoprazole |
| | omeprazole |
| | pantoprazole |
| NEXIUM GRANULE PACK | lansoprazole |
| | omeprazole |
| niacin ER tab | NIASPAN ER TAB |
| NIRAVAM ODT | alprazolam |
| nitroglycerin lingual spray | NITROSTAT SL TAB |
| NITROLINGUAL PUMP SPRAY | NITROSTAT SL TAB |
| NORITATE CREAM | FINACEA |
| NOROXIN TAB | ciprofloxacin |
| NUCYNTA TAB | oxycodone |
| | tramadol |
| NULYTELY SOLN | MOVIPREP |
| | peg 3350 |
| OLEPTRO TAB | bupropion |
| | trazodone |
| | venlafaxine |
| OLUX FOAM | clobetasol cream |
| omeprazole/sodium bicarbonate cap | omeprazole + sodium bicarbonate |
| OMNARIS NASAL SPRAY | fluticasone nasal spray |
| | NASONEX |
| | VERAMYST |
| ONEXTON GEL | topical clindamycin + benzoyl peroxide (OTC) |
| OPANA ER TAB (CRUSH RESISTANT) | hydromorphone |
| | morphine sulfate ER |
| | oxycodone |
| OPANA TAB | Formulary Alternatives |
| opium tincture | Formulary Analgesics |
| ORAVIG TAB | clotrimazole troches |

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|---|--|
| ORAVIG TAB | nystatin |
| ORENITRAM TAB | LETAIRIS |
| | sildenafil |
| OSMOPREP TAB | peg 3350/electrolytes |
| OSPHENA TAB | systemic or topical estrogen, lubricants |
| OVACE PLUS SHAMPOO | Formulary Topical Agents |
| oxycodone/ibuprofen tab | oxycodone + ibuprofen |
| oxymorphone tab | Formulary Analgesics |
| OXYTROL PATCH (OTC) | oxybutynin |
| PANDEL CREAM | hydrocortisone |
| PAREGORIC TINCTURE | diphenoxylate w/atropine |
| PAZEO OPHTH SOLN 0.7% | PATADAY |
| PCE TAB | erythromycin |
| pediatric multiple vitamins/fluoride chew tab | pediatric multivitamins/fluoride soln. |
| PENNSAID SOLN | oral NSAIDs |
| | VOLTAREN GEL |
| PENTASA CAP | ASACOL (HD) |
| | DELZICOL |
| | LIALDA |
| pentazocine/naloxone tab | butorphanol nasal spray |
| | SUBOXONE SL FILM |
| PERFOROMIST NEB SOLN | FORADIL AEROLIZER |
| PEXEVA TAB | citalopram |
| | fluoxetine |
| | fluvoxamine |
| | paroxetine |
| | sertraline |
| PICATO GEL | Carac |
| | fluorouracil |
| | imiquimod |
| POLY-TUSSIN DM SYRUP | OTC Alternatives |
| PONSTEL CAP | diclofenac |
| | ibuprofen |
| | naproxen |
| PREVACID CAP | omeprazole 20mg, 40mg |
| | PREVACID OTC |
| PREVPAC KIT | lansoprazole + antibiotic |
| | omeprazole + antibiotic |
| PRILOSEC CAP | omeprazole cap 20mg, 40mg |
| PROQUIN XR TAB | ciprofloxacin |
| PROSED DS TAB | phenazopyridine |

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|----------------------------------|---|
| PROSED DS TAB | usept |
| PROTHELIAL PASTE | sucralfate susp sucralfate tab |
| protriptyline tab | amitriptyline nortriptyline |
| PROZAC WEEKLY CAP | fluoxetine |
| PULMICORT FLEXHALER | ASMANEX FLOVENT QVAR |
| PYLERA CAP | metronidazole + tetracycline + antacid |
| QUINIDINE SULFATE ER TAB | quinidine sulfate |
| RAVICTI LIQUID | BUPHENYL tablets or powder |
| RENAGEL TAB | calcium acetate calcium acetate cap RENVELA |
| RENOVA CREAM | Plan Exclusion |
| REPAGLINIDE TAB | glipizide + metformin glyburide + metformin |
| REQUIP XL TAB | ropinirole tab |
| RETIN-A MICRO GEL 0.08%, 0.06% | RETIN-A MICRO GEL 0.04% RETIN-A MICRO GEL 0.1% |
| REXAPHENAC CREAM | VOLTAREN GEL |
| RHEUMATREX TAB | methotrexate |
| RHINOCORT AQUA NASAL SPRAY | flunisolide fluticasone nasal spray NASONEX VERAMYST |
| risedronate tab | ACTONEL TAB 150MG alendronate |
| ropinirole ER tab | ropinirole tab |
| ROSDAN KIT | FINACEA |
| ROWASA KIT | mesalamine |
| RYBIX ODT | tramadol |
| SANCUSO PATCH | granisetron tab |
| SANDOSTATIN LAR INJ KIT | octreotide inj. |
| SEASONIQUE TAB | levora portia |
| seb-prev cream | Formulary Topical Agents |
| SIMPONI ARIA INJ | ENBREL HUMIRA |
| SIMPONI SC INJ | ENBREL |

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|------------------------------------|--|
| SIMPONI SC INJ | HUMIRA |
| SIRTURO TAB | ethambutol |
| | isoniazid |
| | pyrazinamide. |
| | rifampin |
| SITAVIG TAB | acyclovir cap |
| SIVEXTRO TAB | ZYVOX |
| SKELAXIN TAB | carisoprodol |
| | cyclobenzaprine |
| | methocarbamol |
| SKELID TAB | alendronate |
| sodium sulfacetamide gel | Formulary Topical Agents |
| sodium sulfacetamide lotion | sodium sulfacetamide/sulfur emulsion |
| sodium sulfacetamide shampoo | Formulary Topical Agents |
| sodium sulfacetamide/sulfur foam | sodium sulfacetamide w/sulfur emulsion |
| sodium sulfacetamide/sulfur susp | sodium sulfacetamide emulsion |
| | sodium sulfacetamide lotion |
| | sodium sulfacetamide soln |
| sodium sulfacetamide/sunscreen kit | sodium sulfacetamide lotion or cream |
| SOVALDI TAB | INCIVEK |
| | VICTRELIS |
| STAVZOR CAP | divalproex |
| | divalproex er |
| STRIVERDI RESPIMAT INHALER | SEREVENT DISKUS |
| SUBSYS SPRAY | oxycodone tab |
| SUCLEAR KIT | GOLYTELY |
| | MOVIPREP |
| | NULYTELY |
| | peg 3350 |
| SUMADAN KIT | Formulary Alternatives |
| SUMAVEL DOSEPRO INJ | sumatriptan |
| SUPRAX CAP | cefdinir |
| | cefprozil |
| | cefuroxime |
| SUPRAX CHEW TAB | cefdinir |
| | cefprozil |
| | cefuroxime |
| SUPRAX TAB | cefdinir |
| | cefprozil |
| | cefuroxime |
| SUPREP SOLN | MOVIPREP |

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GHC-SCW 3-Tier Complete Formulary Cont'

Therapeutic Interchange List

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 4/1/2021

| Non-Preferred/Not Covered | Alternatives* |
|-------------------------------------|-------------------------------|
| SUPREP SOLN | peg 3350 |
| SYMLINPEN INJ | HUMALOG |
| | HUMULIN |
| | LANTUS |
| TACLONEX OINT | DOVONEX + betamethasone |
| TARKA TAB | amlodipine/benazepril |
| TAZORAC CREAM 0.05% | tretinoin (PA 35 or older) |
| TAZORAC GEL | tretinoin (PA 35 or older) |
| TEKAMLO TAB | amlodipine |
| | losartan |
| | valsartan |
| TEKTURNA HCT TAB | losartan/hydrochlorothiazide |
| | valsartan/hydrochlorothiazide |
| telmisartan tab | DIOVAN |
| | losartan |
| telmisartan/amlodipine tab | amlodipine |
| | losartan |
| | valsartan |
| telmisartan/hydrochlorothiazide tab | losartan/hctz |
| temazepam cap 22.5mg | temazepam 15mg |
| | temazepam 30mg |
| | triazolam |
| temazepam cap 7.5mg | temazepam 15mg |
| | temazepam 30mg |
| | triazolam |
| TEST STRIP (all other test strips) | FREESTYLE TEST STRIP |
| | PRECISION XTRA TEST STRIP |
| TESTOSTERONE GEL, VOGELXO GEL | ANDROGEL |
| THIOLA TAB | CUPRIMINE CAP |
| TIMOPTIC OCUDOSE OPHTH SOLN 0.25% | ISTALOL |
| | timolol maleate |
| TINDAMAX TAB | Pref Alt(s): metronidazole |
| tinidazole tab | Pref Alt(s): metronidazole |
| TIZANIDINE COMFORT KIT | tizanidine tab |
| TOVIAZ TAB | MYRBETRIQ |
| | VESICARE |
| TRAMADOL COMPOUND KIT | lidocaine |
| | lidocaine oint. |
| | VOLTAREN |
| tramadol ER tab | tramadol |
| tramadol/acetaminophen tab | tramadol + acetaminophen |

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| trandolapril/verapamil ER tab | amlodipine/benazepril |
| trazodone tab 300mg | trazodone 150mg |
| TRETIN-X CREAM | adapalene |
| | DIFFERIN |
| | RETIN-A MICRO |
| | tretinoin |
| TREXIMET TAB | sumatriptan + naproxen |
| trimipramine cap | amitriptyline |
| | doxepin |
| | imipramine |
| TRINTELLIX TAB | bupropion |
| | citalopram |
| | fluoxetine |
| | trazodone |
| | venlafaxine |
| TROKENDI XR CAP | topiramate |
| tropium chloride SR cap | DETROL LA |
| | oxybutynin |
| | tolterodine |
| | TOVIAZ |
| | VESICARE |
| tropium tab | DETROL LA |
| | oxybutynin |
| | TOVIAZ |
| TRULICITY INJ | BYDUREON |
| | VICTOZA |
| TUSSICAPS | OTC Alternatives |
| TWYNSTA TAB | amlodipine |
| | losartan |
| | valsartan |
| ULESFIA LOTION | OTC Alternatives |
| ULTRACET TAB | tramadol + acetaminophen |
| ULTRAM ER TAB | tramadol |
| ULTRAVATE PAC KIT | ammonium lactate cream |
| | halobetasol |
| urea cream | urea cream 40% |
| | urea cream 50% |
| UREA NAIL KIT | ciclopirox |
| | clotrimazole/betamethasone |
| | econazole |
| | Formulary Alternatives |

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|----------------------------------|-------------------------|
| UREA NAIL KIT | terbinafine |
| URSO FORTE TAB | ursodiol 300mg cap |
| ursodiol tab | ursodiol 300mg cap |
| valsartan tab | DIOVAN TAB |
| VALTURNA TAB | losartan |
| | valsartan |
| VANIQA CREAM | Plan Exclusion |
| VANTIN TAB | cefdinir |
| | cefprozil |
| | cefuroxime |
| VELPHORO CHEW TAB | calcium acetate |
| | calcium acetate cap |
| | FOSRENOL |
| | PHOSLYRA SOLN |
| | RENAGEL |
| | RENVELA |
| | SEVELAMER |
| venlafaxine tab | venlafaxine ER |
| VERDESO FOAM | augmented betamethasone |
| | clobetasol |
| | desonide |
| VEREGEN OINT | imiquimod |
| VERELAN PM CAP | verapamil sr |
| VERSACLOZ SUSP | clozapine tab |
| VIBRAMYCIN SYRUP | doxycycline hyclate |
| VICOPROFEN TAB | hydrocodone + ibuprofen |
| VICTRELIS CAP | SOVALDI |
| VISICOL TAB | peg 3350/electrolytes |
| VIVACTIL TAB | amitriptyline |
| | nortriptyline |
| VOPAC 5 CREAM | oral NSAIDS |
| | VOLTAREN GEL |
| VOPAC CREAM | oral NSAIDS |
| | VOLTAREN GEL |
| VOPAC GB CREAM | oral NSAIDS |
| | VOLTAREN GEL |
| XANAX XR TAB | alprazolam |
| XARTEMIS XR TAB | oxycodone/acetaminophen |
| XELJANZ TAB | ENBREL |
| | HUMIRA |
| XERESE CREAM | ZOVIRAX OINTMENT |

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|----------------------------------|---------------------------------|
| XIFAXAN TAB | smz/tmp |
| XOLEGEL | ketoconazole cr |
| ZANTAC EFFER TAB | ranitidine |
| ZEGERID CAP | omeprazole + sodium bicarbonate |
| ZELAPAR ODT | AZILECT |
| | Formulary Anti-Parkinson Agents |
| ZENZEDI TAB | dextroamphetamine tab |
| zenzedi tab 5mg | dextroamphetamine tab |
| ZETONNA NASAL SPRAY | flunisolide |
| | fluticasone |
| | NASONEX |
| | VERAMYST |
| ZIOPTAN OPHTH SOLN | latanoprost |
| ZITHROMAX POWDER PACK | azithromycin susp. |
| | azithromycin tab |
| ZMAX SUSP | azithromycin susp |
| ZOHYDRO ER CAP | hydrocodone/acetaminophen tab |
| ZOLPIMIST SPRAY | zolpidem tab |
| ZOMIG ZMT | MAXALT |
| | naratriptan |
| | sumatriptan |
| ZONTIVITY TAB | clopidogrel tab |
| ZORPRIN TAB | aspirin (OTC) |
| ZORVOLEX CAP | diclofenac tab |
| ZUPLENZ SL FILM | granisetron |
| | ondansetron ODT |
| ZUTRIPRO LIQUID | OTC Alternatives |
| ZYCLARA CREAM | imiquimod cream |
| ZYFLO TAB | SINGULAIR |
| ZYMAXID OPHTH SOLN | ciprofloxacin |
| | levofloxacin |
| | ofloxacin |
| | VIGAMOX/MOXEZA |

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GHC-SCW 3-Tier Complete Formulary
Prior Authorization Drug List
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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------|--|
| ACTEMRA ACTPEN INJ | MSP |
| ACTEMRA SC INJ | MSP |
| ACTIMMUNE INJ | MSP |
| adapalene cream | 2 |
| adapalene gel 0.3% | 2 |
| ADEMPAS TAB | MSP |
| AFINITOR DISPERZ | MSP |
| AFINITOR TAB 10MG | MSP |
| AIMOVIG INJ | 2 |
| ALECENSA CAP | MSP |
| ALFERON-N INJ | MSP |
| ALINIA SUSP | 2 |
| ALUNBRIG TAB 30MG | MSP |
| ALUNBRIG TAB 90MG, 180MG | MSP |
| ANDRODERM PATCH | 2 |
| ARIKAYCE SUSP | MSP |
| asenapine maleate SL tab | 2 |
| AUSTEDO TAB | MSP |
| AYVAKIT TAB | MSP |
| BALVERSA TAB 3MG | MSP |
| BALVERSA TAB 4MG | MSP |
| BALVERSA TAB 5MG | MSP |
| BANZEL TAB | 2 |
| BENLYSTA AUTO-INJECTOR | MSP |
| BENLYSTA INJ | MSP |
| BENZNIDAZOLE TAB | 2 |
| BERINERT INJ | MSP |
| BOSULIF TAB | MSP |
| BRAFTOVI CAP 75MG | MSP |
| BRUKINSA CAP | MSP |
| CABLIVI INJ KIT | MSP |
| CABOMETYX TAB | MSP |
| CALQUENCE CAP | MSP |
| CAPRELSA TAB | MSP |
| CAYSTON INH SOLN | MSP |
| CIMZIA INJ | MSP |
| CIMZIA STARTER INJ KIT | MSP |
| CINRYZE INJ | MSP |
| COMETRIQ KIT | MSP |
| CONCEPT DHA CAP | 2 |
| COPIKTRA CAP | MSP |
| CORDRAN TAPE | 2 |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| CORLANOR TAB | 2 |
| COTELLIC TAB | MSP |
| CYSTADROPS SOLN | MSP |
| CYSTARAN OPHTH SOLN | MSP |
| deferiprone tab | MSP |
| DESCOVY TAB | 2 |
| DEXCOM G6 RECEIVER | DME |
| DEXCOM G6 SENSOR | DME |
| DEXCOM G6 TRANSMITTER | DME |
| DIACOMIT CAP | MSP |
| DIACOMIT POWDER PACK | MSP |
| DOPTELET TAB | MSP |
| DUPIXENT INJ | MSP |
| DUPIXENT PEN INJ | MSP |
| EMGALITY INJ | 2 |
| EMGALITY INJ 100MG/ML | 2 |
| emtricitabine/tenofovir disoproxil fumarate tab | 2 |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg | \$0 |
| ENBREL INJ 25MG | MSP |
| ENBREL INJ 50MG | MSP |
| ENBREL MINI INJ | MSP |
| ENBREL SURECLICK INJ 50MG | MSP |
| ENDARI POWDER PACK | MSP |
| ENSPRYNG INJ | MSP |
| EPIDIOLEX SOLN | MSP |
| ERIVEDGE CAP | MSP |
| ERLEADA TAB | MSP |
| erlotinib tab | MSP |
| ESBRIET CAP | MSP |
| ESBRIET TAB 267MG | MSP |
| ESBRIET TAB 801MG | MSP |
| everolimus tab | MSP |
| everolimus tab 0.25mg, 0.5mg, 0.75mg | 2 |
| EVRYSDI SOLN | MSP |
| FARYDAK CAP | MSP |
| fentanyl citrate lollipop | 2 |
| FERRIPROX SOLN | MSP |
| FERRIPROX TAB | MSP |
| FINTEPLA SOLN | MSP |
| FREESTYLE LIBRE 2 RECEIVER | DME |
| FREESTYLE LIBRE 2 SENSOR | DME |
| FREESTYLE LIBRE RECEIVER | DME |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| FREESTYLE LIBRE SENSOR (10-DAY) | DME |
| FREESTYLE LIBRE SENSOR (14-DAY) | DME |
| FUZEON INJ | MSP |
| GILOTRIF TAB | MSP |
| HAEGARDA INJ | MSP |
| HEMLIBRA INJ | MSP |
| HIZENTRA INJ | MSP |
| HUMIRA INJ 10MG | MSP |
| HUMIRA INJ 20MG | MSP |
| HUMIRA INJ 40MG | MSP |
| HUMIRA INJ 80MG | MSP |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | MSP |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | MSP |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | MSP |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | MSP |
| HUMIRA PEN INJ 40MG | MSP |
| HYCAMTIN CAP | MSP |
| hydrocortisone valerate cream | 2 |
| hydrocortisone valerate oint | 2 |
| IBRANCE CAP | MSP |
| IBRANCE TAB | MSP |
| icatibant inj | MSP |
| ICLUSIG TAB | MSP |
| icosapent ethyl cap 1gm | 2 |
| IDHIFA TAB | MSP |
| IMBRUVICA CAP 140MG | MSP |
| IMBRUVICA CAP 70MG | MSP |
| IMBRUVICA TAB | MSP |
| INCRELEX INJ | MSP |
| INGREZZA CAP | MSP |
| INLYTA TAB | MSP |
| INQOVI TAB | MSP |
| INTRON-A INJ | MSP |
| IRESSA TAB | MSP |
| ISTURISA TAB 10MG | MSP |
| ISTURISA TAB 1MG | MSP |
| ISTURISA TAB 5MG | MSP |
| itraconazole cap | 2 |
| JAKAFI TAB | MSP |
| JYNARQUE PAK | MSP |
| JYNARQUE TAB | MSP |
| KALYDECO PAK | MSP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| KALYDECO TAB | MSP |
| KESIMPTA INJ | MSP |
| KEVZARA INJ | MSP |
| KINERET INJ | MSP |
| KORLYM TAB | MSP |
| KOSELUGO CAP | MSP |
| lansoprazole odt | 2 |
| lapatinib ditosylate tab | MSP |
| LEDIPASVIR/SOFOSBUVIR TAB | MSP |
| LENVIMA CAP | MSP |
| LOKELMA PAK | 2 |
| LONSURF TAB | MSP |
| LORBRENA TAB 100MG | MSP |
| LORBRENA TAB 25MG | MSP |
| LYNPARZA CAP | MSP |
| LYNPARZA TAB | MSP |
| MAVYRET TAB | MSP |
| MEKINIST TAB 0.5MG | MSP |
| MEKINIST TAB 2MG | MSP |
| MEKTOVI TAB | MSP |
| miglustat cap | MSP |
| MOVANTIK TAB | 2 |
| NERLYNX TAB | MSP |
| NEUMEGA INJ | MSP |
| NEXAVAR TAB | MSP |
| NINLARO CAP | MSP |
| nitazoxanide tab | 2 |
| NORDITROPIN INJ | MSP |
| NUBEQA TAB | MSP |
| NUDEXTA CAP | 2 |
| NURTEC ODT | 2 |
| OCALIVA TAB | MSP |
| ODOMZO CAP | MSP |
| OFEV CAP | MSP |
| OLUMIANT TAB | MSP |
| OMNIPOD 5 PACK PODS | DME |
| OMNIPOD DASH PODS | DME |
| OPSUMIT TAB | MSP |
| ORENCIA CLICK INJ | MSP |
| ORENCIA SC INJ 125MG/ML | MSP |
| ORENCIA SC INJ 50MG/0.4ML | MSP |
| ORENCIA SC INJ 87.5MG/0.7ML | MSP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| ORIAHNN CAP | 2 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| ORKAMBI GRANULES PACKET | MSP |
| ORKAMBI TAB | MSP |
| OTEZLA STARTER PACK | MSP |
| OTEZLA TAB | MSP |
| OXBRYTA TAB | MSP |
| paliperidone ER tab | 2 |
| PALYNZIQ INJ | MSP |
| PEGASYS INJ | MSP |
| PEG-INTRON INJ | MSP |
| PEMAZYRE TAB | MSP |
| phenoxybenzamine cap | MSP |
| PIQRAY TAB | MSP |
| POMALYST CAP | MSP |
| PRALUENT INJ | 2 |
| pregabalin soln | 2 |
| PRENATABS RX TAB | 2 |
| PRENATAL 19 TAB | 2 |
| PRENATAL VITAMIN (RX ONLY) | 2 |
| PRENATAL VITAMINS (RX ONLY) | 2 |
| PROMACTA POWDER | MSP |
| PROMACTA TAB | MSP |
| PULMOZYME INH SOLN | MSP |
| pyrimethamine tab | MSP |
| QINLOCK TAB | MSP |
| REPATHA INJ | 2 |
| REPATHA PUSHTRONEX INJ | 2 |
| RETEVMO CAP | MSP |
| REVLIMID CAP | MSP |
| REYVOW TAB | 2 |
| RINVOQ ER TAB | MSP |
| ROZLYTREK CAP | MSP |
| RUBRACA TAB | MSP |
| RUCONEST INJ | MSP |
| rufinamide susp | 2 |
| RUKOBIA ER TAB | 2 |
| RUZURGI TAB | MSP |
| RYDAPT CAP | MSP |
| sapropterin dihydrochloride powder packet | MSP |
| sapropterin dihydrochloride soluble tab | MSP |

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------------------|--|
| SIGNIFOR INJ | MSP |
| SKYRIZI INJ | MSP |
| sodium phenylbutyrate powder | MSP |
| sodium phenylbutyrate tab | MSP |
| SOFOBUVIR/VELPATASVIR TAB | MSP |
| SOLIQUA INJ | 2 |
| SOMAVERT INJ | MSP |
| SPRYCEL TAB | MSP |
| STELARA INJ | MSP |
| STIVARGA TAB | MSP |
| STRENSIQ INJ | MSP |
| SUNOSI TAB | 2 |
| SUTENT CAP | MSP |
| SYMDEKO TAB | MSP |
| SYMPROIC TAB | 2 |
| TABRECTA TAB | MSP |
| tadalafil tab (PAH) | MSP |
| TAFINLAR CAP | MSP |
| TAGRISSO TAB | MSP |
| TAKHZYRO INJ | MSP |
| TALTZ INJ | MSP |
| TALZENNA CAP 0.25MG | MSP |
| TALZENNA CAP 1MG | MSP |
| TARGRETIN GEL | MSP |
| TASIGNA CAP | MSP |
| TAVALISSE TAB | MSP |
| TAZVERIK TAB | MSP |
| TEST STRIP (all other test strips) | DME |
| TESTOSTERONE GEL 1% 25MG | 2 |
| testosterone gel 1% 50mg | 2 |
| testosterone gel 1% pump | 2 |
| TESTOSTERONE GEL PUMP | 2 |
| testosterone gel pump 1.62% | 2 |
| testosterone soln | 2 |
| tetrabenazine tab | MSP |
| THALOMID CAP | MSP |
| TIBSOVO TAB | MSP |
| TOBI PODHALER | MSP |
| tobramycin neb soln | MSP |
| TRACLEER TAB 32MG | MSP |
| TREMFYA INJ | MSP |
| tretinoin cap | MSP |

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|------------------------|--|
| trientine cap | MSP |
| TRIKAFTA TAB | MSP |
| TRULANCE TAB | 2 |
| TUKYSA TAB | MSP |
| TURALIO CAP | MSP |
| TYMLOS INJ | MSP |
| TYVASO INH SOLN | MSP |
| UBRELVY TAB | 2 |
| UPTRAVI TAB | MSP |
| VALCHLOR GEL | MSP |
| VASCEPA CAP 0.5GM | 2 |
| VENCLEXTA STARTER PACK | MSP |
| VENCLEXTA TAB | MSP |
| VENTAVIS INH SOLN | MSP |
| VERZENIO TAB | MSP |
| vigabatrin powder pack | MSP |
| vigabatrin tab | MSP |
| VITRAKVI CAP 100MG | MSP |
| VITRAKVI CAP 25MG | MSP |
| VITRAKVI SOLN | MSP |
| VIZIMPRO TAB | MSP |
| VOSEVI TAB | MSP |
| VOTRIENT TAB | MSP |
| VP-PNV-DHA CAP | 2 |
| VYNDAMAX CAP | MSP |
| VYNDAQEL CAP | MSP |
| XALKORI CAP | MSP |
| XELJANZ TAB | MSP |
| XELJANZ XR TAB | MSP |
| XOSPATA TAB | MSP |
| XPOVIO PAK | MSP |
| XULTOPHY INJ | 2 |
| XYREM SOLN | MSP |
| ZEJULA CAP | MSP |
| ZELBORAF TAB | MSP |
| ZOLINZA CAP | MSP |
| ZORTRESS TAB 1MG | 2 |
| ZYDELIG TAB | MSP |
| ZYKADIA CAP | MSP |
| ZYKADIA TAB | MSP |

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RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

BYSTOLIC TAB
rasagiline tab

febuxostat tab
tolterodine tab

JANUVIA TAB

OCALIVA TAB

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GHC-SCW 3-Tier Complete Formulary
Last Updated* 4/1/2021
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

| | | | |
|------------------------|----------------------------|-------------------------|---------------------------|
| AEROCHAMBER | ALCOHOL SWABS | aspirin chew tab 81mg | aspirin ec tab 325mg |
| aspirin ec tab 81mg | aspirin tab 325mg | aspirin tab 81mg | B-D INSULIN SYRINGE |
| B-D PEN NEEDLE | benzoyl peroxide gel | budesonide nasal spray | CALIBRATION LIQUID |
| cetirizine chew tab | cetirizine syrup | cetirizine tab | CLINISTIX TEST STRIP |
| CONTRACEPTIVE FOAM | CONTRACEPTIVE GEL | DIFFERIN OTC GEL 0.1% | FEMALE CONDOMS |
| ferrous sulfate elixir | FERROUS SULFATE LIQUII | ferrous sulfate soln | ferrous sulfate syrup |
| folic acid tab 400mcg | folic acid tab 800mcg | FREESTYLE FREEDOM | FREESTYLE INSULINX |
| | | LITE METER | METER |
| FREESTYLE INSULINX | FREESTYLE LANCETS | FREESTYLE LITE METER | FREESTYLE LITE TEST |
| TEST STRIP | | | STRIP |
| FREESTYLE PRECISION | FREESTYLE PRECISION | FREESTYLE TEST STRIP | guaifenesin/codeine syrup |
| NEO METER | NEO TEST STRIP | | |
| HYPODERMIC NEEDLES | IRON SUSP | KETO-DIASTIX TEST STRIF | KETOSTIX |
| ketotifen ophth soln | LAC-HYDRIN LOTION 5% | LANCETS | lansoprazole cap |
| levonorgestrel tab | LIDOCAINE CREAM | lidocaine cream 4% | lidocaine rectal cream |
| loratadine ODT | loratadine syrup | loratadine tab | MASK |
| meclizine chew tab | meclizine tab | NASACORT OTC NASAL | niacin cap |
| | | SPRAY | |
| niacin CR tab | niacin tab | NIACIN TR TAB | niacinamide tab |
| nicotine gum | NICOTINE KIT | nicotine lozenge | nicotine patch |
| NOVOFINE PEN NEEDLE | NOVOLIN 70/30 INJ | NOVOLIN MIX FLEXPEN IN. | NOVOLIN N FLEXPEN INJ |
| NOVOLIN N INJ | NOVOLIN R FLEXPEN INJ | NOVOLIN R INJ | NOVOTWIST PEN NEEDLE |
| OXYTROL PATCH (OTC) | PEAK FLOW METER | PRECISION XTRA KETONE | PRECISION XTRA METER |
| | | TEST STRIP | |
| PRECISION XTRA TEST | PREVACID OTC CAP | SPACER MASK | SYRINGE LUER-LOK |
| STRIP | | | |
| TB SYRINGE | TEST STRIP (all other test | TODAY SPONGE | triamcinolone OTC nasal |
| | strips) | | spray |
| vitamin D cap 1000unit | vitamin D cap 2000IU | VITAMIN D CAP 400IU | vitamin D cap 400unit |
| vitamin D tab 2000IU | | | |

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GHC-SCW 3-Tier Complete Formulary
Last Updated* 4/1/2021
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|---|---|---|---------------------------------------|
| abiraterone tab 250mg | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ | ACTIMMUNE INJ |
| ADEMPAS TAB | AFINITOR DISPERZ | AFINITOR TAB 10MG | ALECENSA CAP |
| ALFERON-N INJ | ALUNBRIG TAB 30MG | ALUNBRIG TAB 90MG, 180MG | ambrisentan tab |
| ARIKAYCE SUSP | AUBAGIO TAB | AUSTEDO TAB | AVONEX INJ |
| AYVAKIT TAB | BALVERSA TAB 3MG | BALVERSA TAB 4MG | BALVERSA TAB 5MG |
| BENLYSTA | BENLYSTA INJ | BERINERT INJ | bezarotene cap |
| AUTO-INJECTOR | | | |
| bosentan tab | BOSULIF TAB | BRAFTOVI CAP 75MG | BRUKINSA CAP |
| CABLIVI INJ KIT | CABOMETYX TAB | CALQUENCE CAP | capecitabine tab |
| CAPRELSA TAB | CAYSTON INH SOLN | CIMZIA INJ | CIMZIA STARTER INJ KIT |
| CINRYZE INJ | COMETRIQ KIT | COPIKTRA CAP | COTELLIC TAB |
| CYSTADROPS SOLN | CYSTARAN OPHTH SOLN | deferiasirox granules packet | deferiasirox tab |
| deferiasirox tab 180mg | deferiasirox tab 90mg, 360mg | deferiprone tab | DIACOMIT CAP |
| DIACOMIT POWDER PACK | dimethyl fumarate DR cap | dimethyl fumarate DR starter pack | DOPTELET TAB |
| | | ENBREL INJ 25MG | ENBREL INJ 50MG |
| DUPIXENT INJ | DUPIXENT PEN INJ | ENDARI POWDER PACK | ENSPRYNG INJ |
| ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG | | |
| EPIDIOLEX SOLN | ERIVEDGE CAP | ERLEADA TAB | erlotinib tab |
| ESBRIET CAP | ESBRIET TAB 267MG | ESBRIET TAB 801MG | ETOPOSIDE CAP |
| everolimus tab | EVRYSDI SOLN | EXTAVIA INJ | FARYDAK CAP |
| FERRIPROX SOLN | FERRIPROX TAB | FINTEPLA SOLN | FULPHILA INJ |
| FUZEON INJ | GILENYA CAP | GILOTRIF TAB | glatiramer inj |
| HAEGARDA INJ | HEMLIBRA INJ | HIZENTRA INJ | HUMIRA INJ 10MG |
| HUMIRA INJ 20MG | HUMIRA INJ 40MG | HUMIRA INJ 80MG | HUMIRA INJ |
| | | | CROHNS/UC/HIDRADENITI STARTER PACK |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | HUMIRA INJ PEDIATRIC UC STARTER PACK | HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | HUMIRA PEN INJ 40MG |
| | | IBRANCE TAB | icatibant inj |
| HYCAMTIN CAP | IBRANCE CAP | imatinib tab | IMBRUVICA CAP 140MG |
| ICLUSIG TAB | IDHIFA TAB | INCRELEX INJ | INGREZZA CAP |
| IMBRUVICA CAP 70MG | IMBRUVICA TAB | INTRON-A INJ | IRESSA TAB |
| INLYTA TAB | INQOVI TAB | ISTURISA TAB 5MG | JAKAFI TAB |
| ISTURISA TAB 10MG | ISTURISA TAB 1MG | KALYDECO PAK | KALYDECO TAB |
| JYNARQUE PAK | JYNARQUE TAB | KINERET INJ | KORLYM TAB |
| KESIMPTA INJ | KEVZARA INJ | | |

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| | | | |
|--------------------------|---|---|-----------------------------|
| KOSELUGO CAP | lapatinib ditosylate tab | LEDIPASVIR/SOFOSBUVIR TAB | LENVIMA CAP |
| LONSURF TAB | LORBRENA TAB 100MG | LORBRENA TAB 25MG | LYNPARZA CAP |
| LYNPARZA TAB | LYSODREN TAB | MAVYRET TAB | MAYZENT TAB |
| MAYZENT TAB STARTER PACK | MEKINIST TAB 0.5MG | MEKINIST TAB 2MG | MEKTOVI TAB |
| MESNEX TAB | miglustat cap | MYLERAN TAB | NERLYNX TAB |
| NEUMEGA INJ | NEXAVAR TAB | nilutamide tab | NINLARO CAP |
| NIVESTYM INJ | NORDITROPIN INJ | NUBEQA TAB | OCALIVA TAB |
| ODOMZO CAP | OFEV CAP | OLUMIANT TAB | OPSUMIT TAB |
| ORENCIA CLICK INJ | ORENCIA SC INJ 125MG/ML | ORENCIA SC INJ 50MG/0.4ML | ORENCIA SC INJ 87.5MG/0.7ML |
| ORKAMBI GRANULES PACKET | ORKAMBI TAB | OTEZLA STARTER PACK | OTEZLA TAB |
| OXBRYTA TAB | PALYNZIQ INJ | PEGASYS INJ | PEG-INTRON INJ |
| PEMAZYRE TAB | phenoxybenzamine cap | PIQRAY TAB | PLEGRIDY INJ |
| PLEGRIDY PEN INJ | POMALYST CAP | PROMACTA POWDER | PROMACTA TAB |
| PULMOZYME INH SOLN | pyrimethamine tab | QINLOCK TAB | REBIF INJ |
| RETACRIT INJ | RETEVMO CAP | REVLIMID CAP | RINVOQ ER TAB |
| ROZLYTREK CAP | RUBRACA TAB | RUCONEST INJ | RUZURGI TAB |
| RYDAPT CAP | sapropterin dihydrochloride powder packet | sapropterin dihydrochloride soluble tab | SIGNIFOR INJ |
| SKYRIZI INJ | sodium phenylbutyrate powder | sodium phenylbutyrate tab | SOFOSBUVIR/VELPATASVIR TAB |
| SOMAVERT INJ | SPRYCEL TAB | STELARA INJ | STIVARGA TAB |
| STRENSIQ INJ | SUTENT CAP | SYMDEKO TAB | TABRECTA TAB |
| tadalafil tab (PAH) | TAFINLAR CAP | TAGRISSO TAB | TAKHZYRO INJ |
| TALTZ INJ | TALZENNA CAP 0.25MG | TALZENNA CAP 1MG | TARGRETIN GEL |
| TASIGNA CAP | TAVALISSE TAB | TAZVERIK TAB | temozolomide cap |
| tetrabenazine tab | THALOMID CAP | TIBSOVO TAB | TOBI PODHALER |
| tobramycin neb soln | TRACLEER TAB 32MG | TREMFYA INJ | tretinoin cap |
| trientine cap | TRIKAFTA TAB | TUKYSA TAB | TURALIO CAP |
| TYMLOS INJ | TYVASO INH SOLN | UPTRAVI TAB | VALCHLOR GEL |
| VENCLEXTA STARTER PACK | VENCLEXTA TAB | VENTAVIS INH SOLN | VERZENIO TAB |
| vigabatrin powder pack | vigabatrin tab | VITRAKVI CAP 100MG | VITRAKVI CAP 25MG |
| VITRAKVI SOLN | VIZIMPRO TAB | VOSEVI TAB | VOTRIENT TAB |
| VYNDAMAX CAP | VYNDAQEL CAP | XALKORI CAP | XELJANZ TAB |
| XELJANZ XR TAB | XOSPATA TAB | XPOVIO PAK | XYREM SOLN |
| ZARXIO INJ | ZEJULA CAP | ZELBORAF TAB | ZEPOSIA CAP |
| ZEPOSIA STARTER PACK | ZIEXTENZO INJ | ZOLINZA CAP | ZYDELIG TAB |
| ZYKADIA CAP | ZYKADIA TAB | | |

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GHC-SCW 3-Tier Complete Formulary
Last Updated* 4/1/2021
Step Therapy (ST)

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

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| amethyst tab | Step Therapy requires a trial of 2 preferred oral contraceptives |
| DIFICID SUSP | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| esomeprazole cap | Step Therapy requires trial of omeprazole |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fluvoxamine ER cap | Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine |
| gatifloxacin ophth soln | Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA |
| LOESTRIN 24 FE TAB | Step Therapy requires a trial of 2 preferred oral contraceptives |
| LONHALA MAGNAIR SOLN | Step Therapy requires trial of INCRUSE ELLIPTA INHALER |
| mibelas chew tab | Step Therapy requires a trial of 2 preferred oral contraceptives |
| mometasone nasal spray | Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide |
| NEVIRAPINE ER TAB | Step Therapy requires trial of nevirapine |
| OGESTREL TAB | Step Therapy requires a trial of 2 preferred oral contraceptives |
| ramelteon tab | QL= 1 tab/day; Step Therapy requires trial of zolpidem or zolpidem ER |
| risedronate tab | Step Therapy requires trial of alendronate. |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| zolpidem ER tab | Step Therapy requires trial of zolpidem IR |

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**GHC-SCW 3-Tier Complete Formulary
Smoking Cessation Agents
Last Updated* 4/1/2021**

| Drug Name | Tier # for Drug Copay |
|--|------------------------------|
| bupropion SR tab(Limited to 180 days/plan year) | \$0 |
| CHANTIX PAK(Limited to 180 days/plan year) | \$0 |
| CHANTIX TAB(Limited to 180 days/plan year) | \$0 |
| nicotine gum(Limited to 180 days/plan year) | \$0 |
| NICOTINE KIT | \$0 |
| nicotine lozenge(Limited to 180 days/plan year) | \$0 |
| nicotine patch(Limited to 180 days/plan year) | \$0 |
| NICOTROL INHALER(Limited to 180 days/plan year) | \$0 |
| NICOTROL NASAL SPRAY(Limited to 180 days/plan year) | \$0 |

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GHC-SCW 3-Tier Complete Formulary
Last Updated* 4/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------|---|
| abiraterone tab 250mg | QL= 4 tab/day; |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ADEMPAS TAB | QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| AFINITOR DISPERZ | QL= 1 tab/day |
| AFINITOR TAB 10MG | QL= 1 tab/day |
| AIMOVIG INJ | QL= 1 pack/28 days |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| ALECENSA CAP | QL= 8 caps/day |
| ALINIA SUSP | QL= 60ml/3 days |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| ambrisentan tab | QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416 |
| ANDRODERM PATCH | QL= 1 patch/day |
| aprepitant cap | QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| aprepitant pak | QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist |
| ARIKAYCE SUSP | QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046 |
| armodafinil tab | QL= 1 tab/day |
| asenapine maleate SL tab | QL= 2 tabs/day |
| atorvastatin tab 10mg | QL= 1 tab/day |
| atorvastatin tab 20mg | QL= 1 tab/day |
| AUSTEDO TAB | QL= 4 tabs/day |
| AYVAKIT TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| BALVERSA TAB 3MG | QL= 3 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 4MG | QL= 2 tabs/day; Only available through US Bioservices 888-518-7246 |
| BALVERSA TAB 5MG | QL= 1 tab/day; Only available through US Bioservices 888-518-7246 |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill |
| BAXDELA TAB | QL= 2 tabs/day; Restricted to Infectious Disease Specialist |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| bosentan tab | QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Walgreens 888-347-3416 |
| BRAFTOVI CAP 75MG | QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| BRUKINSA CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| budesonide nasal spray | QL= 2 bottles/fill |
| bupropion SR tab | Limited to 180 days/plan year |
| bupropion XL tab | QL= 1 tab/day |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days |
| BYDUREON INJ | QL= 4 inj/28 days |
| BYDUREON PEN INJ | QL= 4 inj/28 days |

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GHC-SCW 3-Tier Complete Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| CABLIVI INJ KIT | QL= 1 vial/day; Only available through Biologics 800-850-4306 |
| CABOMETYX TAB | QL= 1 tab/day |
| CALQUENCE CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| celecoxib cap | QL= 2 caps/day |
| CHANTIX PAK | Limited to 180 days/plan year |
| CHANTIX TAB | Limited to 180 days/plan year |
| CIMZIA INJ | QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT | QL= 1 kit/plan year |
| CINRYZE INJ | QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767 |
| COMPLERA TAB | QL= 1 tab/day |
| COPIKTRA CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| COTELLIC TAB | QL= 3 tabs/day |
| COVID-19 VACCINE INJ (JANSSEN) | QL= 1 dose/365 days |
| COVID-19 VACCINE INJ (MODERNA) | QL= 1 dose/24 days; limit 2 fills/12 months |
| COVID-19 VACCINE INJ (PFIZER) | QL= 1 dose/17 days; limit 2 fills/12 months |
| CYSTADROPS SOLN | QL = 4 bottles/28 days; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/28 days; Only available through Walgreens 888-347-3416 |
| dalfampridine ER tab | QL= 2 tabs/day |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/90 days |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year |
| DEXCOM G6 SENSOR | QL= 3 sensors/28 days |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | QL= 2 packs/fill |
| diclofenac gel | QL= 300 gm/30 days |
| diclofenac gel 1% | QL= 5 tubes/fill |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID SUSP | QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| DIFICID TAB | QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg |
| DOPTELET TAB | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| efavirenz/emtricitabine/tenofovir df tab | QL= 1 tab/day |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| EMGALITY INJ | QL= 1 inj/28 days |
| EMGALITY INJ 100MG/ML | QL= 3 inj/fill, 6 fills/year |
| ENBREL INJ 25MG | QL= 8 inj/28 days |

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GHC-SCW 3-Tier Complete Formulary Cont.
Last Updated* 4/1/2021
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 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| ENDARI POWDER PACK | QL= 6 packets/day |
| enoxaparin inj | QL= 17 days supply |
| ENSPRYNG INJ | QL= 1 inj/28 days |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| ERLEADA TAB | QL= 4 tabs/day |
| ESBRIET CAP | QL= 9 caps/day |
| ESBRIET TAB 267MG | QL= 9 tabs/day |
| ESBRIET TAB 801MG | QL= 3 tabs/day |
| estradiol patch | QL= 1 patch/week |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days (18 tabs on first fill) |
| eszopiclone tab | QL= 1 tab/day |
| everolimus tab | QL= 1 tab/day |
| EVRYSDI SOLN | QL= 200ml/30 days; Only available through Accredo 800-803-2523 |
| FARXIGA TAB | QL= 1 tab/day |
| FARYDAK CAP | QL= 6 caps/21 days |
| fentanyl citrate lollipop | QL= 120 lozenges/30 days; Dosage limits may apply |
| FINTEPLA SOLN | QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| FLUNISOLIDE NASAL SPRAY | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| fluvastatin cap | QL= 1 cap/day |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (10-DAY) | QL= 3 sensors/30 days |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days |
| GAVILYTE-C SOLN | Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year |
| GENVOYA TAB | QL= 1 tab/day |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| GLUCAGEN HYPOKIT INJ | QL= 1 kit/fill, 2 fills/30 days |
| GLUCAGEN INJ | QL= 1 kit/fill, 2 fills/30 days |
| glucagon (rdna) for inj kit | QL= 1 kit/fill, 2 fills/30 days |
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |
| granisetron tab | QL= 14 tabs/fill |
| guaifenesin/codeine syrup | QL= 240ml/fill |
| GVOKE INJ | QL= 2 inj/fill |
| GVOKE PFS INJ | QL= 2 inj/fill |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |

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GHC-SCW 3-Tier Complete Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ 80MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| IBRANCE CAP | QL= 21 caps/28 days |
| IBRANCE TAB | QL= 21 caps/28 days |
| ICLUSIG TAB | QL= 1 tab/day; Only available through AcariaHealth 800-511-5144 |
| IDHIFA TAB | QL= 1 tab/day |
| IMBRUVICA CAP 140MG | QL= 3 caps/day |
| IMBRUVICA CAP 70MG | QL= 1 cap/day |
| IMBRUVICA TAB | QL= 1 tab/day |
| INGREZZA CAP | QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479 |
| INLYTA TAB | QL= 8 tabs/day |
| INQOVI TAB | QL= 5 tabs/28 days; Only available through Walgreens 888-347-3416 |
| ISTURISA TAB 10MG | QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ISTURISA TAB 1MG | QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ISTURISA TAB 5MG | QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| JAKAFI TAB | QL= 2 tabs/day |
| JANUMET TAB | QL= 2 tabs/day |
| JANUMET XR TAB | QL= 2 tabs/day |
| JANUVIA TAB | QL= 1 tab/day |
| JARDIANCE TAB | QL= 1 tab/day |
| JENTADUETO TAB | QL= 2 tabs/day |
| JENTADUETO XR TAB | QL= 2 tabs/day |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KALYDECO PAK | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |
| KINERET INJ | QL= 1 inj/day; Only available through Biologics 800-850-4306 |
| KOSELUGO CAP | QL= 4 caps/day; Only available through Onco360 877-662-6633 |

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GHC-SCW 3-Tier Complete Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/ day |
| LENVIMA CAP | QL= 3 caps/day |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER | QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler |
| lidocaine oint | QL= 107gm/30 days |
| lidocaine patch | QL= 3 patches/day |
| LORBRENA TAB 100MG | QL= 1 tab/day |
| LORBRENA TAB 25MG | QL= 3 tabs/day |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |
| LYNPARZA CAP | Only available through Biologics 800-850-4306, QL= 16 caps/day |
| LYNPARZA TAB | Only available through Biologics 800-850-4306, QL= 4 tabs/day |
| malathion lotion | |
| MAVYRET TAB | QL= 3 tabs/day |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| modafinil tab | QL= 2 tabs/day |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NASACORT OTC NASAL SPRAY | QL= 2 bottles/fill |
| NAYZILAM SPRAY | QL= 2 packs/fill; Restricted to Neurology Specialist |
| NERLYNX TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nitazoxanide tab | QL= 6 tabs/3 days |
| NUBEQA TAB | QL= 4 tabs/day |
| NUCYNTA ER TAB | QL= 2 tabs/day; Dosage limits may apply |
| NUDEXTA CAP | QL= 2 caps/day |
| NURTEC ODT | QL= 8 tabs/30 days, 6 fills/year |
| OALIVA TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| ODEFSEY TAB | QL= 1 tab/day |
| OFEV CAP | QL= 2 caps/day |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| OLUMIANT TAB | QL= 1 tab/day |
| OMNIPOD 5 PACK PODS | QL= 10 pods/month |
| OMNIPOD DASH PODS | QL= 10 pods/month |

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GHC-SCW 3-Tier Complete Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|---|
| OPSUMIT TAB | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORIAHNN CAP | QL= 2 caps/day |
| ORILISSA TAB 150MG | QL= 1 tab/day |
| ORILISSA TAB 200MG | QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ORKAMBI TAB | QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 2 tabs/day |
| OTEZLA TAB | QL= 2 tabs/day |
| OXBRYTA TAB | QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767 |
| OZEMPIC INJ | QL= 1 pack/28 days |
| PALYNZIQ INJ | QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118 |
| peg 3350/electrolytes soln | Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year |
| PEMAZYRE TAB | QL= 14 tabs/21 days; Only available through Biologics 800-850-4306 |
| POMALYST CAP | QL= 21 caps/28 days |
| POTIGA TAB | QL= 3 tabs/day |
| PRALUENT INJ | QL= 2 inj/28 days |
| PRETOMANID TAB | QL= 1 tab/day; Restricted to Infectious Disease Specialist |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| QINLOCK TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| ramelteon tab | QL= 1 tab/day; Step Therapy requires trial of zolpidem or zolpidem ER |
| 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 |
| RETEVMO CAP | QL= 4 caps/day |
| REVLIMID CAP | QL= 1 cap/day |
| REYVOW TAB | QL= 8 tabs/30 days, 6 fills/year |
| RINVOQ ER TAB | QL= 1 tab/day |
| rizatriptan ODT | QL= 12 tabs/fill, 3 fills/60 days |
| rizatriptan tab | QL= 12 tabs/fill, 3 fills/60 days |
| rosuvastatin tab 10mg | QL= 1 tab/day |
| rosuvastatin tab 20mg | QL= 1.5 tabs/day |
| rosuvastatin tab 40mg | QL= 1 tab/day |
| rosuvastatin tab 5mg | QL= 1 tab/day |

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GHC-SCW 3-Tier Complete Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| ROZLYTREK CAP | QL= 3 caps/day |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779 |
| RYBELSUS TAB | QL=1 tab/day |
| SANTYL OINT | QL= 90gm/30 days |
| SAVELLA TAB | QL= 2 tabs/day |
| scopolamine patch | QL= 5 patches/fill |
| SIGNIFOR INJ | QL= 2 vials/day; Only available through Accredo 800-803-2523 |
| sildenafil tab | QL=8 tabs/30 days |
| sildenafil tab 20mg | QL= 40 tabs/30 days |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKYRIZI INJ | QL= 2 inj/84 days |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/ day |
| SOLIQUA INJ | QL= 15ml/25 days |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| STELARA INJ | QL= 1 inj/84 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRIBILD TAB | QL= 1 tab/day |
| sumatriptan inj | QL= 4 inj/fill, 2 fills/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| SUNOSI TAB | QL= 1 tab/day |
| SYMDEKO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| SYMJEPI INJ | QL= 2 inj/fill |
| SYNJARDY TAB | QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG | QL= 2 tabs/day |
| TABRECTA TAB | QL= 4 tabs/day |
| tadalafil tab 2.5mg, 5mg | QL= 1 tab/day |
| TAFINLAR CAP | QL= 4 caps/day |
| TAGRISSO TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TAKHZYRO INJ | QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767 |
| TALTZ INJ | QL= 1 inj/28 days |
| TALZENNA CAP 0.25MG | QL= 3 caps/day |
| TALZENNA CAP 1MG | QL= 1 cap/day |
| TAVALISSE TAB | QL= 2 tab/day; Only available through Biologics 800-850-4306 |
| TAZVERIK TAB | QL= 8 tabs/day; Only available through Onco360 877-662-6633 |

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GHC-SCW 3-Tier Complete Formulary Cont.
Last Updated* 4/1/2021
Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| 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 |
| testosterone gel pump 1.62% | QL= 2 bottles/30 days |
| testosterone soln | QL= 2 bottles/30 days |
| TIBSOVO TAB | QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TRACLEER TAB 32MG | QL=4 tabs/day; Only available through Walgreens 888-347-3416 |
| TRADJENTA TAB | QL= 1 tab/day |
| travoprost ophth soln | QL= 2.5ml/30 days |
| TREMFYA INJ | QL= 1 inj/56 days |
| triamcinolone OTC nasal spray | QL= 2 bottles/fill |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG | QL= 1 tab/day |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG | QL= 2 tabs/day |
| TRIKAFTA TAB | QL= 84 tabs/28 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| trilyte soln | Covered at \$0 for members 50-75 years, all other members covered at generic copay Limited to 2 fills/calendar year |
| TRIUMEQ TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days |
| TUKYSA TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| TURALIO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| TYVASO INH SOLN | QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| UBRELVY TAB | QL= 10 tabs/30 days, 6 fills/year |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Avella (877) 546-5779 |
| vancomycin cap | QL= 56 caps/fill |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VEMLIDY TAB | QL= 1 tab/day |
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| VENTOLIN HFA INHALER | QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler |
| VERZENIO TAB | QL= 2 tabs/day |
| V-GO INJ KIT | QL= 1 kit/day |
| VICTOZA INJ | QL= 9ml/30 days |
| VIMPAT TAB | QL= 2 tabs/day |
| VITRAKVI CAP 100MG | QL= 2 caps/day; Only available through US Bioservices 888-518-7246 |
| VITRAKVI CAP 25MG | QL= 6 caps/day; Only available through US Bioservices 888-518-7246 |
| VITRAKVI SOLN | QL= 10ml/day; Only available through US Bioservices 888-518-7246 |
| VIVOTIF CAP | QL= 4 caps/fill |
| VIZIMPRO TAB | QL= 1 tab/day |
| VOSEVI TAB | QL= 1 tab/day |

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GHC-SCW 3-Tier Complete Formulary Cont.
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Quantity Limit (QL)

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Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| VYNDAMAX CAP | QL= 1 cap/day |
| VYNDAQEL CAP | QL= 4 caps/day |
| XALKORI CAP | QL= 2 caps/day |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day |
| XCOPRI PAK 50-200MG | QL= 2 tabs/day |
| XCOPRI TAB 150MG, 200MG | QL= 2 tabs/day |
| XCOPRI TAB 50MG, 100MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/day |
| XENLETA TAB | QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day |
| XOSPATA TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| XPOVIO PAK | QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 |
| XTAMPZA ER CAP | QL= 120 caps/30 days; Dosage limits may apply |
| XULTOPHY INJ | QL= 15ml/30 days |
| ZEJULA CAP | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB | QL= 8 tabs/day |
| zolmitriptan ODT | QL= 9 tabs/fill, 2 fills/30 days |
| zolmitriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| ZYKADIA CAP | QL= 3 caps/day |
| ZYKADIA TAB | QL= 3 tabs/day |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |

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