



# Valley Health Plan

## Prescription Drug Formulary

### Covered California & Individual & Family Plan (CC & IFP)

Updated May 2020

Notice is subject to change and all previous versions are no longer in effect.

Find VHP's online version of the Formulary at:

<https://www.valleyhealthplan.org/sites/m/pn/Pharm/Documents/Pharmacy/Covered-CA-IFP/2020C-CIFPVHP-Pharmacy-Formulary-Final.pdf>

IFP & CC SOBM's:

<https://www.valleyhealthplan.org/sites/m/Pages/SBCs%20and%20SOBMs-IFP.aspx>

### Employer Group Call Center:

Monday – Friday 9am to 5pm (year round)

### Covered CA & Individual & Family Plan Call Center:

#### November to January

Monday – Friday (8:00am to 8:00pm)

Saturdays (8:00am to 6:00pm)

#### February to October

Monday – Friday (8:00am to 6:00pm)

Open enrollment \*Closed Federal/State Holidays\*

Non-open enrollment \*Closed Federal/State/  
County Holidays\*



## TABLE OF CONTENTS

General Information .....	I
Pharmacy Member Portal .....	I
Drug Formulary .....	II
Definitions of Terms Used Here.....	III
How Do I Use the Formulary? .....	V
Covered Outpatient Formulary Drugs Include .....	VI
Key to Formulary Abbreviations and Symbols.....	VII
Formulary Changes .....	VIII
Prescription Drug Prior Authorization (PA) and Non-Formulary Drugs.....	VIII
Step Therapy (ST) Program .....	IX
Quantity Limitation (QL) Program .....	IX
How to Dispute This Determination .....	X
Drugs Covered under the Medical Benefit vs the Outpatient Prescription Drug Benefit .....	XII
Copays and Deductions.....	XII
Maintenance Drug .....	XIII
Pharmacy Network .....	XIII
Mail Order Pharmacy Prescription Drug Program .....	XIV
Mandatory Specialty Pharmacy (MSP) Drugs .....	XV
Direct Member Reimbursement (DMR) .....	XV
Discrimination is Against the Law .....	XVI
Language Assistance.....	XVII
Formulary for CC & IPF.....	Page 1
Alphabetical Listing of Drugs.....	Page 136

## General Information

Valley Health Plan (VHP) Members have prescription drug coverage. VHP contracts with Navitus Health Solutions, a pharmacy benefit management (PBM) company to administer the prescription drug benefit and process claims. This document supplements your Combined Evidence of Coverage and Disclosure Form (EOC) handbook. Under this supplemental Outpatient Prescription Drug Benefit document, a member may receive the benefits described below, subject to all terms, conditions, exclusions, and limitations described in the EOC.

The presence of a prescription drug on the Formulary does not guarantee a member will be prescribed that particular drug by their prescriber for a particular medical condition. Except for certain mandatory specialty prescriptions, a member may get covered outpatient prescription drug benefits from any Plan Pharmacy. Only prescription(s) for emergent or urgent care services will be covered at an out-of-network pharmacy when a Plan Pharmacy is not available, and reimbursement will be subject to Plan approval.

Visit [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or call VHP Member Services at **1.888.421.8444 (toll-free)** to find a list of Plan Pharmacies. Members should always present their VHP ID card to the Plan Pharmacy. Ask the pharmacy staff to let you know if something is not covered. A copay/coinsurance may be charged for covered benefits as listed in your EOC. If the retail price for a prescription drug is less than your copayment, the retail price should be charged.

## Pharmacy Member Portal

Members have access to an online portal to view important Outpatient Drug Benefit information.

Register at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) to get a User ID and password to access the following information:

- Claim Forms
- Drug History
- Drug Search (Information about drugs)
- Formulary (List of covered drugs)
- Mail Order
- Pharmacy and Therapeutics (P&T) Committee Updates
- Prescription Benefits
- Specialty Pharmacy

If you have questions, please call VHP Member Services at **1.888.421.8444 (toll-free)**.

## Drug Formulary

VHP uses a drug formulary (list of covered drugs). Visit [www.valleyhealthplan.org](http://www.valleyhealthplan.org) to view the VHP Drug Formulary or call VHP Member Services at **1.888.421.8444 (toll-free)** to ask for a printed copy.

- For Covered California Plan members, select the “**Covered California & Individual Family Plan Formulary (CC & IFP) Formulary**”
- For Individual & Family Plan members, select the “**Covered California & Individual Family Plan Formulary (CC & IFP) Formulary**”

The VHP Drug Formulary is the list of prescription drugs that has been reviewed and selected by VHP Plan Providers on the VHP P&T Committee using professionally-recognized medical standards for medical, safety, and cost effectiveness. The formulary includes both FDA approved brand name and generic drugs. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use. Drugs listed in the Formulary are covered as long as the drug specific coverage criteria are met, the prescription is filled at a network pharmacy, and other plan rules are followed

The Formulary is updated monthly with any changes and quarterly after each VHP Pharmacy & Therapeutics (P&T) Committee meeting (See P&T Covered California and Individual & Family Plan Formulary Updates: online Member portal Pharmacy documents). The Committee members are actively practicing physicians, pharmacists from various specialties. The P&T Committee frequently consults with other physician subject matter experts to provide additional input to the Committee. A list of P&T formulary updates from the quarterly VHP P&T Committee meeting is available on the VHP website [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.



## Definitions of Terms Used Here:

**Brand Name Drug** - is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters

**Coinsurance** - is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

**Copayment** - is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

**Deductible** - is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

**Drug Tier** - is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

**Enrollee** - is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary shall also include subscriber as defined in this section below.

**Exception Request** - is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

**Exigent Circumstances** - are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

**Formulary** - is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

**Generic Drug** - is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

**Non-Formulary Drug** - is a prescription drug that is not listed on the health plan's formulary.

**Out-of-Pocket Cost** - are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

**Prescribing Provider** - a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

**Prescription** -is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

**Prescription Drug** - is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

**Prior Authorization** - is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

**Step Therapy** - is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

**Subscriber** - means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

## How Do I Use the Formulary?

Each prescription drug may be located by looking up the therapeutic category and class of the drug or the BRAND or **generic** name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

There are two ways you can find your drug within the VHP Formulary by:

- 1. Therapeutic Drug Category and Class:** Under the therapeutic category and drug class, each drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs. The generic name of a brand name drug is included after the brand name in parenthesis and in all **bold and italicized lowercase** letters. If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all **bold and italicized lowercase** letters; and in the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with first letter of each word capitalized.

### Example: ANTICOAGULANTS

#### HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
<b><i>exonaparin inj</i></b> 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	<b>2</b>	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML ( <b><i>dalteparin sodium</i></b> )	<b>4</b>	-

From the above example:

#### Generic Drug:

- ***enoxaparin inj***

#### Brand Drug:

- FRAGMIN INJ (***dalteparin sodium***)

**Alphabetical Index:** The covered brand or generic drug names are listed in alphabetical order. You can look at the index to find your drug, which will provide the page number where you will find current coverage information

For more pharmacy information, visit [www.valleyhealthplan.org](http://www.valleyhealthplan.org) > I'm a Member > Covered California or Individual & Family Plan Group > Provider Network > Pharmacy or call VHP Member Services at **1.888.421.8444 (toll-free)**.

## Covered Outpatient Formulary Drugs Include:

Tier	Definition
0	Birth Control, Health Care Reform Act Drugs, and Vaccines
1	Most generic and low-cost preferred brands.
2	Non-preferred generic drugs; Preferred brand name drugs; and any other drugs recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy.
3	Non-preferred brand name drugs or; drugs that are recommended by P&T committee based on drug safety, efficacy and cost or; generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Specialty drugs that are biologics and drugs that the Food and Drug Administration (FDA) or drug manufacturer requires to be distributed through specialty pharmacies; drugs that require the enrollee to have special training or clinical monitoring; drugs that cost the health plan (net of rebates) more than six hundred dollars (\$600) net of rebates for a one-month supply.
M	Drugs in the medical benefit

**Tier 0:** Healthcare reform drugs include but not limited to the following: prenatal vitamins, fluoride preparations, aspirin 81-325 generic single ingredient products only, iron preparations generic immediate release single ingredient products, tobacco cessation products, tamoxifine/raloxifine, statins (lower strengths), bowel preparation, and medications recommended by USPSTF grade A or B (vitamin D, folic acid).

Member Cost Share								
	Platinum	Gold	Silver 70	Silver 94	Silver 87	Silver 73	Bronze Plan	Min. Coverage
<b>Tier 1</b>	\$5	\$15	\$16*	\$3	\$5	\$16*	\$18*	0%*
<b>Tier 2</b>	\$15	\$55	\$60*	\$10	\$25*	\$55*	40% up to \$500 per script after pharmacy deductible	0%*
<b>Tier 3</b>	\$25	\$80	\$90*	\$15	\$45*	\$85*	40% up to \$500 per script after pharmacy deductible	0%*
<b>Tier 4</b>	10% up to \$250 per script	20% up to \$250 per script	20% up to \$250 per script after pharmacy deductible	10% up to \$150 per script	15% up to \$150 per script after pharmacy deductible	20% up to \$250 per script after pharmacy deductible	40% up to \$500 per script after pharmacy deductible	0%*

\*Pharmacy Deductible Applies



**Blood Glucose Supplies:** Selected brands of blood glucose monitors, blood glucose and ketone testing strips, lancets, pen delivery systems for injecting insulin and insulin needles and syringes are covered under the prescription drug formulary. Insulin pump and all necessary supplies are covered under the medical benefit.

**Oral Anticancer Drugs:** The total amount of copayments and coinsurance an enrollee is required to pay shall not exceed two hundred and fifty dollars (\$250) after the deductible has been met for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered under the Plan's formulary.

Tiers are subject to change throughout the year. To find the most up-to-date formulary status and utilization management edits for a specific drug visit the Valley Health Plan online formulary available at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or Navitus Customer Care **1.866.333.2757**.

## Key to Formulary Abbreviations and Symbols

Abbreviation	Description
NC	Not Covered
generic	Bold faced, italicized, lowercase letters
BRANDS	CAPITAL LETTERS
EXC	Plan Exclusion
MSP	Mandatory Specialty Pharmacy Program
PAD	Provider Administered Drug
SF	Limited to two 15 day fills per month for first 3 months
ST	Step Therapy
INF	Infertility
OTC	Over-the-Counter
PAD	Provider Administered Drug
QL	Quantity Limit
SMKG	Smoking Cessation
VAC	Vaccine Program
LD	Limited Distribution
PA	Prior Authorization
RS	Restricted to Specialist
SP	Specialty Pharmacy Program
¢	Tablet Splitting Program
M	Medical Benefit
ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx

## Formulary Changes

The formulary can change when a new drug, new generic, or new formulation is available. Formulary changes may result in changes to your prescription such as change in dispensed brand, cost-sharing tier, or restrictions governing use.

The FDA has strict standards for identity, strength, quality, purity, and potency before approving a generic drug. When available, the pharmacy is required to switch a brand name drug to the equal generic drug. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use.

If the prescriber believes a member needs the brand name drug, they must send the PBM a Prescription Drug Prior Authorization or Step Therapy Exception Request form as well as attestation the FDA MedWatch form was submitted to the FDA. If the brand name drug is determined to be medically necessary, the member will be able to get the drug.

If new adverse information about the safety or effectiveness of a drug is released, this can affect the formulary status. If VHP makes a negative change to the status of a formulary drug, including change in drug or dosage form, tier placement resulting in an increase in cost share, add utilization management restriction, the plan will notify affected members and providers. If VHP removes the drug from formulary, VHP will offer a formulary alternative(s) and will allow for at least 60 days of coverage before the change becomes effective. If the FDA recalls a drug on the formulary due to safety concern, VHP will remove the drug from the formulary and send notice to affected members and providers. To get updated information about the drugs that are covered by VHP, please visit our website [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or call VHP Member Services at **1.888.421.8444 (toll-free)**.

## Prescription Drug Prior Authorization (PA) and Non-Formulary Drugs

When a drug is on the Formulary with PA abbreviated under the column Special Code or the drug is not on the Formulary, your provider must fill out a Prescription Drug Prior Authorization or Step Therapy Exception Request form.

A member can ask for a Prescription Drug Prior Authorization or Step Therapy Exception Request to be sent to the provider by:

- Contacting VHP Member Services, or its designee, at [MemberServices@vhp.sccgov.org](mailto:MemberServices@vhp.sccgov.org) or **1.888.421.8444 (toll-free)**; or
- Logging on to the pharmacy member portal at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) and filling out an online request.

The prescriber must completely fill out the Prescription Drug Prior Authorization or Step Therapy Exception Request form with information that supports the request for a drug not on formulary and submit to the PBM. The form will be reviewed and approved based on established medical criteria and/or medical necessity and the member and provider will receive communication with the decision.

- If a drug had previously been approved for coverage for treatment of a member's medical condition, and the member's provider continues to prescribe the drug for the medical condition, provided the

drug is appropriately prescribed, is safe, and effective therapy, the drug will continue to be covered. This does not preclude your prescriber from prescribing the alternative formulary drug.

- The Prescription Drug Prior Authorization or Step Therapy Exception Request form request will be turned around within 72 hours for nonurgent requests, and within 24 hours if exigent circumstances exist, upon receipt of a completed prior authorization request from a prescribing provider.
- If the Plan fails to respond to a completed Prescription Drug Prior Authorization or Step Therapy Exception Request within 72 hours of receiving of a nonurgent request and 24 hours of receiving an exigent request, the request shall be granted for the duration of the prescription including refills.
- If the Plan approves the Non-formulary drug, the drug would be approved as follows:
  - Non-formulary generic drugs are Tier 2
  - Non-formulary brand drugs are Tier 3
  - Non-formulary Specialty drugs are Tier 4

## Step Therapy (ST) Program

Selected formulary drugs require step therapy (ST). This means that a Member must try an alternative clinically equivalent formulary drug(s) first. VHP P&T Committee selects all drugs required for step therapy. There may be a situation where it may be medically necessary for a Member to receive certain medications without first trying an alternative drug. In these instances, your Provider may request a Prescription Drug Prior Authorization or Step Therapy Exception Request form by contacting Navitus Customer Service or prescribe another formulary drug that is medically appropriate. The list of formulary drugs with step therapy can be changed by Valley Health Plan's P&T Committee. An updated list of the formulary drugs with step therapy is available at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or by calling VHP Member Services at **1.888.421.8444 (toll- free)**.

## Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, VHP has placed quantity limitations on some prescription drugs. Members are covered for up to the amount posted in the VHP Drug Formulary based on recognized standards of care and FDA-approved dosing guidelines. If a prescriber believes it is necessary to prescribe more than the QL amount posted on the list, he or she must submit a Prescription Drug Prior Authorization or Step Therapy Exception Request form to VHP's PBM. A list of covered drugs with QL is available at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

## How to Dispute This Determination

You, your designee, or your prescribing physician (or other physician) may request for the original exception request and subsequent denial of such request to be reviewed by an independent review organization. Valley Health Plan must make its determination to authorize an external exception request to be reviewed by an independent review organization and notify you or your designee and the prescribing physician (or other prescriber, as appropriate). If the original request was a standard exception request, we will make our determination to authorize an external exception request to be reviewed by an independent review organization no later than 72 hours following the receipt of the request. If the original request was an expedited exception request, we will make our determination to authorize an external exception request to be reviewed by an independent review organization no later than 24 hours following the receipt of the request.

If you believe that this determination is not correct you have the right to appeal the decision by filing a grievance with your health plan. Your health plan requests that you submit your grievance within 180 days from the postmark date of this notice. You or someone you designate (your authorized representative) may submit your grievance verbally or in writing. You can call your health plan at the numbers listed below to learn how to name your authorized representative.

### There are two types of grievances: Standard and Expedited

- 1. Standard Grievance Process:** A standard grievance will be resolved within 30 days. Your health plan will notify you in writing of the decision within 30 calendar days of receiving your grievance.
- 2. Expedited 72 Hour Grievance Process:** Your health plan makes every effort to resolve your grievance as quickly as possible. In some cases, you have the right to an expedited grievance when a delay in the decision making might pose an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb, major bodily function, or the normal time frame for the decision making process would be detrimental to your life, or health or could jeopardize your ability to regain maximum function. If you request an expedited grievance, your health plan will evaluate your grievance and health condition to determine if your grievance qualifies as expedited. If your grievance qualifies as expedited, it will be resolved within 72 hours. If not, your grievance will be resolved within the standard 30 days.

### Submitting Your Grievance

Please submit a copy of your denial notice and a brief explanation of your situation, and/or other relevant information to your health plan. Your health plan will document and process your standard or expedited grievance and provide you with written notification of the decision. You may write, call, or fax your grievance to your health plan (see the health plan address, telephone, and fax numbers listed at the end of this letter).

If you feel Valley Health Plan has not addressed your issues, you may also contact the Department of Managed Health Care (DMHC). Section 1368.02 of the California Health and Safety Code requires the following notice.

## DMHC Consumer Help-Line

“The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1.888.421.8444 (toll-free)** and use your Health Plan’s grievance process before contacting the Department. For the hearing and speech impaired, call the California Relay Service (CRS) by simply dialing 711 or the 800 CRS number of your modality. Utilizing this Grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment dispute for emergency or urgent medical services.

The department also has a toll-free telephone number **1.888.466.2219** and a TDD line **1.877.688.9891** for the hearing and speech impaired. The Department’s internet website **[www.dmhc.ca.gov](http://www.dmhc.ca.gov)** has complaint forms, IMR application forms, and instructions online.

\*Federal Employee Health Benefit Program (FEHBP) Members: The preceding appeals information does not apply to participants of the FEHBP. If you are covered by FEHBP, please refer to Section 8, The Disputed Claims Process, of your Federal Brochure, which explains the FEHBP appeals process.

Health Plan Grievance Contact Information		
Health Plan Name	Standard Grievance	Expedited Grievance
<b>Valley Health Plan All Line of Business</b>	2480 North 1st street, Ste 160, San Jose, CA 95131  <b>Phone: 1.888.421.8444 (toll-free)</b> or <b>1.408.885.4760 (toll-free)</b>  <b>Fax: 1.408.885.4425 or TTY 711</b>  <b><a href="http://www.valleyhealthplan.org">www.valleyhealthplan.org</a></b>	2480 North 1st street, Ste 160, San Jose, CA 95131  <b>Phone: 1.888.421.8444 (toll-free)</b> or <b>1.408.885.4760 (toll-free)</b>  <b>Fax: 1.408.885.4425 or TTY 711</b>  <b><a href="http://www.valleyhealthplan.org">www.valleyhealthplan.org</a></b>



# Drugs Covered under the Medical Benefit vs the Outpatient Prescription Drug Benefit

Drugs that are self-administered are covered under the enrollee’s outpatient prescription drug benefit. These drugs can be found in the formulary. Drugs that are required to be given in a physician’s office or outpatient infusion center are covered under the enrollee’s medical benefit. Drugs covered under the medical benefit will follow guidelines approved by the Plan. All prior authorization request must be submitted through the Plan’s Authorization System.

In some instances, drugs given at the physician’s office or outpatient infusion center, may be covered under the Outpatient Prescription Drug Benefit, refer to the Formulary for up to date coverage. In the case that the drugs given at the physician’s office or outpatient infusion center, is covered under the Outpatient Prescription Drug Benefit, the drug can be obtained through the Mandatory Specialty Pharmacy and sent to the physician’s office or outpatient infusion center directly. An out of pocket cost may apply as described by your Summary of Benefits and Coverage (SBC), for more details see Copays and Deductible section.

## Copays and Deductibles

Copays apply to formulary drugs prescribed by an authorized prescriber and dispensed by a Plan Pharmacy. Please see your Summary of Benefits and Coverage (SBC) for the copay amount for each tier.

Plan Retail Pharmacy	1 to 31 Day Supply	32 to 60 Day Supply	61 to 90 Day Supply
Tier 0 Retail	0 Copay	0 Copay	0 Copay
Tier 1 Retail	1 Copay	2 Copays	3 Copays
Tier 2 Retail	1 Copay	2 Copays	3 Copays
Tier 3 Retail	1 Copay	2 Copays	3 Copays
Tier 4 Retail	1 Copay	2 Copays	3 Copays

Costco Mail Serivce Pharmacy	61 to 90 Day Supply
Tier 0 Mail	0 Copay
Tier 1 Mail	2 Copays
Tier 2 Mail	2 Copays
Tier 3 Mail	2 Copays
Tier 4 Mail	2 Copays

Some benefit plans have a deductible that applies to a covered prescription brand name or an overall deductible that is combined between medical care and covered prescription drugs. If the benefit plan includes a deductible, the member is responsible for paying all costs to meet the deductible each calendar year. Once the deductible is met, VHP will cover the prescription drugs at the applicable copayment.

The total amount of copayments and coinsurance an enrollee is required to pay shall not exceed two Hundred and fifty dollars (\$250) after the deductible has been met for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered under the Plan’s formulary as applicable under your Plan’s copay and deductibles.

## Maintenance Drug

A maintenance drug is prescribed for a serious chronic illness or condition. The pharmacy can dispense up to a 90-day supply for formulary drugs that are listed on the Maintenance Drug List. For members starting a new brand maintenance drug, for the first fill the member can get a 30 day supply. For additional refills, the member can get up to a 90 day supply. You can find the list at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Not all drugs on the Maintenance Drug List may be covered on the Drug Formulary. Always refer to the formulary for a list of current covered drugs. Members can get the maintenance drug through the Plan Pharmacy or Plan mail service pharmacy administered by Costco.



## Pharmacy Network

Members must get prescription drugs from a VHP Plan Pharmacy, including nationwide Walgreens, Safeway, Albertsons, local Valley Health Center Pharmacies (VHC), and independent pharmacies in California. For a complete list of contracted pharmacies, please visit [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or call VHP Member Services at **1.888.421.8444 (toll-free)**.

## Mail Order Pharmacy Prescription Drug Program

Members have the choice to get maintenance drugs for serious chronic conditions through the Plan mail service pharmacy administered by Costco.

### How do I register with Costco Pharmacy?

To register online, visit [www.pharmacy.costco.com](http://www.pharmacy.costco.com) and click 'Sign In/Register.' Select 'Create Account.' Enter your email address and password, and follow the instructions.

### How do I Renew or start a new prescription?

Prescriptions should include (no form required):

- Member name
- Date of birth
- Phone number
- Shipping address

### Members can send prescriptions directly to:

**Costco Mail Order  
215 Deninger Circle  
Corona, CA 92880**

### Physicians can prescribe by:

- Calling **1.800.607.6861**
- Fax: **1.888.545.4615**
- E-Prescription: Costco Mail order, 215 Deninger Circle, Corona, CA  
NCPDP: 5633753

### Costco Pharmacy offers the following three delivery service options for prescription orders:

- Standard USPS FREE
- 3 Day UPS \$10.95
- 2 Day UPS \$13.95

If you have any questions about Outpatient Prescription Drug Benefits, please call Navitus Customer Care at **1.866.333.2757**. If you have questions about mail order, please call Costco Pharmacy at **1.800.607.6861**.

## Mandatory Specialty Pharmacy (MSP) Drugs

Certain specialty formulary drugs are classified as MSP drugs by the VHP P&T Committee and must be provided exclusively through Santa Clara Valley Medical Center (SCVMC) Specialty Pharmacy or Lumicera Specialty Pharmacy. MSP drugs may require specialized delivery and administration on an ongoing basis. They are often for chronic conditions and involve complex care issues that need to be managed.

VHP has partnered with SCVMC Specialty Pharmacy and Lumicera Specialty Pharmacy to supply MSP drugs for our members. These specialty pharmacies have a dedicated team of pharmacists, specialty technicians, patient care coordinators and/or nurses are available to answer all of your therapy and drug support needs. The SCVMC Specialty Pharmacy and Lumicera Specialty team work in cooperation with your prescribers to coordinate your care for optimal outcomes. At SCVMC Specialty Pharmacy, members have the option of walking in to SCVMC Pharmacy, its VHC affiliates, or have the drug delivered to the member's home, office, etc. At Lumicera, MSP drugs are dispensed through a mandatory mail order program, using free, discreet, delivery to the member's home, office, or other location. Specialty drugs are available for a maximum of a 30-day supply.

For a list of MSP drugs, please visit [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or call VHP Member Services at **1.888.421.8444 (toll-free)**.

## Direct Member Reimbursement (DMR)

When preparing for travel, it is important to get any care, such as routine prescriptions for serious chronic conditions, before leaving the Network Service Area.

In an emergency, where a Plan Pharmacy cannot be reached, a reimbursement for prescriptions that have been filled and paid for can be requested. A claim form must be completed for review and approval under the guidelines of the EOC. Claim forms are available online at [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Specific information about the prescription, the reason for reimbursement request, and any proof of payment made by primary insurers is needed to submit a claim. Complete the appropriate claim form and mail it along with the original receipt to:

**Navitus Health Solutions Operations Division-Claims**  
**P.O. Box 999 Appleton, WI 54912-0999**

## Discrimination is Against the Law

Valley Health Plan (VHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws. VHP does not exclude people or treat them differently because of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws.

### Valley Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact VHP Member Service Department.

If you believe that VHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws, you can file a grievance with:

#### Valley Health Plan Member Services

2480 North First Street, Ste 160

San Jose, CA 95131

**1.888.421.8444 (toll-free)**

California Relay Service **(CRS) 711** or the **800 CSR** number from your modality

**[www.valleyhealthplan.org](http://www.valleyhealthplan.org)**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Valley Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

#### U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**



## Language Assistance

Valley Health Plan is required by federal law to provide the following information.

**ATTENTION:** If you speak another language, language assistance services, free of charge, are available to you. Call 1.888.421.8444 (California Relay Service (CRS) 711).

### Español (Spanish)

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.421.8444 (California Relay Service (CRS) 711).

### Tiếng Việt (Vietnamese)

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.888.421.8444 (California Relay Service (CRS) 711).

### Tagalog (Filipino)

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.888.421.8444 (California Relay Service (CRS) 711).

### 한국어 (Korean)

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.421.8444 (California Relay Service (CRS) 711) 번으로 전화해 주십시오.

### 繁體中文 (Chinese)

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.421.8444 (California Relay Service (CRS) 711)。

### Հայաստան (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1.888.421.8444 (California Relay Service (CRS) 711):

### Русский (Russian)

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.421.8444 (California Relay Service (CRS) 711).

### فارسی (Farsi)

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1.888.421.8444 (California Relay Service (CRS) 711) تماس بگیرید.

### 日本語 (Japanese)

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1.888.421.8444 (California Relay Service (CRS) 711) まで、お電話にてご連絡ください。

### **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.888.421.8444 (California Relay Service (CRS) 711).

### **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1.888.421.8444 (California Relay Service (CRS) 711) 'ਤੇ ਕਾਲ ਕਰੋ।

### **العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888.421.8444.1  
(California Relay Service (CRS) 711)

### **हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1.888.421.8444 (California Relay Service (CRS) 711) पर कॉल करें।

### **ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1.888.421.8444 (California Relay Service (CRS) 711).

### **ខ្មែរ (Cambodian)**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.888.421.8444 (California Relay Service (CRS) 711)។

### **ພາສາລາວ (Lao)**

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.888.421.8444 (California Relay Service (CRS) 711).

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<b>AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<i>amphetamine/dextroamphetamine ER cap 1.25MG, 2.5MG, 3.75MG, 5MG, 6.25MG, 7.5MG (ADDERALL XR Equiv)</i>	2	-
<i>amphetamine/dextroamphetamine tab 1.25MG, 1.875MG, 2.5MG, 3.125MG, 3.75MG, 5MG, 7.5MG (ADDERALL Equiv)</i>	1	-
<i>dextroamphetamine ER cap 10MG, 15MG, 5MG (DEXEDRINE Equiv)</i>	2	-
<i>dextroamphetamine tab 10MG, 5MG (DEXEDRINE Equiv)</i>	1	-
<i>methamphetamine tab 5MG (DESOXYN Equiv)</i>	1	-
VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG ( <i>lisdexamfetamine dimesylate</i> )	3	-
<b>ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss</b>		
<i>phentermine cap 15MG, 30MG, 37.5MG (ADIPEX Equiv)</i>	1	PA-QL QL= 1 cap/day
<i>phentermine tab 37.5MG (ADIPEX Equiv)</i>	1	PA-QL QL= 1 tab/day
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

1

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx
OTC	Over-the-Counter	PA	Prior Authorization	PAD	Provider Administered Drug
QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv)	1	-
<i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv)	1	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - drugs to treat sleep disorders</b>		
SUNOSI TAB 150MG, 75MG ( <i>solriamfetol hcl</i> )	2	PA-QL QL= 1 tab/day
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - drugs to treat sleep disorders</b>		
WAKIX TAB 17.8MG, 4.45MG ( <i>pitolisant hcl</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		
<i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv)	1	PA-QL QL= 1 tab/day
<i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv)	2	-
<i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i>	3	-
<i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv)	2	-
<i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

2

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx
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QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv)	1	PA-QL QL= 2 tabs/day
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<i>amikacin inj 1GM/4ML, 500MG/2ML</i>	M	-
ARIKAYCE SUSP 590MG/8.4ML ( <i>amikacin sulfate liposome</i> )	4	LD-PA-QL QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
BETHKIS NEB SOLN 300MG/4ML ( <i>tobramycin</i> )	4	MSP-PA
KANAMYCIN INJ ( <i>kanamycin sulfate</i> )	M	-
KITABIS PAK NEB SOLN 300MG/5ML ( <i>tobramycin</i> )	4	MSP-PA
<i>neomycin tab 500MG</i>	1	-
<i>paromomycin cap 250MG</i> (HUMATIN Equiv)	1	-
STREPTOMYCIN INJ 1GM ( <i>streptomycin sulfate</i> )	M	-
<i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv)	4	MSP-PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
RINVOQ ER TAB 15MG ( <i>upadacitinib</i> )	4	MSP-PA-QL QL= 1 tab/day
XELJANZ TAB 10MG, 5MG ( <i>tofacitinib citrate</i> )	4	MSP-PA-QL QL= 2 tabs/day
XELJANZ XR TAB 11MG, 22MG ( <i>tofacitinib citrate</i> )	4	MSP-PA-QL QL= 2 tabs/day
<b>ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system</b>		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

3

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx
OTC	Over-the-Counter	PA	Prior Authorization	PAD	Provider Administered Drug
QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		



# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 27.5MG/0.55ML, 30MG/0.6ML, 7.5MG/0.15ML ( <i>methotrexate (antirheumatic)</i> )	4	MSP-PA
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		
HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML ( <i>adalimumab</i> )	4	MSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML ( <i>adalimumab</i> )	4	MSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML ( <i>adalimumab</i> )	4	MSP-PA-QL QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 80MG/0.8ML ( <i>adalimumab</i> )	4	MSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 40MG/0.8ML ( <i>adalimumab</i> )	4	MSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK ( <i>adalimumab</i> )	4	MSP-PA-QL QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML ( <i>adalimumab</i> )	4	MSP-PA-QL QL= 2 pens/28 days
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) - Drugs to treat rheumatoid arthritis</b>		
KINERET INJ 100MG/0.67ML ( <i>anakinra</i> )	4	LD-PA-QL QL= 1 inj/day; Only available through Biologics 800-850-4306

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

4

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		
ACTEMRA ACTPEN INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	MSP-PA-QL QL= 2 inj/28 days
ACTEMRA IV INJ 200MG/10ML, 400MG/20ML, 80MG/4ML ( <i>tocilizumab</i> )	M	-
ACTEMRA SC INJ 162MG/0.9ML ( <i>tocilizumab</i> )	4	MSP-PA-QL QL= 2 inj/28 days
KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML ( <i>sarilumab</i> )	4	MSP-PA-QL QL= 2 inj/28 days
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
<i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv)	1	QL QL= 2 caps/day
<i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv)	1	-
<i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv)	1	-
<i>etodolac cap 200MG, 300MG</i> (LODINE Equiv)	1	-
<i>etodolac tab 400MG, 500MG</i>	1	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	1	-
<i>ibuprofen tab 400MG, 600MG</i>	1	-
<i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv)	1	-
<i>ketorolac tab 10MG</i> (TORADOL Equiv)	1	QL QL= 20 tabs/5 days
<i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv)	1	-

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

5

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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VAC	Vaccine Program	ø	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>naproxen EC tab 375MG, 500MG</i> (NAPROSYN EC Equiv)	1	-
<i>naproxen sodium tab 220MG, 275MG, 550MG</i> (ANAPROX Equiv)	1	-
NAPROXEN SUSP (NAPROSYN Equiv) ( <i>naproxen</i> )	1	-
<i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv)	1	-
<i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv)	1	-
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system</b>		
OTEZLA STARTER PACK ( <i>apremilast</i> )	4	MSP-PA-QL QL= 1 pack/28 days
OTEZLA TAB 30MG ( <i>apremilast</i> )	4	MSP-PA-QL QL= 2 tabs/day
<b>PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system</b>		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	2	-
<b>SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system</b>		
ORENCIA CLICK INJ 125MG/ML ( <i>abatacept</i> )	4	MSP-PA-QL QL= 4 inj/28 days
ORENCIA INJ 250MG ( <i>abatacept</i> )	M	-
ORENCIA SC INJ 125MG/ML 125MG/ML ( <i>abatacept</i> )	4	MSP-PA-QL QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML ( <i>abatacept</i> )	4	MSP-PA-QL QL= 4 inj/28 days

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

6

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OTC	Over-the-Counter	PA	Prior Authorization	PAD	Provider Administered Drug
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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML ( <i>abatacept</i> )	4	MSP-PA-QL QL= 4 inj/28 days
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		
ENBREL INJ 25MG 25MG/0.5ML ( <i>etanercept</i> )	4	MSP-PA-QL QL= 8 inj/28 days
ENBREL INJ 50MG 50MG/ML ( <i>etanercept</i> )	4	MSP-PA-QL QL= 4 inj/28 days
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	4	MSP-PA-QL QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG 50MG/ML ( <i>etanercept</i> )	4	MSP-PA-QL QL= 4 inj/28 days
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>ANALGESIC COMBINATIONS - Drugs to treat pain</b>		
<i>butalbital/acetaminophen/caffeine tab</i> <b>40MG-50MG-325MG</b> (FIORICET Equiv)	1	QL QL= 6 tabs/day
<b>SALICYLATES - Drugs to treat pain</b>		
<i>aspirin chew tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>aspirin ec tab 325mg 324MG, 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79

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7

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>aspirin ec tab 81mg 81MG</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>aspirin tab 325mg 325MG</i>	\$0	OTC Covered for males age 45-79 and females age 55-79
<i>aspirin tab 81mg</i>	\$0	OTC Covered for males age 45-79; Covered for females (no age restriction)
<i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv)	1	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		
<i>codeine sulfate tab 15MG, 30MG, 60MG</i>	1	-
<i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 37.5MCG/HR, 50MCG/HR, 62.5MCG/HR, 75MCG/HR, 87.5MCG/HR</i> (DURAGESIC Equiv)	2	-
<i>hydromorphone tab 2MG, 4MG, 8MG</i> (DILAUDID Equiv)	1	-
<i>methadone soln 10MG/ML</i>	1	-
<i>methadone tab 10MG, 5MG</i> (DOLOPHINE Equiv)	1	-
<i>methadose tab 40MG</i>	1	-
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	-

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8

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML</i>	1	-
<i>morphine sulfate tab 15MG, 30MG</i>	1	-
<i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv)	1	-
<i>tramadol tab 50MG</i> (ULTRAM Equiv)	1	-
XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG ( <i>oxycodone</i> )	2	QL QL= 120 caps/30 days
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i>	1	-
<i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv)	1	-
<i>butalbital/aspirin/caffeine/codeine cap 30MG-40MG-50MG-325MG</i> (FIORINAL/CODEINE Equiv)	2	QL QL= 6 caps/day
<i>hydrocodone/acetaminophen soln 10MG/15ML-325MG/15ML, 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv)	1	-

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9

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	1	-
<i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv)	1	-
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	3	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-
<i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE Equiv)	3	-
<i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv)	2	-
<i>nalbuphine inj 10MG/ML, 20MG/ML</i>	M	-
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANABOLIC STEROIDS - Drugs used to gain weight</b>		
<i>oxandrolone tab 2.5MG</i> (OXANDRIN Equiv)	2	-
<i>oxandrolone tab 10mg 10MG</i> (OXANDRIN Equiv)	4	-
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
ANDRODERM PATCH 2MG/24HR, 4MG/24HR ( <i>testosterone</i> )	3	PA-QL QL= 1 patch/day
ANDROXY TAB 10MG ( <i>fluoxymesterone</i> )	2	-

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10

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv)	2	-
METHITEST TAB 10MG ( <i>methyltestosterone</i> )	3	-
METHYLTESTOSTERONE CAP 10MG ( <i>methyltestosterone</i> )	4	-
<i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv)	1	-
<i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv)	3	PA-QL QL= 1 packet/day
TESTOSTERONE GEL 1% 50MG 50MG/5GM (ANDROGEL Equiv) ( <i>testosterone</i> )	3	PA-QL QL= 2 packets/day
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	3	PA-QL QL= 4 bottles/30 days
<i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv)	3	PA-QL QL= 1 packet/day
<i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv)	3	PA-QL QL= 2 packets/day
TESTOSTERONE GEL PUMP 1% ( <i>testosterone</i> )	3	PA-QL QL= 4 bottles/30 days
<i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv)	3	PA-QL QL= 2 bottles/30 days
<i>testosterone soln 30MG/ACT</i> (AXIRON Equiv)	4	QL-ST QL= 6ml/day; Step Therapy requires trial of Androgel

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11

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VOGELXO PUMP 1% ( <i>testosterone</i> )	3	PA-QL QL= 4 bottles/30 days
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	3	-
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	2	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>hydrocortisone supp 25MG, 30MG</i> (ANUSOL HC Equiv)	3	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
<i>albendazole tab 200MG</i> (ALBENZA Equiv)	4	-
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	1	-
<i>mebendazole chew tab</i> (VERMOX Equiv)	3	-
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	4	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	3	-
<b>NITRATES - Drugs to treat chest pain</b>		
<i>isosorbide dinitrate ER tab</i>	2	-

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12

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>isosorbide dinitrate SL tab</i>	2	
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	1	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ( <i>nitroglycerin</i> )	2	-
<i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv)	1	-
<i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv)	1	-
<b>ANTI-ANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
<i>buspirone tab 10MG, 15MG, 30MG, 5MG, 7.5MG</i> (BUSPAR Equiv)	1	-
<i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv)	1	-
<i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv)	1	-
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>		
<i>diazepam tab 10MG, 2MG, 5MG</i> (VALIUM Equiv)	1	-
<i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv)	1	-
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv)	1	-
<i>disopyramide ER cap</i> (NORPACE CR Equiv)	1	-
NORPACE CR CAP 100MG, 150MG ( <i>disopyramide phosphate</i> )	3	-
<i>quinidine gluconate CR tab</i>	4	-
<i>quinidine sulfate tab</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
MEXILETINE CAP 150MG, 200MG, 250MG ( <i>mexiletine hcl</i> )	2	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	3	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-
<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv)	1	-
<i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv)	3	-
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	3	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		

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14

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<b>ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	4	MSP-PA-QL QL= 1 inj/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	2	-
<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT ( <i>ipratropium bromide hfa</i> )	3	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH ( <i>umeclidinium bromide</i> )	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>		
<i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv)	1	-
<i>montelukast granule pack 4MG</i> (SINGULAIR Equiv)	2	-
<i>montelukast tab 10MG</i> (SINGULAIR Equiv)	1	-
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		
ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>fluticasone furoate (inhalation)</i> )	2	-
ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	2	-

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15

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<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML (PULMICORT Equiv)</i>	3	-
FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	2	-
FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT ( <i>fluticasone propionate hfa</i> )	2	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		
ADVAIR HFA INHALER 21MCG/ACT-115MCG/ACT, 21MCG/ACT-230MCG/ACT, 21MCG/ACT-45MCG/ACT ( <i>fluticasone-salmeterol</i> )	3	-
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
<i>albuterol sulfate ER tab 4MG, 8MG (VOSPIRE ER Equiv)</i>	2	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	3	-
ALBUTEROL TAB ER 4MG, 8MG ( <i>albuterol sulfate</i> )	2	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)</i>	1	-
ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH ( <i>umeclidinium-vilanterol</i> )	3	-

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16

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BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	3	-
COMBIVENT INHALER ( <i>ipratropium-albuterol</i> )	3	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	3	-
FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT ( <i>fluticasone-salmeterol</i> )	1	-
<i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/DOSE-100MCG/DOSE, 50MCG/DOSE-250MCG/DOSE, 50MCG/DOSE-500MCG/DOSE (ADVAIR Equiv)	2	-
METAPROTERENOL SYRUP 10MG/5ML ( <i>metaproterenol sulfate</i> )	1	-
SEREVENT DISKUS INHALER 50MCG/DOSE ( <i>salmeterol xinafoate</i> )	3	-
STIOLTO INHALER 2.5MCG/ACT ( <i>tiotropium bromide-olodaterol hcl</i> )	3	-
STRIVERDI RESPIMAT INHALER 2.5MCG/ACT ( <i>olodaterol hcl</i> )	3	QL QL= 1 inhaler/30 days

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17

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QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv)	1	-
TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	-
VENTOLIN HFA INHALER 108MCG/ACT ( <i>albuterol sulfate</i> )	1	QL QL= 2 inhalers/30 days
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
<i>aminophylline tab</i>	1	-
ELIXOPHYLLIN ELIXIR 80MG/15ML ( <i>theophylline</i> )	2	-
THEOCHRON TAB 100MG, 200MG, 300MG, 450MG ( <i>theophylline</i> )	2	-
<i>theophylline CR tab 100MG, 200MG, 450MG</i> (QUIBRON-T Equiv)	3	-
<i>theophylline CR tab 300mg 300MG</i>	2	-
<i>theophylline soln 80MG/15ML</i>	1	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG ( <i>apixaban</i> )	2	-
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	3	-

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18

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
XARELTO TAB 10MG, 15MG, 2.5MG, 20MG ( <i>rivaroxaban</i> )	3	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
<i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv)	2	QL QL= 17 days supply
FRAGMIN INJ ( <i>dalteparin sodium</i> )	4	-
<i>heparin porcine inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML</i>	1	-
<b>THROMBIN INHIBITORS - Drugs to thin the blood</b>		
PRADAXA CAP 110MG, 150MG, 75MG ( <i>dabigatran etexilate mesylate</i> )	3	-
<b>ANTICONSULSANTS - Drugs to treat seizures</b>		
<b>ANTICONSULSANTS - BENZODIAZEPINES - Drugs to treat seizures</b>		
<i>clobazam tab 10MG, 20MG</i> (ONFI Equiv)	1	-
<i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv)	1	-
<b>ANTICONSULSANTS - MISC. - Miscellaneous anti-convulsant drugs</b>		
<i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv)	1	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv)	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv)	2	-

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>carbamazepine susp 100MG/5ML</i> (TEGRETOL Equiv)	2	-
<i>carbamazepine tab 200MG</i> (TEGRETOL Equiv)	1	-
DIACOMIT CAP 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through US Bioservices 888-518-7246
DIACOMIT POWDER PACK 250MG, 500MG ( <i>stiripentol</i> )	4	LD-PA Only available through US Bioservices 888-518-7246
EPIDIOLEX SOLN 100MG/ML ( <i>cannabidiol</i> )	4	LD-PA Only available through Walgreens 888-347-3416
<i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv)	1	-
<i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv)	1	-
<i>gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv)	1	-
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-
<i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv)	1	-

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20

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv)	1	-
<i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv)	2	-
<i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv)	1	-
<i>pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG</i> (LYRICA Equiv)	2	-
<i>pregabalin soln 20MG/ML</i> (LYRICA Equiv)	3	-
<i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv)	1	-
<i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv)	1	-
<i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv)	1	-
<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-
<b>CARBAMATES - Drugs to treat seizures</b>		
<i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv)	4	-
<i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv)	4	-
<b>GABA MODULATORS - Drugs to treat seizures</b>		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	3	-

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21

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv)	4	LD-PA Only available through Walgreens 888-347-3416
<i>vigabatrin tab 500MG</i> (SABRIL Equiv)	4	LD-PA Only available through Walgreens 888-347-3416
<b>HYDANTOINS - Drugs to treat seizures</b>		
DILANTIN CAP 30MG 30MG ( <i>phenytoin sodium extended</i> )	1	-
<i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv)	1	-
<i>phenytoin chew tab 50MG</i> (DILANTIN Equiv)	1	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		
<i>ethosuximide cap 250MG</i> (ZARONTIN Equiv)	1	-
<i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv)	1	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		
<i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv)	1	-
<i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv)	1	-
<i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv)	2	-
<i>valproic acid cap 250MG</i> (DEPAKENE Equiv)	1	-
<i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv)	1	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		

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Last Updated 5/1/2020

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<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv)	1	-
<i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv)	1	-
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	3	-
<i>phenelzine tab 15MG</i> (NARDIL Equiv)	1	-
<i>tranylcypromine tab 10MG</i> (PARNATE Equiv)	3	-
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>		
<i>citalopram soln 10MG/5ML</i> (CELEXA Equiv)	1	-
<i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv)	1	-
<i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv)	1	-
<i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv)	1	-
<i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv)	1	-
<i>fluoxetine tab 10MG, 20MG</i> (PROZAC Equiv)	1	-

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Last Updated 5/1/2020

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<i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv)	1	-
<i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv)	2	-
<i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv)	1	-
<i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv)	1	-
<i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv)	1	-
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>		
NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG ( <i>nefazodone hcl</i> )	1	-
<i>nefazodone tab 50mg, 250mg</i> 250MG, 50MG	1	-
<i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv)	1	-
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<i>duloxetine EC cap 20mg, 30mg, 60mg</i> 20MG, 30MG, 60MG (CYMBALTA Equiv)	1	QL QL= 2 caps/day
<i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv)	1	-
<i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv)	1	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<i>amitriptyline tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (ELAVIL Equiv)	1	-

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AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG ( <i>amoxapine</i> )	2	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	3	-
<i>desipramine tab</i> (NORPRAMIN Equiv)	1	-
<i>doxepin cap 100MG, 10MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv)	1	-
<i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv)	1	-
<i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv)	1	-
<i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv)	1	-
<i>nortriptyline oral soln 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-
NORTRIPTYLINE SOLN 10MG/5ML ( <i>nortriptyline hcl</i> )	2	-
<i>protriptyline tab 10MG, 5MG</i> (VIVACTIL Equiv)	2	-
<i>trimipramine cap 100MG, 25MG, 50MG</i> (SURMONTIL Equiv)	2	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		

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25

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ALOGLIPTIN/METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG ( <i>alogliptin-metformin hcl</i> )	2	QL QL= 2 tabs/day
ALOGLIPTIN/PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-45MG ( <i>alogliptin-pioglitazone</i> )	2	QL QL= 1 tab/day
<i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv)	1	-
JANUMET TAB 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	3	QL-ST QL= 2 tabs/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG ( <i>sitagliptin-metformin hcl</i> )	3	QL-ST QL= 2 tabs/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
JENTADUETO TAB 2.5MG-1000MG, 2.5MG-500MG, 2.5MG-850MG ( <i>linagliptin-metformin hcl</i> )	3	QL-ST QL= 2 tabs/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
JENTADUETO XR TAB 2.5MG-1000MG, 5MG-1000MG ( <i>linagliptin-metformin hcl</i> )	3	QL-ST QL= 2 tabs/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone

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26

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SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG ( <i>empagliflozin-metformin hcl</i> )	2	QL QL= 2 tabs/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG, 5MG-1000MG ( <i>dapagliflozin-metformin hcl</i> )	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG ( <i>dapagliflozin-metformin hcl</i> )	2	QL QL= 1 tab/day
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
<i>metformin ER tab 500MG, 750MG</i> (GLUCOPHAGE XR Equiv)	1	-
<i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv)	1	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		
BAQSIMI NASAL POWDER 3MG/DOSE ( <i>glucagon</i> )	2	QL QL= 2 inhalations/fill

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GLUCAGEN HYPOKIT INJ 1MG ( <i>glucagon hcl (rdna)</i> )	3	-
GLUCAGON INJ KIT 1MG ( <i>glucagon (rdna)</i> )	3	-
GVOKE INJ 1MG/0.2ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
GVOKE PFS INJ .5MG/0.1ML ( <i>glucagon</i> )	2	QL QL= 2 inj/fill
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG ( <i>alogliptin benzoate</i> )	2	QL QL= 1 tab/day
JANUVIA TAB 100MG, 25MG, 50MG ( <i>sitagliptin phosphate</i> )	3	QL-ST- $\phi$ QL= 1 tab/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
TRADJENTA TAB 5MG ( <i>linagliptin</i> )	3	QL-ST QL= 1 tab/day; Step therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
BYDUREON BCISE AUTO INJ 2MG/0.85ML ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days
BYDUREON INJ 2MG ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days

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28

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QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	$\phi$	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
BYDUREON PEN INJ 2MG ( <i>exenatide</i> )	2	QL QL= 4 inj/28 days
OZEMPIC INJ 2MG/1.5ML ( <i>semaglutide</i> )	2	QL QL= 1 pack/28 days
RYBELSUS TAB 14MG, 3MG, 7MG ( <i>semaglutide</i> )	2	QL QL=1 tab/day
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	2	QL QL= 9ml/30 days
<b>INSULIN - Drugs to regulate blood sugar</b>		
ADMELOG INJ, INSULIN LISPRO INJ 100UNIT/ML ( <i>insulin lispro</i> )	2	-
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML ( <i>insulin lispro</i> )	2	-
APIDRA INJ 100UNIT/ML ( <i>insulin glulisine</i> )	3	ST Step Therapy requires trial of INSULIN LISPRO
APIDRA SOLOSTAR INJ 100UNIT/ML ( <i>insulin glulisine</i> )	3	ST Step Therapy requires trial of INSULIN LISPRO
BASAGLAR INJ 100UNIT/ML, 300UNIT/ML ( <i>insulin glargine</i> )	2	-
HUMULIN R INJ U-500 500UNIT/ML ( <i>insulin regular (human)</i> )	2	-

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML ( <i>insulin regular (human)</i> )	2	-
INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart</i> )	2	-
INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart</i> )	2	-
INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	-
INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) ( <i>insulin aspart</i> )	2	-
LEVEMIR FLEXTOUCH INJ 100UNIT/ML ( <i>insulin detemir</i> )	2	-
LEVEMIR INJ 100UNIT/ML ( <i>insulin detemir</i> )	2	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	2	OTC
NOVOLIN INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	2	OTC
NOVOLIN N FLEXPEN INJ 100UNIT/ML ( <i>insulin nph (human) (isophane)</i> )	2	OTC

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30

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
NOVOLIN R FLEXPEN INJ 100UNIT/ML ( <i>insulin regular (human)</i> )	2	OTC
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML ( <i>insulin degludec</i> )	2	-
TRESIBA INJ 100UNIT/ML ( <i>insulin degludec</i> )	2	-
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		
FARXIGA TAB 10MG, 5MG ( <i>dapagliflozin propanediol</i> )	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG ( <i>empagliflozin</i> )	2	QL QL= 1 tab/day
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
<i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv)	1	-
<i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv)	1	-
<i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv)	1	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	1	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		

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31

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<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	1	-
<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	3	-
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<i>naloxone inj .4MG/ML, 4MG/10ML</i>	\$0	-
<i>naltrexone tab 50MG</i> (REVIA Equiv)	1	-
NARCAN NASAL SPRAY 4MG/0.1ML ( <i>naloxone hcl</i> )	\$0	QL QL= 2 sprays/fill
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv)	4	MSP
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
NALOXONE PREFILLED INJ .4MG/ML ( <i>naloxone hcl</i> )	\$0	QL QL= 2 inj/fill
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<i>granisetron tab 1MG</i> (KYTRIL Equiv)	1	QL QL= 14 tabs/fill
<i>ondansetron ODT 4MG, 8MG</i> (ZOFTRAN Equiv)	1	-
<i>ondansetron soln 4MG/5ML</i> (ZOFTRAN Equiv)	1	-
<i>ondansetron tab 24MG, 4MG, 8MG</i>	1	-

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32

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
<i>meclizine tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	OTC
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
<i>doxylamine/pyridoxine dr tab 10MG</i> (DICLEGIS Equiv)	3	PA-QL QL= 4 tabs/day
<i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv)	3	PA
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv)	1	-
<i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv)	2	-
<i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv)	1	-
<i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv)	2	-
<i>nystatin powder</i>	1	-
<i>nystatin tab 500000UNIT</i>	1	-
<i>terbinafine tab 250MG</i> (LAMISIL Equiv)	1	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
<i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv)	1	-
<i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv)	1	-
<i>itraconazole cap 100MG</i> (SPORANOX Equiv)	3	PA
<i>ketoconazole tab 200MG</i> (NIZORAL Equiv)	1	-

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Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>ANTIHIISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHIISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	1	-
<b>ANTIHIISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>		
ALLEGRA ODT 30MG ( <i>fexofenadine hcl</i> )	EXC	OTC
CLARINEX REDITAB ( <i>desloratadine</i> )	EXC	-
CLARINEX SYRUP .5MG/ML ( <i>desloratadine</i> )	EXC	-
CLARINEX TAB 5MG ( <i>desloratadine</i> )	EXC	-
DES LorATADINE ODT 2.5MG, 5MG ( <i>desloratadine</i> )	EXC	-
<i>desloratadine tab 5MG</i> (CLARINEX Equiv)	EXC	-
<i>loratadine cap 10MG</i> (CLARITIN Equiv)	EXC	OTC
<b>ANTIHIISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	2	-
<i>promethazine syrup 6.25MG/5ML</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
PROMETHEGAN SUPP 50MG ( <i>promethazine hcl</i> )	2	-
<b>ANTIHIISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cypheptadine syrup 2MG/5ML</i>	1	-
<i>cypheptadine tab 4MG</i>	1	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		

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Last Updated 5/1/2020

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<b>ANTIHYPERLIPIDEMICS - MISC. - Miscellaneous anti-hyperlipidemics</b>		
<i>omega-3-acid ethyl esters cap 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv)	1	-
<i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv)	1	-
<i>colestipol tab 1GM</i> (COLESTID Equiv)	2	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv)	1	-
<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv)	1	-
<i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv)	1	-
<i>gemfibrozil tab 600MG</i> (LOPID Equiv)	1	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
<i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv)	\$0	-
<i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv)	\$0	-
<i>atorvastatin tab 40mg 40MG</i> (LIPITOR Equiv)	1	-
<i>atorvastatin tab 80mg 80MG</i> (LIPITOR Equiv)	1	-
<i>fluvastatin cap 20MG, 40MG</i> (LESCOL Equiv)	\$0	-

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35

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Last Updated 5/1/2020

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<i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv)	\$0	-
<i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv)	\$0	-
<i>rosuvastatin tab 10mg 10MG</i> (CRESTOR Equiv)	\$0	QL QL= 1 tab/day
<i>rosuvastatin tab 20mg 20MG</i> (CRESTOR Equiv)	1	QL QL= 1 tabs/day
<i>rosuvastatin tab 40mg 40MG</i> (CRESTOR Equiv)	1	QL QL= 1 tab/day
<i>rosuvastatin tab 5mg 5MG</i> (CRESTOR Equiv)	\$0	QL QL= 1 tab/day
<i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv)	\$0	80mg is Not Covered
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		
<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv)	1	-
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
PRALUENT INJ 150MG/ML, 75MG/ML ( <i>alirocumab</i> )	3	PA-QL QL= 2 inj/28 days

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36

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REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	3	PA-QL QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ 420MG/3.5ML ( <i>evolocumab</i> )	3	PA-QL QL= 1 inj/28 days
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>benazepril tab</i> (LOTENSIN Equiv)	1	-
<i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv)	2	-
<i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv)	1	-
EPANED PREMIXED SOLN 1MG/ML ( <i>enalapril maleate</i> )	3	Covered for members age 12 or younger
<i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv)	1	-
<i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv)	1	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	4	-
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
<i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv)	1	-
<i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv)	1	-

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37

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<i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv)	1	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	2	-
<i>clonidine tab</i> (CATAPRES Equiv)	1	-
<i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv)	1	-
<i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv)	1	-
<i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv)	1	-
<i>prazosin cap 1MG, 2MG, 5MG</i> (MINIPRESS Equiv)	1	-
<i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv)	1	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
<i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv)	1	-
<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	1	-
<i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv)	1	-
<i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv)	1	-

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38

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VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv)	1	-
<i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv)	1	-
<i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv)	1	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		
<i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv)	1	-
<i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv)	1	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML ( <i>metronidazole benzoate</i> )	3	-
<i>metronidazole cap 375MG</i> (FLAGYL Equiv)	2	-
<i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv)	1	-
<i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv)	3	-
<i>trimethoprim tab</i> (PROLOPRIM Equiv)	1	-
VIBATIV INJ ( <i>telavancin hcl</i> )	M	-
XIFAXAN TAB 200MG 200MG ( <i>rifaximin</i> )	4	QL QL= 9 tabs/3 days
XIFAXAN TAB 550MG 550MG ( <i>rifaximin</i> )	4	PA-QL QL= 2 tabs/day

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39

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
<i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv)	1	-
<i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTA Equiv)	1	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
ALINIA SUSP 100MG/5ML ( <i>nitazoxanide</i> )	3	-
ALINIA TAB 500MG ( <i>nitazoxanide</i> )	2	-
<i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv)	4	-
<b>CARBAPENEMS - Drugs to treat bacterial infections</b>		
DORIBAX INJ 250MG, 500MG ( <i>doripenem</i> )	M	-
DORIPENEM INJ 250MG, 500MG ( <i>doripenem</i> )	M	-
<i>ertapenem inj 1GM</i> (INVANZ Equiv)	M	-
IMIPENEM/CILASTATIN INJ 250MG (PRIMAXIN Equiv) ( <i>imipenem-cilastatin</i> )	M	-
INVANZ INJ 1GM ( <i>ertapenem sodium</i> )	M	-
<i>meropenem inj 1GM, 500MG</i> (MERREM Equiv)	M	-
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
FIRVANQ SOLN 25MG/ML, 50MG/ML ( <i>vancomycin hcl</i> )	2	-
<i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv)	2	QL QL= 56 caps/fill

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40

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
VANCOMYCIN SOLN KIT 1000MG/10ML, 1000MG/200ML, 1250MG/12.5ML, 1500MG/15ML, 1500MG/300ML, 1750MG/17.5ML, 2000MG/20ML, 2000MG/400ML, 25MG/ML, 500MG/100ML, 50MG/ML, 750MG/7.5ML ( <i>vancomycin hcl</i> )	2	-
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	1	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
<i>clindamycin cap 150MG, 75MG</i> (CLEOCIN Equiv)	1	-
<i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv)	2	QL Limited to 14 days supply per fill.
<i>lincomycin inj 300MG/ML</i> (LINCOCIN Equiv)	M	-
<b>MONOBACTAMS - Drugs to treat bacterial infections</b>		
<i>aztreonam inj 1GM, 2GM</i> (AZACTAM Equiv)	M	-
CAYSTON INH SOLN 75MG ( <i>aztreonam lysine</i> )	4	LD-PA Only available through Walgreens 888-347-3416
<b>OXAZOLIDINONES - Drugs to treat bacterial infections</b>		
<i>linezolid tab 600MG</i> (ZYVOX Equiv)	3	PA
SIVEXTRO TAB 200MG ( <i>tedizolid phosphate</i> )	4	PA-QL QL= 6 tabs/fill
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		

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41

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	2	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<i>chloroquine tab 500MG</i> (ARALEN Equiv)	1	-
<i>hydroxychloroquine tab 200MG</i> (PLAQUENIL Equiv)	1	-
KRINTAFEL TAB 150MG ( <i>tafenoquine succinate</i> )	2	-
<i>mefloquine tab 250MG</i>	1	-
<i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv)	2	-
<i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv)	4	LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416
<i>quinine sulfate cap 324MG</i> (QUALAQUIN Equiv)	3	-
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
GUANIDINE TAB 125MG ( <i>guanidine hcl</i> )	3	-
MYTELASE TAB ( <i>amibenonium chloride</i> )	3	-
<i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv)	3	-
<i>pyridostigmine tab 60MG</i> (MESTINON Equiv)	1	-
RUZURGI TAB 10MG ( <i>amifampridine</i> )	4	LD-PA Only available through PantheRx Pharmacy 855-726-8479
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		

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42

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
RIFAMATE CAP 150MG-300MG ( <i>isoniazid &amp; rifampin</i> )	3	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<i>cycloserine cap 250MG</i> (CYCLOSERINE Equiv)	4	PA
<i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv)	1	-
ISONIAZID SYRUP 50MG/5ML ( <i>isoniazid</i> )	3	-
<i>isoniazid tab 100MG, 300MG</i>	1	-
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	2	-
<i>pyrazinamide tab 500MG</i>	3	-
<i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv)	3	-
<i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv)	1	-
TRECTOR TAB 250MG ( <i>ethionamide</i> )	3	-
<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<i>tretinoin cap 10MG</i> (VESANOID Equiv)	4	MSP-ONC
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
<i>etoposide cap</i> (VEPESID Equiv)	4	MSP-ONC
<b>TOPOISOMERASE I INHIBITORS - Drugs to treat cancer</b>		
HYCANTIN CAP .25MG, 1MG ( <i>topotecan hcl</i> )	4	MSP-ONC-PA
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
AFINITOR TAB 10MG 10MG ( <i>everolimus</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day

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<i>busulfan inj 6MG/ML</i>	M	-
BUSULFEX INJ 6MG/ML ( <i>busulfan</i> )	M	-
<i>cyclophosphamide cap 25MG, 50MG</i>	3	ONC
<i>cyclophosphamide tab</i> (CYTOXAN Equiv)	1	ONC
GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG, 5MG ( <i>lomustine</i> )	4	ONC-SP
HEXALEN CAP 50MG ( <i>altretamine</i> )	4	ONC-SP
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	4	ONC
<i>melphalan inj 50MG</i> (ALKERAN Equiv)	M	-
<i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv)	4	MSP-ONC-PA
ZANOSAR INJ 1GM ( <i>streptozocin</i> )	M	-
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv)	4	MSP-ONC
<i>fludarabine inj 50MG/2ML</i>	M	-
<i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv)	1	ONC
METHOTREXATE INJ 100MG/4ML, 200MG/8ML, 250MG/10ML ( <i>methotrexate sodium</i> )	1	-
<i>methotrexate tab 2.5MG</i> (TREXALL Equiv)	1	ONC
TABLOID TAB 40MG ( <i>thioguanine</i> )	4	ONC-SP
<b>ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer</b>		
RITUXAN INJ 100MG/10ML, 500MG/50ML ( <i>rituximab</i> )	M	-
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		

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VENCLEXTA STARTER PACK ( <i>venetoclax</i> )	4	
VENCLEXTA TAB 100MG, 10MG, 50MG ( <i>venetoclax</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv)	4	MSP-ONC-QL QL= 4 tabs/day
<i>anastrozole tab 1MG</i> (ARIMIDEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>bicalutamide tab 50MG</i> (CASODEX Equiv)	1	ONC
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	3	ONC
ERLEADA TAB 60MG ( <i>apalutamide</i> )	4	MSP-ONC-PA-QL QL= 4 tabs/day
<i>exemestane tab 25MG</i> (AROMASIN Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
<i>flutamide cap 125MG</i> (EULEXIN Equiv)	1	ONC
<i>letrozole tab 2.5MG</i> (FEMARA Equiv)	1	ONC-SP

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45

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LYSODREN TAB 500MG ( <i>mitotane</i> )	4	LD-ONC Only available through Direct Success 732-919-1234
<i>megestrol susp 400MG/10ML, 40MG/ML</i> (MEGACE Equiv)	1	ONC
<i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv)	1	ONC
NUBEQA TAB 300MG ( <i>darolutamide</i> )	4	MSP-PA-QL-SF QL= 4 tabs/day
<i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv)	\$0	ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay
XTANDI CAP 40MG ( <i>enzalutamide</i> )	4	MSP-ONC-PA-QL-SF QL= 4 caps/day
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	4	ONC
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		
XPOVIO PAK 20MG ( <i>selinexor</i> )	4	LD-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC ANTIBIOTICS - Drugs to treat cancer</b>		
<i>mitoxantrone inj 2MG/ML</i>	M	-
<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		

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46

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KISQALI PAK 2.5MG-200MG ( <i>ribociclib succinate-letrozole</i> )	4	MSP-ONC-PA-QL QL= 91 tabs/28 days
LONSURF TAB 6.14MG-15MG, 8.19MG-20MG ( <i>trifluridine-tipiracil</i> )	4	LD-ONC-PA Only available through Walgreens 888-347-3416
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
AFINITOR DISPERZ 2MG, 3MG, 5MG ( <i>everolimus</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	4	MSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG ( <i>brigatinib</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG ( <i>brigatinib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 4MG 4MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through US Bioservices 888-518-7246
BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through US Bioservices 888-518-7246

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47

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Last Updated 5/1/2020

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BOSULIF TAB 100MG, 400MG, 500MG ( <i>bosutinib</i> )	4	MSP-ONC-PA-SF
BRAFTOVI CAP 50MG 50MG ( <i>encorafenib</i> )	4	LD-ONC-PA-QL QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118
BRAFTOVI CAP 75MG 75MG ( <i>encorafenib</i> )	4	LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CALQUENCE CAP 100MG ( <i>acalabrutinib</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CAPRELSA TAB 100MG, 300MG ( <i>vandetanib</i> )	4	LD-ONC-PA Only available through Biologics 800-850-4306
COPIKTRA CAP 15MG, 25MG ( <i>duvelisib</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	4	MSP-ONC-PA-QL QL= 3 tabs/day
<i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv)	4	MSP-ONC-PA-SF
<i>everolimus tab 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv)	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
FARYDAK CAP 10MG, 15MG, 20MG ( <i>panobinostat lactate</i> )	4	MSP-ONC-PA-QL QL= 6 caps/21 days

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48

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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GILOTRIF TAB 20MG, 30MG, 40MG ( <i>afatinib dimaleate</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 888-773-7376
IBRANCE CAP 100MG, 125MG, 75MG ( <i>palbociclib</i> )	4	MSP-ONC-PA-QL QL= 21 caps/28 days
ICLUSIG TAB 15MG, 45MG ( <i>ponatinib hcl</i> )	4	LD-ONC-PA-SF Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	4	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	4	MSP-ONC-PA
IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG 70MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG ( <i>ibrutinib</i> )	4	LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB 1MG, 5MG ( <i>axitinib</i> )	4	MSP-ONC-PA-QL-SF QL= 8 tabs/day
IRESSA TAB 250MG ( <i>gefitinib</i> )	4	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118

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49

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QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG ( <i>ruxolitinib phosphate</i> )	4	MSP-ONC-PA-QL QL= 2 tabs/day
KISQALI TAB 200MG ( <i>ribociclib succinate</i> )	4	MSP-ONC-PA-QL QL= 63 tabs/28 days
LENVIMA CAP 10MG, 4MG ( <i>lenvatinib mesylate</i> )	4	LD-ONC-PA-QL QL= 3 caps/day; Only available through Accredo 888-773-7376
LORBRENA TAB 100MG 100MG ( <i>lorlatinib</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
LORBRENA TAB 25MG 25MG ( <i>lorlatinib</i> )	4	MSP-ONC-PA-QL-SF QL= 3 tabs/day
MEKINIST TAB 0.5MG .5MG ( <i>trametinib dimethyl sulfoxide</i> )	4	MSP-ONC-PA-QL QL= 3 tabs/day
MEKINIST TAB 2MG 2MG ( <i>trametinib dimethyl sulfoxide</i> )	4	MSP-ONC-PA-QL QL= 1 tab/day
MEKTOVI TAB 15MG ( <i>binimetinib</i> )	4	LD-ONC-PA-QL QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NERLYNX TAB 40MG ( <i>neratinib maleate</i> )	4	LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEXAVAR TAB 200MG ( <i>sorafenib tosylate</i> )	4	MSP-ONC-PA-SF
NINLARO CAP 2.3MG, 3MG, 4MG ( <i>ixazomib citrate</i> )	4	MSP-ONC-PA
PIQRAY TAB 150MG, 200MG ( <i>alpelisib</i> )	4	MSP-PA-SF

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50

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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RUBRACA TAB 200MG, 250MG, 300MG ( <i>rucaparib camsylate</i> )	4	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
RYDAPT CAP 25MG ( <i>midostaurin</i> )	4	MSP-ONC-PA
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG ( <i>dasatinib</i> )	4	MSP-ONC-PA-SF
STIVARGA TAB 40MG ( <i>regorafenib</i> )	4	MSP-ONC-PA-QL-SF QL= 4 tabs/day
SUTENT CAP 12.5MG, 25MG, 37.5MG, 50MG ( <i>sunitinib malate</i> )	4	MSP-ONC-PA-SF
TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	4	MSP-ONC-PA-QL QL= 4 caps/day
TAGRISSE TAB 40MG, 80MG ( <i>osimertinib mesylate</i> )	4	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TALZENNA CAP 0.25MG .25MG ( <i>talazoparib tosylate</i> )	4	MSP-ONC-PA-QL-SF QL= 3 caps/day
TALZENNA CAP 1MG 1MG ( <i>talazoparib tosylate</i> )	4	MSP-ONC-PA-QL-SF QL= 1 cap/day
TASIGNA CAP 150MG, 200MG, 50MG ( <i>nilotinib hcl</i> )	4	MSP-ONC-PA-SF
TIBSOVO TAB 250MG ( <i>ivosidenib</i> )	4	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118

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51

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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TURALIO CAP 200MG ( <i>pexidartinib hcl</i> )	4	LD-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306
TYKERB TAB 250MG ( <i>lapatinib ditosylate</i> )	4	MSP-ONC-PA
VELCADE INJ 3.5MG ( <i>bortezomib</i> )	M	-
VERZENIO TAB 100MG, 150MG, 200MG, 50MG ( <i>abemaciclib</i> )	4	MSP-ONC-PA-QL-SF QL= 2 tabs/day
VITRAKVI CAP 100MG 100MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI CAP 25MG 25MG ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through US Bioservices 888-518-7246
VITRAKVI SOLN 20MG/ML ( <i>larotrectinib sulfate</i> )	4	LD-ONC-PA-QL-SF QL= 10ml/day; Only available through US Bioservices 888-518-7246
VIZIMPRO TAB 15MG, 30MG, 45MG ( <i>dacomitinib</i> )	4	MSP-ONC-PA-QL-SF QL= 1 tab/day
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	4	MSP-ONC-PA-SF
XALKORI CAP 200MG, 250MG ( <i>crizotinib</i> )	4	MSP-ONC-PA-QL-SF QL= 2 caps/day
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	4	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118

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52

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	4	LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	4	MSP-ONC-PA-QL QL= 8 tabs/day
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	4	MSP-ONC-PA-SF
ZYDELIG TAB 100MG, 150MG ( <i>idelalisib</i> )	4	LD-ONC-PA-SF Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	4	MSP-ONC-PA-QL-SF QL= 3 caps/day
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	4	MSP-ONC-PA-QL-SF QL= 3 tabs/day
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
ACTIMMUNE INJ 2000000UNIT/0.5ML ( <i>interferon gamma-1b</i> )	4	LD Only available through Walgreens 888-347-3416
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	4	MSP-ONC-PA-SF
<i>hydroxyurea cap 500MG</i> (HYDREA Equiv)	1	ONC
INTRON-A INJ ( <i>interferon alfa-2b inj</i> )	4	MSP
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	4	ONC-SP
PROLEUKIN INJ 22000000UNIT ( <i>aldesleukin</i> )	4	SP
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>amifostine inj 500MG</i>	M	-

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Last Updated 5/1/2020

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<i>leucovorin calcium inj 100MG, 200MG, 350MG, 500MG, 50MG</i>	M	-
LEUCOVORIN TAB 10MG, 15MG ( <i>leucovorin calcium</i> )	1	ONC
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ADJUVANTS - Drugs to treat parkinson's disease</b>		
<i>carbidopa tab 25MG</i> (LODOSYN Equiv)	4	-
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-
<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		
<i>entacapone tab 200MG</i> (COMTAN Equiv)	2	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<i>amantadine cap 100MG</i> (SYMMETREL Equiv)	1	-
<i>amantadine syrup 50MG/5ML</i> (SYMMETREL Equiv)	1	-
APOKYN INJ 30MG/3ML ( <i>apomorphine hydrochloride</i> )	4	LD Only available through CVS Specialty 800-237-2767
<i>bromocriptine cap 5MG</i> (PARLODEL Equiv)	1	-
<i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv)	1	-
<i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv)	1	-
<i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv)	2	-

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54

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# CC and IFP FORMULARY

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<i>carbidopa/levodopa tab</i> (SINEMET Equiv)	1	
<i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv)	1	-
<i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv)	1	-
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease</b>		
<i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv)	3	¢
<i>selegiline cap 5MG</i> (ELDEPRYL Equiv)	1	-
<i>selegiline tab 5MG</i> (ELDEPRYL Equiv)	1	-
XADAGO TAB 100MG, 50MG ( <i>safinamide mesylate</i> )	3	PA-QL QL= 1 tab/day
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
<i>lithium carbonate cap</i> (ESKALITH ER Equiv)	1	-
<i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv)	1	-
<i>lithium carbonate tab 300MG</i>	1	-
<i>lithium citrate soln</i>	1	-
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		
EQUETRO CAP 100MG, 200MG, 300MG ( <i>carbamazepine (antipsychotic)</i> )	3	-

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<i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv)	1	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
INVEGA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 273MG/0.875ML, 39MG/0.25ML, 410MG/1.315ML, 546MG/1.75ML, 78MG/0.5ML, 819MG/2.625ML ( <i>paliperidone palmitate</i> )	\$0	PAD Must be filled at Safeway Pharmacy
<i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv)	4	QL QL= 1 tab/day
PERSERIS INJ 120MG, 90MG ( <i>risperidone</i> )	\$0	PAD Must be filled at Safeway Pharmacy
RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG ( <i>risperidone microspheres</i> )	\$0	PAD Must be filled at Safeway Pharmacy
<i>risperidone ODT .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv)	1	-
<i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv)	1	-
<i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv)	1	-
<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
<i>haloperidol decanoate inj 100MG/ML, 50MG/ML</i>	\$0	PAD Must be filled at Safeway Pharmacy
<i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv)	1	-
<i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv)	1	-

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56

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# CC and IFP FORMULARY

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<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
CLOZAPINE ODT 150MG, 200MG ( <i>clozapine</i> )	3	-
CLOZAPINE ODT 12.5MG 12.5MG ( <i>clozapine</i> )	3	-
<i>clozapine ODT 25mg, 100mg 100MG, 25MG</i> (CLOZAPINE, FAZACLO Equiv)	2	-
CLOZAPINE ODT, FAZACLO ODT 12.5MG, 150MG, 200MG ( <i>clozapine</i> )	2	-
<i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv)	1	-
<i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv)	1	-
<i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv)	1	-
<i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv)	1	-
<i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv)	1	-
<i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv)	1	-
ZYPREXA RELPREVV INJ 210MG, 300MG, 405MG ( <i>olanzapine pamoate</i> )	\$0	PAD Must be filled at Safeway Pharmacy
<b>PHENOTHIAZINES - Drugs to treat mood disorders</b>		
<i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv)	3	-

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57

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<i>fluphenazine decanoate inj 25MG/ML</i>	\$0	PAD Must be filled at Safeway Pharmacy
FLUPHENAZINE TAB 10MG, 1MG, 2.5MG, 5MG ( <i>fluphenazine hcl</i> )	2	-
<i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv)	1	-
<i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv)	1	-
<i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv)	1	-
<i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv)	1	-
<i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv)	1	-
<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
ABILIFY MAINTENA INJ 300MG, 400MG ( <i>aripiprazole</i> )	\$0	PAD Must be filled at Safeway Pharmacy
<i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv)	1	QL-¢ QL= 2 tabs/day
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 675MG/2.4ML, 882MG/3.2ML ( <i>aripiprazole lauroxil</i> )	\$0	PAD Must be filled at Safeway Pharmacy
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-

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58

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<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		
<i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv)	2	-
<i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv)	4	-
APTIVUS CAP 250MG ( <i>tipranavir</i> )	4	-
APTIVUS SOLN 100MG/ML ( <i>tipranavir</i> )	4	-
<i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv)	4	-
BIKTARVY TAB 25MG-50MG-200MG ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	4	-
CIMDUO TAB 300MG ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	4	-
COMPLERA TAB 25MG-200MG-300MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
CRIXIVAN CAP 200MG, 400MG ( <i>indinavir sulfate</i> )	4	-
DELSTRIGO TAB 100MG-300MG ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	4	-
DESCOVY TAB 25MG-200MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	4	PA

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59

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QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>didanosine DR cap 200MG, 250MG, 400MG</i> (VIDEX EC Equiv)	3	-
DIDANOSINE DR CAP, VIDEX EC CAP 125MG, 200MG, 250MG, 400MG ( <i>didanosine</i> )	3	-
DOVATO TAB 50MG-300MG ( <i>dolutegravir sodium-lamivudine</i> )	4	-
<i>efavirenz cap 200MG, 50MG</i> (SUSTIVA Equiv)	4	-
<i>efavirenz tab 600MG</i> (SUSTIVA Equiv)	4	-
<i>fosamprenavir tab 700MG</i> (LEXIVA Equiv)	4	-
GENVOYA TAB 10MG-150MG-200MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	QL QL= 1 tab/day
INTELENCE TAB 100MG, 200MG, 25MG ( <i>etravirine</i> )	4	-
INVIRASE CAP 200MG ( <i>saquinavir mesylate</i> )	4	-
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	4	-
ISENTRESS (HD) TAB 400MG, 600MG ( <i>raltegravir potassium</i> )	4	-
ISENTRESS CHEW TAB 100MG, 25MG ( <i>raltegravir potassium</i> )	4	-
ISENTRESS POWDER PACK 100MG ( <i>raltegravir potassium</i> )	4	-
JULUCA TAB 25MG-50MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	4	-

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
KALETRA TAB 25MG-100MG, 50MG-200MG ( <i>lopinavir-ritonavir</i> )	4	-
<i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv)	1	-
<i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv)	2	-
<i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv)	4	-
LEXIVA SUSP 50MG/ML ( <i>fosamprenavir calcium</i> )	4	-
<i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv)	4	-
<i>nevirapine susp 50MG/5ML</i> (VIRAMUNE Equiv)	4	-
<i>nevirapine tab 200MG</i> (VIRAMUNE Equiv)	1	-
NORVIR CAP 100MG ( <i>ritonavir</i> )	3	-
NORVIR POWDER PACK 100MG ( <i>ritonavir</i> )	3	-
NORVIR SOLN 80MG/ML ( <i>ritonavir</i> )	3	-
ODEFSEY TAB 25MG-200MG ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	4	-
PIFELTRO TAB 100MG ( <i>doravirine</i> )	4	-
PREZCOBIX TAB 150MG-800MG ( <i>darunavir-cobicistat</i> )	4	QL QL= 1 tab/day
PREZISTA TAB 150MG, 600MG, 75MG, 800MG ( <i>darunavir ethanolate</i> )	4	-
REYATAZ POWDER PACK 50MG ( <i>atazanavir sulfate</i> )	4	-

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61

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>ritonavir tab 100MG</i> (NORVIR Equiv)	3	-
SELZENTRY SOLN 20MG/ML ( <i>maraviroc</i> )	4	-
SELZENTRY TAB 150MG, 25MG, 300MG, 75MG ( <i>maraviroc</i> )	4	-
STRIBILD TAB 150MG-200MG-300MG ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	4	QL QL= 1 tab/day
SYMFI (LO) TAB 300MG-400MG, 300MG-600MG ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	4	-
SYMTUZA TAB 10MG-150MG-200MG-800MG ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	4	-
<i>tenofovir disoproxil fumarate tab 300MG</i> (VIREAD Equiv)	1	-
TIVICAY TAB 10MG, 25MG, 50MG ( <i>dolutegravir sodium</i> )	4	QL QL= 2 tabs/day
TRIUMEQ TAB 50MG-300MG-600MG ( <i>abacavir-dolutegravir-lamivudine</i> )	4	QL QL= 1 tab/day
TRUVADA TAB 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	\$0	-
VIRACEPT POWDER ( <i>nelfinavir mesylate</i> )	4	-
VIRACEPT TAB 250MG, 625MG ( <i>nelfinavir mesylate</i> )	4	-

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62

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG ( <i>tenofovir disoproxil fumarate</i> )	4	QL QL= 1 tab/day
<b>CMV AGENTS - Drugs to treat viral infections</b>		
<i>cidofovir inj 75MG/ML</i> (VISTIDE Equiv)	M	-
FOSCARNET INJ 6000MG/250ML ( <i>foscarnet sodium</i> )	M	-
GANCICLOVIR CAP ( <i>ganciclovir</i> )	4	SP
<i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv)	4	SP
<i>valganciclovir tab 450MG</i> (VALCYTE Equiv)	4	SP
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	4	MSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	1	-
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbm)</i> )	4	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	2	-
MAVYRET TAB 40MG-100MG ( <i>glecaprevir-pibrentasvir</i> )	4	MSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 135MCG/0.5ML, 180MCG/0.5ML, 180MCG/ML ( <i>peginterferon alfa-2a</i> )	4	MSP
PEG-INTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 50MCG/0.5ML, 80MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	4	MSP
REBETOL SOLN 40MG/ML ( <i>ribavirin (hepatitis c)</i> )	4	MSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	1	MSP
<i>ribavirin tab 200MG</i> (COPEGUS Equiv)	2	MSP

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
SOFOBUVIR/VELPATASVIR TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir</i> )	4	MSP-PA-QL QL= 1 tab/day
VOSEVI TAB 100MG-400MG ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	4	MSP-PA-QL QL= 1 tab/day
ZEPATIER TAB 50MG-100MG ( <i>elbasvir-grazoprevir</i> )	4	MSP-PA-QL QL= 1 tab/day
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	2	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	1	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	1	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		
<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	2	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	1	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	1	-
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB 125MG ( <i>penicillamine</i> )	2	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
REVLIMID CAP 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG ( <i>lenalidomide</i> )	4	MSP-QL-RS QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
THALOMID CAP 100MG, 150MG, 200MG, 50MG ( <i>thalidomide</i> )	4	MSP-PA
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
ATGAM INJ 50MG/ML ( <i>lymphocyte immune globulin, anti-thymocyte globulin (equine)</i> )	M	-
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	SP
<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	4	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	2	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	2	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	3	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	4	-

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# CC and IFP FORMULARY

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<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML (cyclosporine)	4	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	3	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	1	-
THYMOGLOBULIN INJ 25MG ( <i>anti-thymocyte globulin (rabbit), lymphocyte immune globulin</i> )	M	-
<b>POTASSIUM REMOVING RESINS - Drugs to manage potassium levels</b>		
<i>sodium polystyrene powder</i> (KAYEXALATE Equiv)	1	-
<i>sodium polystyrene susp 15GM/60ML, 30GM/120ML, 50GM/200ML</i> (SPS Equiv)	1	-
VELTASSA POWDER 16.8GM, 25.2GM, 8.4GM ( <i>patiromer sorbitex calcium</i> )	4	PA
<b>BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<b>ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	1	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	1	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv)	1	-
<i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv)	1	-
<i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv)	1	-

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<i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv)	1	-
<i>metoprolol tab 100MG, 25MG, 50MG</i> (LOPRESSOR Equiv)	1	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
PROPRANOLOL SOLN 20MG/5ML, 40MG/5ML ( <i>propranolol hcl</i> )	1	-
<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	1	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	1	-
<i>timolol maleate tab 10MG, 5MG</i> (BLOCADREN Equiv)	2	-
<b>BIOLOGICALS MISC - Miscellaneous biological drugs</b>		
<b>BIOLOGICALS MISC - Miscellaneous biological drugs</b>		
ADAGEN INJ 250UNIT/ML ( <i>pegademase bovine</i> )	M	-
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
DILTIAZEM CAP 120MG, 180MG, 240MG ( <i>diltiazem hcl</i> )	1	-

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<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG, 420MG</i> (CARDIZEM CD Equiv)	1	-
<i>diltiazem ER tab 180MG, 240MG, 300MG, 360MG, 420MG</i> (CARDIZEM LA Equiv)	1	-
<i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv)	1	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	2	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nisoldipine ER tab 17MG, 34MG, 8.5MG</i> (SULAR Equiv)	3	-
VERAPAMIL ER CAP 200MG 200MG ( <i>verapamil hcl</i> )	2	-
<i>verapamil SR cap 100MG, 120MG, 180MG, 200MG, 240MG, 300MG</i> (VERELAN Equiv)	1	-
VERAPAMIL SR CAP 360mg 360MG ( <i>verapamil hcl</i> )	2	-
<i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv)	1	-
<i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv)	1	-
VERELAN PM ER CAP 100MG, 300MG 100MG, 200MG, 300MG ( <i>verapamil hcl</i> )	1	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-

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<i>digoxin tab .125MG, .25MG, 125MCG, 250MCG</i> (LANOXIN Equiv)	1	-
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs</b>		
ENTRESTO TAB 24MG-26MG, 49MG-51MG, 97MG-103MG ( <i>sacubitril-valsartan</i> )	3	PA-QL QL= 2 tabs/day
<b>IMPOTENCE AGENTS - drugs to treat erectile dysfunction</b>		
CIALIS TAB 10MG, 20MG ( <i>tadalafil</i> )	EXC	-
LEVITRA TAB 10MG, 2.5MG, 20MG, 5MG ( <i>vardeafil hcl</i> )	EXC	-
<i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv)	EXC	-
<i>tadalafil tab 10MG, 20MG</i> (CIALIS Equiv)	EXC	-
<i>vardeafil ODT 10MG</i> (STAXYN Equiv)	EXC	-
<i>vardeafil tab 10MG, 2.5MG, 20MG, 5MG</i> (LEVITRA Equiv)	EXC	-
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
TYVASO INH SOLN .6MG/ML ( <i>treprostinil</i> )	4	LD-PA-QL QL= 1 ampule/day; Only available through Accredo 888-773-7376
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		

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69

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<i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv)	4	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416
<i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv)	4	LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416
OPSUMIT TAB 10MG ( <i>macitentan</i> )	4	LD-PA-QL QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
TRACLEER TAB 32MG 32MG ( <i>bosentan</i> )	4	LD-PA-QL QL=4 tabs/day; Only available through Walgreens 888-347-3416
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	-
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		
UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG ( <i>selexipag</i> )	4	LD-PA-QL QL= 2 tabs/day; Only available through Accredo 888-773-7376
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<i>cefadroxil cap 500MG</i> (DURICEF Equiv)	1	-

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70

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VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>cefadroxil susp 250MG/5ML, 500MG/5ML</i> (DURICEF Equiv)	1	-
<i>cefadroxil tab 1GM</i> (DURICEF Equiv)	1	-
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	-
CEFAZOLIN INJ 100GM, 1GM, 20GM, 300GM ( <i>cefazolin sodium</i> )	M	-
<i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv)	1	-
<i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv)	1	-
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>		
<i>cefaclor cap 250MG, 500MG</i> (CECLOR Equiv)	3	-
<i>cefcoxitin inj 10GM, 1GM, 2GM</i>	M	-
<i>cefprozil susp 125MG/5ML, 250MG/5ML</i> (CEFZIL Equiv)	2	-
<i>cefprozil tab 250MG, 500MG</i> (CEFZIL Equiv)	1	-
<i>cefuroxime susp</i> (CEFTIN Equiv)	1	-
<i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv)	1	-
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	1	-
<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	3	-
<i>cefotaxime inj 1GM</i> (CLAFORAN Equiv)	M	-

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<i>cefpodoxime proxetil susp 100MG/5ML, 50MG/5ML</i> (VANTIN Equiv)	3	-
<i>cefpodoxime proxetil tab 100MG, 200MG</i> (VANTIN Equiv)	3	-
<i>ceftazidime inj 1GM, 2GM, 6GM</i> (FORTAZ Equiv)	M	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i> (ROCEPHIN Equiv)	M	-
SUPRAX TAB ( <i>cefixime</i> )	3	-
<b>CEPHALOSPORINS - 4TH GENERATION - Drugs to treat bacterial infections</b>		
<i>cefepime inj 1GM, 2GM</i> (MAXIPIME Equiv)	M	-
<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<i>aranelle tab</i> (TRI-NORINYL Equiv)	\$0	-
<i>aviane tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv)	\$0	-
<i>cesia tab</i> (CYCLESSA Equiv)	\$0	-
<i>cryselle tab .3MG-30MCG</i>	\$0	-
<i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG</i> (BEYAZ Equiv)	\$0	-
<i>enpresse tab</i> (TRI-LEVELLEN Equiv)	\$0	-
<i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv)	\$0	-
<i>isibloom tab, enskyce tab, apri tab .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-

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72

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Last Updated 5/1/2020

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<i>jolessa tab, amethia tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv)	\$0	3 copays per Rx
<i>junel FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv)	\$0	-
<i>junel tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv)	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
LO LOESTRIN TAB 1MG-10MCG-75MG ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> )	\$0	-
<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
<i>viorele tab, kariva tab</i> (MIRCETTE Equiv)	\$0	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
XULANE PATCH 35MCG/24HR-150MCG/24HR ( <i>norelgestromin-ethinyl estradiol</i> )	\$0	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
<i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv)	\$0	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
LEVONORGESTREL TAB 0.75MG ( <i>levonorgestrel (emergency oc)</i> )	\$0	-
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
DEPO-PROVERA SC INJ 104MG 104MG/0.65ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	\$0	QL QL= 1 inj/90 days
<i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv)	\$0	QL QL= 1 inj/90 days
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab</i> (NORA-QD Equiv)	\$0	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>budesonide ER tab 9MG</i> (UCERIS Equiv)	4	-
<i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv)	3	-
CORTISONE ACETATE TAB 25MG ( <i>cortisone acetate</i> )	2	-
<i>dexamethasone elixir .5MG/5ML</i>	1	-
<i>dexamethasone tab</i> (DECADRON Equiv)	1	-
<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-

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74

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv)	1	-
PREDNISOLONE SYRUP 15MG/5ML ( <i>prednisolone</i> )	1	-
PREDNISONE SOLN 5MG/5ML ( <i>prednisone</i> )	1	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	1	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<i>benzonatate cap 100MG, 200MG</i> (TESSALON Equiv)	1	-
<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		
BROVEX PEB LIQUID 2MG/ML-5MG/ML, 4MG/5ML-10MG/5ML ( <i>brompheniramine &amp; phenyleph</i> )	EXC	OTC
CLARINEX-D TAB ( <i>desloratadine-pseudoephedrine</i> )	EXC	-
DECON-A LIQUID ( <i>brompheniramine &amp; phenyleph</i> )	EXC	OTC
<i>lohist liquid 2MG/10ML-5MG/10ML</i> (DECON-A Equiv)	EXC	OTC
PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML ( <i>promethazine &amp; phenylephrine</i> )	1	-

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75

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TRIAMINIC SYRUP ( <i>chlorpheniramine &amp; phenylephrine</i> )	EXC	
<b>EXPECTORANTS - Drugs to thin and loosen mucus in the chest</b>		
SSKI SOLN 1GM/ML ( <i>potassium iodide (expectorant)</i> )	3	-
<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-
<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		
<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	3	PA Acne Only – members age 35 or older require Prior Authorization
<i>adapalene gel .1%</i> (DIFFERIN Equiv)	2	PA Acne Only – members age 35 or older require Prior Authorization
ADAPALENE LOTION .1% ( <i>adapalene</i> )	3	PA Acne Only – members age 35 or older require Prior Authorization
<i>amnestem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (ACCUTANE Equiv)	3	-
<i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv)	2	-
<i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv)	2	-
<i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv)	1	-

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76

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DIFFERIN LOTION .1% ( <i>adapalene</i> )	3	PA Acne Only-members age 35 or older require Prior Authorizaiton
DIFFERIN OTC GEL 0.1% .1% ( <i>adapalene</i> )	1	OTC-PA-QL QL= 45gm/fill; Acne Only – members age 35 or older require Prior Authorization
ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	1	-
<i>erythromycin gel 2%</i>	1	-
<i>erythromycin pad 2%</i>	1	-
<i>erythromycin soln 2%</i>	1	-
SODIUM SULFACETAMIDE/SULFUR EMULSION 4%-10%, 5%-10% ( <i>sulfacetamide sodium-sulfur in urea vehicle</i> )	1	-
<i>sodium sulfacetamide/sulfur lotion 4.8%-9.8%, 5%-10%</i>	3	-
<i>tretinoin cream .025%, .05%, .1%</i>	2	PA Acne Only – members age 35 or older require Prior Authorization
<i>tretinoin gel .01%, .025%, .05%</i> (RETIN-A GEL Equiv)	2	PA Acne Only – members age 35 or older require Prior Authorization
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - drugs for cosmetic uses</b>		

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RENOVA CREAM .02%, .05% ( <i>tretinoin (facial wrinkles)</i> )	EXC	-
<b>ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections</b>		
<i>gentamicin sulfate cream</i>	1	-
<i>gentamicin sulfate oint .1%</i>	1	-
MUPIROCIIN CREAM 2% (BACTROBAN Equiv) ( <i>mupirocin calcium (topical)</i> )	3	-
<i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv)	1	-
<b>ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections</b>		
<i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv)	1	-
<i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE LOTION Equiv)	2	-
<i>ketoconazole cream 2%</i> (NIZORAL CREAM Equiv)	1	-
<i>ketoconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-
<i>nystatin oint 100000UNIT/GM</i>	1	-
<i>nystatin topical powder 100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i>	1	-
<i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i>	2	-
<i>terbinafine cream 1%</i>	1	OTC

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<b>ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation</b>		
<i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv)	1	QL QL= 5 tubes/fill
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer</b>		
FLUOROPLEX CREAM 1%, 4% ( <i>fluorouracil (topical)</i> )	4	-
<i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv)	2	-
FLUOROURACIL CREAM 0.5% .5% ( <i>fluorouracil (topical)</i> )	4	-
FLUOROURACIL SOLN 2%, 5% ( <i>fluorouracil (topical)</i> )	2	-
TARGRETIN GEL 1% ( <i>bexarotene (topical)</i> )	4	MSP-PA
VALCHLOR GEL .016% ( <i>mechlorethamine hcl (topical)</i> )	4	LD-PA-QL QL= 4 tubes/30 days; Only available through Avella (877) 546-5779
<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
8-MOP CAP 10MG ( <i>methoxsalen</i> )	4	-
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	3	-
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	3	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	3	-
CALCITRIOL OINT 3MCG/GM ( <i>calcitriol (topical)</i> )	3	-

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COSENTYX INJ (1-PACK) 150MG/ML ( <i>secukinumab</i> )	4	MSP-PA-QL QL= 1 inj/28 days
COSENTYX INJ (2-PACK) 150MG/ML ( <i>secukinumab</i> )	4	MSP-PA-QL QL= 2 inj/28 days
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	4	SP
SKYRIZI INJ 75MG/0.83ML ( <i>risankizumab-rzaa</i> )	4	MSP-PA-QL QL= 2 inj/84 days
<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
<i>selenium sulfide lotion 1%, 2.5%</i>	1	-
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	2	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
DENAVIR CREAM 1% ( <i> penciclovir</i> )	4	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
ALA SCALP LOTION 2% ( <i>hydrocortisone (topical)</i> )	3	-
<i>alclometasone cream .05%</i> (ACLOVATE Equiv)	1	-
<i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv)	1	-
AMCINONIDE LOTION .1% ( <i>amcinonide</i> )	3	PA
AMCINONIDE OINT .1% ( <i>amcinonide</i> )	3	PA
<i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv)	1	-
<i>betamethasone dipropionate lotion .05%</i>	1	-

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80

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv)	2	-
<i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv)	1	PA
<i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv)	2	PA
<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	PA
<i>desoximetasone cream .05%, .25%</i> (TOPICORT CREAM Equiv)	3	-
DIFLORASONE CREAM .05% ( <i>diflorasone diacetate</i> )	3	-
<i>fluocinolone acetonide cream .01%, .025%</i>	1	-
<i>fluocinolone acetonide oint .025%</i>	1	-
<i>fluocinolone acetonide soln .01%</i>	2	-
<i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv)	1	-
<i>fluocinonide cream 0.1% .1%</i> (VANOS CREAM Equiv)	3	-
<i>fluocinonide gel .05%</i>	1	-
<i>fluocinonide oint .05%</i>	1	-
<i>fluocinonide soln .05%</i>	1	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	2	PA
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	2	PA

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81

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Last Updated 5/1/2020

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<i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv)	1	-
<i>hydrocortisone lotion 1%, 2%, 2.5%</i> (HYTONE Equiv)	1	-
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	1	-
<i>hydrocortisone/pramoxine cream 2.5-1% 1%-2.5%</i> (PRAMOSONE Equiv)	2	-
<i>mometasone cream .1%</i> (ELOCON Equiv)	1	-
<i>mometasone oint .1%</i> (ELOCON Equiv)	1	-
<i>mometasone soln .1%</i> (ELOCON Equiv)	1	-
PRAMOSONE CREAM 1% 1% ( <i>pramoxine-hc</i> )	3	-
<i>triamcinolone cream .025%, .1%, .5%</i>	1	-
<i>triamcinolone lotion .025%, .1%</i>	1	-
<i>triamcinolone oint .025%, .1%, .5%</i>	1	-
<b>ECZEMA AGENTS - Drugs to treat eczema</b>		
DUPIXENT INJ 200MG/1.14ML ( <i>dupilumab</i> )	4	MSP-PA-QL QL= 2 inj/ 28 days
<b>EMOLLIENT/KERATOLYTIC AGENTS - drugs to treat rough skin</b>		
<i>urea cream 40% 40%</i> (CARMOL Equiv)	2	-
<i>urea cream 50% 50%</i> (KERALAC Equiv)	1	-
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv)	1	-
<i>ammonium lactate lotion 10%, 12%, 5%</i> (LAC-HYDRIN Equiv)	1	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		

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SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	3	-
<b>HAIR GROWTH AGENTS - drugs to grow hair</b>		
<i>finasteride tab 1MG</i> (PROPECIA Equiv)	EXC	-
<b>HAIR REDUCTION AGENTS - drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
<i>pimecrolimus cream 1%</i> (ELIDEL Equiv)	3	Covered for members 2 years or older
<i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv)	3	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
<i>podofilox soln .5%</i> (CONDYLOX Equiv)	1	-
<i>salicylic acid shampoo 6%</i> (SALEX Equiv)	1	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
<i>lidocaine 4% cream 4%</i>	1	-
<i>lidocaine cream 3% 3%</i> (LIDAMANTLE Equiv)	2	-
<i>lidocaine gel .5%, 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint</i>	1	-
<i>lidocaine patch 5%</i> (LIDODERM Equiv)	2	QL QL= 3 patches/day
<i>lidocaine soln 4%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv)	1	-
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
<i>aluminum chloride soln</i> (DRYSOL Equiv)	1	-

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DRYSOL SOLN 12%, 20% ( <i>aluminum chloride</i> )	1	-
<b>PIGMENTING-DEPIGMENTING AGENTS - drugs to treat skin discoloration</b>		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		
<i>azelaic acid gel 15%</i> (FINACEA Equiv)	3	-
<i>metronidazole cream .75%</i> (METROCREAM Equiv)	1	-
<i>metronidazole gel .75%, 1%</i> (METROGEL Equiv)	2	-
<i>metronidazole lotion .75%</i> (METROLOTION Equiv)	2	-
<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
EURAX CREAM 10% ( <i>crotamiton</i> )	3	-
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% ( <i>spinosad</i> )	3	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		
REGRANEX GEL .01% ( <i>becaplermin</i> )	4	QL QL= 30 grams/fill
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC DRUGS - drugs to diagnose or monitor conditions</b>		
GLUCAGEN INJ 1MG ( <i>glucagon hcl rdna</i> ( <i>diagnostic</i> ))	2	-
<b>DIAGNOSTIC PRODUCTS, MISC. - drugs to diagnose or monitor conditions</b>		
FREESTYLE LITE TEST STRIP ( <i>glucose blood</i> )	1	OTC

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84

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Last Updated 5/1/2020

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<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
CLINISTIX TEST STRIP ( <i>glucose urine test-(glucose oxidase)</i> )	1	OTC
FREESTYLE INSULINX TEST STRIP ( <i>glucose blood</i> )	1	OTC
FREESTYLE PRECISION NEO TEST STRIP ( <i>glucose blood</i> )	1	OTC
FREESTYLE TEST STRIP ( <i>glucose blood</i> )	1	OTC
KETOSTIX ( <i>acetone (urine) test</i> )	1	OTC
PRECISION XTRA KETONE TEST STRIP ( <i>ketone blood test</i> )	1	OTC
PRECISION XTRA TEST STRIP ( <i>glucose blood</i> )	1	OTC
<b>DIGESTIVE AIDS - Drugs to treat low digestive enzymes</b>		
<b>DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes</b>		
CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	3	-
<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	2	-
<i>acetazolamide tab</i>	2	-

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<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	3	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv)	1	-
<i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv)	1	-
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg 25MG-50MG ( <i>triamterene &amp; hydrochlorothiazide</i> )	1	-
<i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv)	1	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv)	1	-
<i>ethacrynic tab 25MG</i> (EDECRIN Equiv)	4	SP
FUROSEMIDE SOLN 8MG/ML ( <i>furosemide</i> )	1	-
<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
<i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv)	1	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>amiloride tab 5MG</i> (MIDAMOR Equiv)	1	-
<i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv)	1	-

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86

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<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
CHLOROTHIAZIDE TAB 250MG (DIURIL Equiv) ( <i>chlorothiazide</i> )	1	-
CHLOROTHIAZIDE TAB 500MG 500MG ( <i>chlorothiazide</i> )	2	-
CHLORTHALIDONE TAB ( <i>chlorthalidone</i> )	1	-
<i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv)	1	-
<i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv)	1	-
<i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv)	1	-
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>		
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>		
<i>alendronate tab 10MG, 35MG, 5MG, 70MG</i> (FOSAMAX Equiv)	1	-
ALENDRONATE TAB 40MG 40MG, 5MG ( <i>alendronate sodium</i> )	2	-
<i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv)	1	-
FORTEO INJ 600MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	4	MSP
MIACALCIN INJ 200UNIT/ML ( <i>calcitonin (salmon)</i> )	4	MSP
PROLIA INJ 60MG/ML ( <i>denosumab</i> )	M	-

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87

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<i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv)	1	ST Step Therapy requires trial of alendronate.
TYMLOS INJ 3120MCG/1.56ML ( <i>abaloparatide</i> )	4	MSP
XGEVA INJ 120MG/1.7ML ( <i>denosumab</i> )	M	-
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
ORILISSA TAB 150MG 150MG ( <i>elagolix sodium</i> )	4	PA-QL QL= 1 tab/day
ORILISSA TAB 200MG 200MG ( <i>elagolix sodium</i> )	4	PA-QL QL= 2 tabs/day
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG ( <i>pegvisomant</i> )	4	LD-PA Only available through Walgreens 888-347-3416
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 12MG, 1MG, 2MG, 5MG ( <i>somatropin</i> )	4	MSP-PA
<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
OSPHEHA TAB 60MG ( <i>ospemifene</i> )	3	-
<i>raloxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		

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88

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INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	4	MSP
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	4	-
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
ALDURAZYME INJ 2.9MG/5ML ( <i>laronidase</i> )	M	-
<i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv)	1	-
CALCITRIOL INJ 1MCG/ML ( <i>calcitriol</i> )	4	MSP
<i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv)	4	-
<i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv)	4	-
FABRAZYME INJ 35MG, 5MG ( <i>agalsidase beta</i> )	M	-
GALAFOLD CAP 123MG ( <i>migalastat hcl</i> )	4	LD-PA-QL QL= 15 caps/30 days; Only available through Walgreens 888-347-3416
KUVAN POWDER PACK 100MG, 500MG ( <i>sapropterin dihydrochloride</i> )	4	LD-PA Only available through Walgreens 888-347-3416
KUVAN TAB 100MG ( <i>sapropterin dihydrochloride</i> )	4	LD-PA Only available through Walgreens 888-347-3416

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89

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<i>nitisinone cap 10MG, 2MG, 5MG</i> (ORFADIN Equiv)	4	LD-PA Only available through Dohmen LSS 844-246-5226
ORFADIN CAP 20MG ( <i>nitisinone</i> )	4	LD-PA Only available through Dohmen LSS 844-246-5226
<i>paricalcitol cap 2MCG, 4MCG</i> (ZEMPLAR Equiv)	4	-
<i>paricalcitol cap 1mcg 1MCG</i> (ZEMPLAR Equiv)	2	-
<i>sodium phenylbutyrate powder 3GM/TSP</i> (BUPHENYL Equiv)	4	MSP-PA
<i>sodium phenylbutyrate tab 500MG</i> (BUPHENYL Equiv)	4	MSP-PA
STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML ( <i>asfotase alfa</i> )	4	LD-PA Only available through PantherRx Pharmacy 855-726-8479
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
DDAVP NASAL SOLN .01% ( <i>desmopressin acetate refrigerated</i> )	3	-
<i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv)	4	MSP
<i>desmopressin acetate nasal spray .01%, .1MG/ML</i> (DDAVP Equiv)	3	-
<i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv)	1	-
<i>desmopressin nasal soln .01%</i> (DDAVP Equiv)	1	-
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		

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90

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Last Updated 5/1/2020

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<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv)	4	MSP
SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML ( <i>pasireotide diaspertate</i> )	4	LD-PA-QL QL= 2 vials/day; Only available through Accredo 888-773-7376
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
DUAVEE TAB .45MG-20MG ( <i>conjugated estrogens-bazedoxifene</i> )	3	PA
<i>esterified estrogens/methyltestosterone tab .625MG-1.25MG, 1.25MG-2.5MG</i> (ESTRATEST Equiv)	2	-
PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	3	-
<b>ESTROGENS - Drugs used for contraception</b>		
<i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (CLIMARA Equiv)	1	-
<i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv)	1	-
<i>estropipate tab</i> (OGEN Equiv)	1	-

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M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx
OTC	Over-the-Counter	PA	Prior Authorization	PAD	Provider Administered Drug
QL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG ( <i>estrogens, conjugated</i> )	2	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
BAXDELA TAB 450MG ( <i>delafloxacin meglumine</i> )	4	PA-QL QL= 2 tabs/day
CIPRO SUSP 5% 500MG/5ML, 5GM/100ML ( <i>ciprofloxacin</i> )	3	-
CIPROFLOXACIN 100MG TAB 100MG ( <i>ciprofloxacin hcl</i> )	2	-
<i>ciprofloxacin susp 250MG/5ML, 500MG/5ML</i> (CIPRO Equiv)	1	-
<i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv)	1	-
FACTIVE TAB 320MG ( <i>gemifloxacin mesylate</i> )	4	SP
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	1	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	1	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis</b>		
OCALIVA TAB 10MG, 5MG ( <i>obeticholic acid</i> )	4	LD-PA-QL-SF-¢ QL= 1 tab/day; Only available through Walgreens 888-347-3416
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		

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92

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	3	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	2	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	4	-
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab</i> (REGLAN Equiv)	1	-
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		
<i>balsalazide cap 750MG</i> (COLAZAL Equiv)	2	-
CIMZIA INJ 200MG, 200MG/ML ( <i>certolizumab pegol</i> )	4	MSP-PA-QL QL= 2 inj/28 days
CIMZIA STARTER INJ KIT 200MG/ML ( <i>certolizumab pegol</i> )	4	MSP-PA-QL QL= 1 kit/plan year
<i>mesalamine DR cap 400MG</i> (DELZICOL Equiv)	4	-
<i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv)	4	-
<i>mesalamine enema 4GM</i> (ROWASA Equiv)	3	-
<i>mesalamine ER cap .375GM</i> (APRISO Equiv)	3	-
<i>mesalamine supp 1000MG</i> (CANASA Equiv)	4	-
PENTASA CAP 250MG, 500MG ( <i>mesalamine</i> )	4	-
<i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv)	1	-
<i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv)	1	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		

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VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>lactulose soln 10GM/15ML</i>	1	-
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system</b>		
<i>alosetron tab .5MG, 1MG</i> (LOTRONEX Equiv)	3	-
LINZESS CAP 145MCG, 290MCG, 72MCG ( <i>linaclotide</i> )	3	PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
MOVANTIK TAB 12.5MG, 25MG ( <i>naloxegol oxalate</i> )	2	PA
SYMPROIC TAB .2MG ( <i>naldemedine tosylate</i> )	2	PA
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
<i>calcium acetate cap 667MG</i> (PHOSLO Equiv)	1	-
<i>calcium acetate tab 667MG</i> (ELIPHOS Equiv)	1	-
PHOSLYRA SOLN 667MG/5ML ( <i>calcium acetate (phosphate binder)</i> )	2	-
<i>sevelamer powder pak .8GM, 2.4GM</i> (RENVALA Equiv)	4	ST Step Therapy requires trial of calcium acetate.
<i>sevelamer tab 800MG</i> (REVELA TAB Equiv)	4	ST Step Therapy requires trial of calcium acetate.
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
<i>potassium citrate CR tab 1080MG, 15MEQ, 540MG</i> (UROCIT-K TAB Equiv)	1	-

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94

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VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>sodium citrate/citric acid soln</i> <b>334MG/5ML-500MG/5ML</b> (BICITRA Equiv)	1	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	4	LD Only available through CVS Specialty 800-238-7828
<b>GENITOURINARY IRRIGANTS - Drugs to treat the urinary system</b>		
NEOMYCIN/POLYMYXIN B GU IRRIGATION SOLN 40MG/ML-200000UNIT/ML ( <i>neomycin/polymyxin b gu</i> )	1	-
<i>sodium chloride 0.9% irr soln .9%</i>	1	-
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	4	-
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv)	1	-
<i>finasteride tab 5MG</i> (PROSCAR Equiv)	1	-
<i>tamsulosin cap .4MG</i> (FLOMAX Equiv)	1	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG</i> (PYRIDIUM Equiv)	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		

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95

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VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<i>allopurinol tab</i> (ZYLOPRIM Equiv)	1	-
<i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv)	3	ST- $\phi$ Step Therapy requires trial of allopurinol
MITIGARE CAP .6MG ( <i>colchicine</i> )	2	-
<b>URICOSURICS - Drugs to treat gout</b>		
<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML ( <i>emicizumab-kxwh</i> )	4	MSP-PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions</b>		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	4	MSP-PA
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
CINRYZE INJ 500UNIT ( <i>c1 esterase inhibitor (human)</i> )	M	-
HAEGARDA INJ 2000UNIT, 3000UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	MSP-PA
<b>HEMATOAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders</b>		

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96

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# CC and IFP FORMULARY

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TAVALISSE TAB 100MG, 150MG ( <i>fostamatinib disodium</i> )	4	LD-PA-QL-SF QL= 2 tab/day; Only available through Biologics 800-850-4306
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-
<b>PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions</b>		
TAKHZYRO INJ 300MG/2ML ( <i>lanadelumab-flyo</i> )	4	LD-PA-QL QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
<i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv)	2	-
<i>aspirin/dipyridamole cap 25MG-200MG</i> (AGGRENEX Equiv)	3	-
BRILINTA TAB 60MG, 90MG ( <i>ticagrelor</i> )	3	RS Restricted to Cardiology Specialist
<i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv)	1	-
<i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv)	1	-
<i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv)	1	-
<i>ticlopidine tab</i> (TICLID Equiv)	1	-
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CEREZYME INJ 400UNIT ( <i>imiglucerase</i> )	M	-
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		

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97

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# CC and IFP FORMULARY

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DROXIA CAP 200MG, 300MG, 400MG ( <i>hydroxyurea</i> ( <i>sickle cell anemia</i> ))	2	-
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		
<i>folic acid tab 1mg 1MG</i>	\$0	Covered at \$0 for females only; All other members covered at generic copay
<i>folic acid tab 400mcg 400MCG</i>	\$0	OTC Covered for females only
<i>folic acid tab 800mcg 800MCG</i>	\$0	OTC Covered for females only
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
ARANESP INJ 100MCG/0.5ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 25MCG/0.42ML, 300MCG/0.6ML, 40MCG/0.4ML, 500MCG/ML, 60MCG/0.3ML ( <i>darbepoetin alfa</i> )	4	PA
FULPHILA INJ 6MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	4	-
GRANIX INJ 300MCG/ML, 480MCG/1.6ML ( <i>tbo-filgrastim</i> )	4	MSP
LEUKINE INJ 250MCG ( <i>sargramostim</i> )	4	MSP
MULPLETA TAB 3MG ( <i>lusutrombopag</i> )	4	MSP-PA-QL QL= 7 tabs/fill
NEUMEGA INJ ( <i>oprelvekin</i> )	4	MSP

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# CC and IFP FORMULARY

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NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML ( <i>filgrastim-aafi</i> )	4	MSP
RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML ( <i>epoetin alfa-epbx</i> )	4	-
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML ( <i>filgrastim-sndz</i> )	4	MSP
ZIEXTENZO INJ 6MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	4	MSP
<b>IRON - Drugs to treat iron deficiency</b>		
<i>ferrous sulfate elixir 220MG/5ML</i>	\$0	OTC Covered for members 1 year or younger
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML ( <i>ferrous sulfate</i> )	\$0	OTC Covered for members 1 year or younger
<i>ferrous sulfate soln 15MG/ML</i>	\$0	OTC Covered for members 1 year or younger
FERROUS SULFATE SYRUP 300MG/5ML ( <i>ferrous sulfate</i> )	\$0	OTC Covered for members 1 year or younger
IRON SUSP ( <i>iron</i> )	\$0	OTC Covered for members 1 year or younger
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		

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99

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# CC and IFP FORMULARY

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<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
<i>tranexamic acid inj 1000MG/10ML</i> (CYKLOKAPRON Equiv)	M	-
<i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv)	1	-
<b>HYPNOTICS - Drugs to treat insomnia</b>		
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zolpidem tab 5mg 5MG</i> (AMBIEN Equiv)	1	QL QL= 1 tab/day
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv)	1	-
<i>zolpidem tab 10mg 10MG</i> (AMBIEN Equiv)	1	QL Male QL= 1 tab/day; Female QL= 0.5 tab/day
<b>LAXATIVES - Drugs to treat constipation</b>		
<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		
GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	\$0	-

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100

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<i>peg 3350/electrolytes soln</i> <i>2.97GM-5.86GM-6.74GM-22.74GM-236GM,</i> <i>2.98GM-5.84GM-6.72GM-22.72GM-240GM</i> (COLYTE Equiv)	\$0	-
<i>trilyte soln 1.48GM-5.72GM-11.2GM-420GM</i> (NULYTELY Equiv)	\$0	-
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i>	1	-
<b>SALINE LAXATIVES - Drugs to treat constipation</b>		
OSMOPREP TAB .398GM-1.102GM ( <i>sodium phosphate monobasic-sodium phosphate dibasic</i> )	3	-
VISICOL TAB ( <i>sodium phosphate monobasic-sodium phosphate dibasic-mcc</i> )	3	-
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	1	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	1	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>clarithromycin susp 125MG/5ML, 250MG/5ML</i> (BIAXIN Equiv)	1	-
<i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv)	1	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		

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101

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

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv)	1	-
ERYTHROMYCIN ETHYLSUCCINATE TAB 400MG ( <i>erythromycin ethylsuccinate</i> )	3	-
<i>erythromycin stearate tab 250MG</i>	3	-
<i>erythromycin tab 250MG, 333MG, 500MG</i> (ERY-TAB Equiv)	3	-
<b>FIDAXOMICIN - drugs to treat infections</b>		
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	4	QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	QL QL= 1 cap/365 days
DIAPHRAGM ( <i>diaphragms</i> )	\$0	QL QL= 1 diaphragm/365 days
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC-QL QL= 24 condoms/30 days
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
CALIBRATION LIQUID ( <i>blood glucose calibration</i> )	EXC	OTC
DEXCOM G6 RECEIVER ( <i>continuous blood glucose system receiver</i> )	3	PA-QL QL= 1 receiver/year

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
DEXCOM G6 SENSOR ( <i>continuous blood glucose system sensor</i> )	3	
DEXCOM G6 TRANSMITTER ( <i>continuous blood glucose system transmitter</i> )	3	PA-QL QL= 1 transmitter/90 days
FREESTYLE FREEDOM LITE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE INSULINX METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE LIBRE RECEIVER ( <i>continuous blood glucose system receiver</i> )	3	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY) ( <i>continuous blood glucose system sensor</i> )	3	PA-QL QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY) ( <i>continuous blood glucose system sensor</i> )	3	PA-QL QL= 2 sensors/28 days
FREESTYLE LITE METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
FREESTYLE PRECISION NEO METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
LANCET DEVICE ( <i>lancet devices</i> )	1	OTC
LANCET KIT ( <i>lancets misc.</i> )	1	OTC
LANCETS ( <i>lancets</i> )	1	OTC
PRECISION XTRA METER ( <i>blood glucose monitoring supplies</i> )	\$0	OTC
<b>MISC. DEVICES - Drugs for miscellaneous use</b>		

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ALCOHOL SWABS 70% ( <i>alcohol swabs</i> )	EXC	OTC
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	--OTC
B-D INSULIN SYRINGE SAFETY-LOK ( <i>insulin syringe/needle u-100</i> )	1	OTC
B-D PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
NOVOFINE PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
NOVOPEN JR INJ ( <i>injection device for insulin</i> )	1	OTC
NOVOTWIST PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
NOVOTWIST/NOVOFINE PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
AEROCHAMBER ( <i>spacer/aerosol-holding chambers</i> )	1	OTC
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	3	-
<i>dihydroergotamine mesylate nasal spray 4MG/ML</i> (MIGRANAL Equiv)	4	-
ERGOMAR SL TAB 2MG ( <i>ergotamine tartrate</i> )	4	-
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches</b>		
AIMOVIG INJ 140MG/ML, 70MG/ML ( <i>erenumab-aooe</i> )	3	PA-QL QL= 1 pack/28 days

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	3	PA-QL QL= 1 inj/28 days
EMGALITY INJ 100MG/ML 100MG/ML ( <i>galcanezumab-gnlm</i> )	3	PA-QL QL= 3 inj/fill, 6 fills/year
<b>SEROTONIN AGONISTS - Drugs to treat migraine headaches</b>		
<i>naratriptan tab 1MG, 2.5MG</i> (AMERGE Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv)	3	QL QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML 6MG/0.5ML ( <i>sumatriptan succinate</i> )	2	QL QL= 4 inj/fill, 2 fills/30 days
<i>sumatriptan nasal spray 20MG/ACT, 5MG/ACT</i> (IMITREX, SUMATRIPTAN Equiv)	3	QL QL= 6 sprays/fill, 2 fills/30 days
<i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
<b>MINERALS &amp; ELECTROLYTES - Drugs to treat electrolyte disorders</b>		
<b>CHLORIDE - Drugs to treat electrolyte disorders</b>		
AMMONIUM CHLORIDE INJ ( <i>ammonium chloride</i> )	M	-
<b>ELECTROLYTE MIXTURES - Drugs to treat electrolyte disorders</b>		
PLASMA-LYTE SOLN ( <i>electrolyte-56</i> )	M	-

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
FLUORABON SOLN .25MG/DROP, .55MG/0.6ML ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay
SODIUM FLUORIDE LOZENGE 1MG ( <i>sodium fluoride</i> )	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<i>sodium fluoride tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i> (LURIDE Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<b>MAGNESIUM - Drugs to treat electrolyte disorders</b>		
<i>magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%</i>	M	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
K-TAB 20MEQ, 8MEQ ( <i>potassium chloride</i> )	1	-
<i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv)	1	-
<i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv)	1	-
<i>potassium chloride inj 10%, 10MEQ/100ML, 20%, 20MEQ/100ML, 2MEQ/ML</i>	M	-

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# CC and IFP FORMULARY

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<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-
<b>SODIUM - Drugs to treat electrolyte disorders</b>		
<i>sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%</i>	M	-
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	4	MSP
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>everolimus tab .25MG, .5MG, .75MG</i> (ZORTRESS Equiv)	4	PA
<i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv)	4	-
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		
LOKELMA PAK 10GM, 5GM ( <i>sodium zirconium cyclosilicate</i> )	3	PA
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
BENLYSTA AUTO-INJECTOR 200MG/ML ( <i>belimumab</i> )	4	MSP-PA-QL QL= 4 inj/28 day
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	4	MSP-PA-QL QL= 4 inj/28 day
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		
<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML ( <i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i> )	1	-
LIDOCAINE ORAL SOLN 4% 4% ( <i>lidocaine hcl (mouth-throat)</i> )	2	-
<i>lidocaine viscous soln 2%</i>	1	-
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln .12%</i> (PERIDEX Equiv)	1	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
<i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv)	\$0	Covered at \$0 for members 5 years or younger; All other members covered at generic copay
<b>STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling</b>		
<i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv)	1	-
<b>THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat</b>		
<i>cevimeline cap 30MG</i> (EVOXAC Equiv)	2	-
<i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv)	1	-

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Last Updated 5/1/2020

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<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>baclofen tab 10mg, 20mg 10MG, 20MG</i>	1	-
<i>cyclobenzaprine tab 10mg 10MG</i> (FLEXERIL Equiv)	1	-
<i>cyclobenzaprine tab 5mg 5MG</i> (FLEXERIL Equiv)	1	-
<i>methocarbamol tab</i> (ROBAXIN Equiv)	1	-
<i>orphenadrine citrate inj 30MG/ML, 60MG/2ML</i>	M	-
<i>tizanidine cap 2MG, 4MG, 6MG</i> (ZANAFLEX Equiv)	1	-
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	1	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	2	-
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv)	1	-
<i>azelastine nasal spray 0.15% .15%</i> (ASTEPRO Equiv)	1	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>budesonide nasal spray 32MCG/ACT</i> (RHINOCORT AQUA Equiv)	1	OTC

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Last Updated 5/1/2020

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FLUNISOLIDE NASAL SPRAY .025% ( <i>flunisolide (nasal)</i> )	1	QL QL= 2 bottles/fill
<i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv)	1	QL QL= 2 bottles/fill
<i>mometasone nasal spray 50MCG/ACT</i> (NASONEX Equiv)	1	QL QL= 2 bottles/fill
<i>triamcinolone nasal spray 55MCG/ACT</i> (NASACORT Equiv)	2	QL QL= 2 bottles/fill
<b>SYMPATHOMIMETIC DECONGESTANTS - Drugs to treat sinus congestion</b>		
TYZINE NASAL SOLN .05% ( <i>tetrahydrozoline hcl</i> )	3	-
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS- Drugs to induce muscle paralysis</b>		
BOTOX INJ 100UNIT, 200UNIT ( <i>onabotulinumtoxina</i> )	M	-
<b>OPHTHALMIC AGENTS - Drugs to treat eye conditions</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS - Drugs to treat dry eyes</b>		
<i>artificial tears ophth soln .01%-.05%-.3%, .1%-.2%-.3%, 1%-4.5%, 1.25%</i>	1	OTC
<i>carboxymethylcellulose sodium ophth gel 1%</i>	1	OTC
<i>carboxymethylcellulose sodium ophth soln .25%, .5%</i>	1	OTC
<i>carboxymethylcellulose-glycerin ophth soln .5%-.9%</i>	1	OTC
<i>dextran 70-hypromellose ophth soln .1%-.3%</i>	1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln .2%-1%</i>	1	OTC
<i>hypromellose gonioscopic soln 2.5%</i>	1	OTC

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<i>hypromellose ophth soln .3%, 3MG/ML</i>	1	OTC
LUBRICANT GEL DROP .25%-.3% ( <i>carboxymethylcellulose-hypromellose</i> )	1	OTC
<i>polyethylene glycol-propylene glycol ophth soln .3%-.4%</i>	1	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	1	OTC
<i>polyvinyl alcohol-povidone ophth soln .5%-.6%, .6%-1.4%, 5MG/ML-6MG/ML</i>	1	OTC
<i>propylene glycol ophth soln .6%</i>	1	OTC
<i>propylene glycol-glycerin ophth soln .3%-1%</i>	1	OTC
<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
<i>betaxolol ophth soln .5%</i> (BETOPTIC-S Equiv)	1	-
CARTEOLOL OPHTH SOLN 1% (OCUPRESS Equiv) ( <i>carteolol hcl (ophth)</i> )	1	-
<i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv)	1	-
<i>levobunolol ophth soln .5%</i>	1	-
METIPRANOLOL OPHTH SOLN .3% ( <i>metipranolol</i> )	1	-
<i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv)	1	-
<i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv)	1	-

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111

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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TIMOLOL OPTH GEL SOLN .25%, .5% ( <i>timolol maleate (ophth)</i> )	2	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<i>tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)</i>	1	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
<i>pilocarpine ophth soln 1%, 2%, 4% (ISOPTO CARPINE Equiv)</i>	1	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
<i>brimonidine ophth soln 0.15% .15% (ALPHAGAN P 0.15% Equiv)</i>	2	-
<i>brimonidine ophth soln 0.2% .2%</i>	2	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	3	-
BACITRACIN OPTH OINT 500UNIT/GM ( <i>bacitracin (ophthalmic)</i> )	2	-
<i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM (NEOSPORIN Equiv)</i>	1	-
<i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM (POLYSPORIN Equiv)</i>	1	-
<i>ciprofloxacin ophth soln .3% (CILOXAN Equiv)</i>	1	-
<i>erythromycin ophth oint 5MG/GM</i>	1	-
<i>gatifloxacin ophth soln .5% (ZYMAXID Equiv)</i>	1	-

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112

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SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GENTAK OPTH OINT .3% ( <i>gentamicin sulfate (ophth)</i> )	1	-
<i>gentamicin ophth oint .3%</i> (GARAMYCIN Equiv)	1	-
<i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv)	1	-
<i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv)	1	-
MOXEZA OPTH SOLN .5%, 1MG/ML, 5MG/ML ( <i>moxifloxacin hcl (ophth)</i> )	2	-
<i>moxifloxacin hcl ophth soln 0.5% .5%</i> (MOXEZA Equiv)	1	-
<i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPTH SOLN Equiv)	1	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1% -10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	1	-
<i>tobramycin ophth soln</i> (TOBREX Equiv)	1	-
ZIRGAN OPTH GEL .15% ( <i>ganciclovir ophthalmic</i> )	3	-
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		
RESTASIS MULTIDOSE OPTH EMULSION .05% ( <i>cyclosporine (ophth)</i> )	3	PA-QL QL= 5.5ml/30 days
RESTASIS OPTH EMULSION .05%, .1% ( <i>cyclosporine (ophth)</i> )	3	PA-QL QL= 2 vials/day
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
<b>OPHTHALMIC NERVE GROWTH FACTORS - Drugs to treat eye conditions</b>		
OXERVATE OPTH SOLN .002% ( <i>cenegermin-bkbj</i> )	4	LD-PA-QL QL= 8 kits/affected eye/lifetime; Only available through Accredo 888-773-7376
<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		
<i>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint .5%-1%-400UNIT/GM-10000UNIT/GM, 1% -3.5MG/GM-400UNIT/GM-10000UNIT/GM</i> (CORTISPORIN Equiv)	1	-
<i>dexamethasone ophth soln</i>	1	-
<i>fluorometholone ophth soln .1%</i> (FML LIQUIFILM Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth oint .1% -3.5MG/GM-10000UNIT/GM</i> (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/dexamethasone ophth soln .1% -3.5MG/ML-10000UNIT/ML</i> (MAXITROL Equiv)	1	-
<i>neomycin/polymyxin/hydrocortisone ophth soln</i> (CORTISPORIN Equiv)	2	-
PRED FORTE OPTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-
PREDNISOLONE OPTH SUSP 1% ( <i>prednisolone acetate (ophth)</i> )	1	-

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114

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% ( <i>prednisolone sodium phosphate (ophth)</i> )	1	-
<i>sulfacetamide sodium/prednisolone ophth soln .23% -10%</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% ( <i>sulfacetamide sod-prednisolone</i> )	1	-
TOBRADEX OPHTH OINT .1%-.3% ( <i>tobramycin-dexamethasone</i> )	3	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	2	-
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		
ALOCRIL OPHTH SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	3	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	2	-
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) .09% ( <i>bromfenac sodium (ophth)</i> )	2	-
<i>cromolyn ophth soln 4%</i> (CROLOM Equiv)	1	-
<i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv)	1	-
<i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv)	1	-
<i>flurbiprofen ophth soln .03%</i> (OCUFEN Equiv)	1	-
<i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv)	1	-
<i>sodium chloride hypertonic ophth soln 5%</i>	1	OTC
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		

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115

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>bimatoprost ophth soln .03%</i>	2	QL QL= 2.5ml/ 30 days
<i>latanoprost ophth soln .005%</i> (XALATAN Equiv)	1	QL QL= 2.5ml/30 days
LUMIGAN OPTH SOLN .01% ( <i>bimatoprost</i> )	3	QL QL= 2.5ml/ 30 days
<i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv)	1	QL QL= 2.5ml/30 days
<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-
<b>OTIC COMBINATIONS - Drugs to treat ear conditions</b>		
<i>neomycin/polymixin/hydrocortisone otic soln 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<i>neomycin/polymixin/hydrocortisone otic susp 1% -3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv)	1	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
<i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv)	1	-
<i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv)	2	-
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		

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116

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
GAMASTAN S/D INJ ( <i>immune globulin (human) im</i> )	3	
GAMMAGARD INJ 10GM, 12GM, 5GM, 6GM ( <i>immune globulin (human) iv</i> )	4	MSP-PA
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML ( <i>immune globulin (human) subcutaneous</i> )	4	MSP-PA
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	4	MSP-PA
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv)	1	-
<i>amoxicillin chew tab</i> (AMOXIL Equiv)	1	-
AMOXICILLIN CHEW TAB 250MG 125MG, 250MG ( <i>amoxicillin</i> )	1	-
<i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv)	1	-
<i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv)	1	-
<i>ampicillin cap 250MG, 500MG</i> (PRINCIPEN Equiv)	1	-
<i>ampicillin susp 125MG/5ML, 250MG/5ML</i> (PRINCIPEN Equiv)	1	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
PENICILLIN G PROCAIN INJ 600000UNIT/ML ( <i>penicillin g procaine</i> )	M	-
PENICILLIN G SODIUM INJ 5000000UNIT ( <i>penicillin g sodium</i> )	M	-
<i>penicillin GK inj 20000000UNIT, 5000000UNIT</i>	M	-
PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML ( <i>penicillin v potassium</i> )	1	-
<i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv)	1	-
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>		
AMOXICILLIN/CLAVULANATE CHEW TAB 28.5MG-200MG, 57MG-400MG ( <i>amoxicillin &amp; pot clavulanate</i> )	3	-
<i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv)	1	-
<i>amoxicillin/clavulanate tab 125MG-250MG, 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv)	1	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i> (UNASYN Equiv)	M	-

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i> (ZOSYN Equiv)	M	-
TIMENTIN INJ ( <i>ticarcillin &amp; pot clavulanate</i> )	M	-
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv)	1	-
<i>nafcillin inj 10GM, 1GM, 2GM</i>	M	-
<i>oxacillin inj 10GM, 1GM, 2GM</i>	M	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
<i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv)	1	-
<i>norethindrone tab 5MG</i> (AYGESTIN Equiv)	1	-
<i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv)	1	-
<i>progesterone oil inj 50MG/ML</i>	1	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		
<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	1	-
LUCEMYRA TAB .18MG ( <i>lofexidine hcl</i> )	4	PA-QL QL= 84 tabs/7 days

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		
<i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 1 tab/day
<i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv)	1	QL QL= 2 tabs/day
<i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv)	3	QL-ST QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
<i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv)	2	-
GALANTAMINE SOLN 4MG/ML ( <i>galantamine hydrobromide</i> )	2	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	2	¢
<i>memantine sol 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	3	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK ( <i>milnacipran hcl</i> )	3	-

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SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG ( <i>milnacipran hcl</i> )	3	QL QL= 2 tabs/day
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS - Drugs to treat lack of sexual desire</b>		
ADDYI TAB 100MG ( <i>flibanserin</i> )	EXC	-
VYLEESI INJ 1.75MG/0.3ML ( <i>bremelanotide acetate</i> )	EXC	-
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
AUSTEDO TAB 12MG, 6MG, 9MG ( <i>deutetrabenazine</i> )	4	MSP-PA-QL QL= 4 tabs/day
INGREZZA CAP 40MG, 80MG ( <i>valbenazine tosylate</i> )	4	LD-PA-QL QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
<i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv)	4	MSP-PA
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		
AUBAGIO TAB 14MG, 7MG ( <i>teriflunomide</i> )	4	MSP-QL QL= 1 tab/day
AVONEX INJ 30MCG/VIAL ( <i>interferon beta-1a</i> )	4	MSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	3	MSP-PA-QL QL= 2 tabs/day
EXTAVIA INJ .3MG ( <i>interferon beta-1b</i> )	4	MSP
GILENYA CAP .25MG, .5MG ( <i>fingolimod hcl</i> )	4	MSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	4	MSP

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MAYZENT TAB .25MG, 2MG ( <i>siponimod fumarate</i> )	4	MSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	4	MSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	MSP
PLEGRIDY PEN INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	4	MSP
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML ( <i>interferon beta-1a</i> )	4	MSP
TECFIDERA CAP 120MG, 240MG ( <i>dimethyl fumarate</i> )	4	MSP
TECFIDERA STARTER PACK ( <i>dimethyl fumarate</i> )	4	MSP
TYSABRI INJ 300MG/15ML ( <i>natalizumab</i> )	M	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs</b>		
<i>ergoloid mesylates tab</i> (HYDERGINE Equiv)	3	-
PIMOZIDE TAB 1MG, 2MG ( <i>pimozide</i> )	3	-
<b>SMOKING DETERRENTS - Drugs to treat smoking urges</b>		
<i>bupropion SR tab 150MG</i> (ZYBAN Equiv)	\$0	SMKG
CHANTIX PAK ( <i>varenicline tartrate</i> )	\$0	SMKG
CHANTIX TAB .5MG, 1MG ( <i>varenicline tartrate</i> )	\$0	SMKG
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	\$0	OTC-SMKG
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG

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122

NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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OL	Quantity Limit	RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months
SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG ( <i>nicotine</i> )	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	\$0	SMKG
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
KALYDECO PAK 25MG, 50MG, 75MG ( <i>ivacaftor</i> )	4	LD-PA-QL-SF QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG ( <i>lumacaftor-ivacaftor</i> )	4	LD-PA-QL-SF QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORKAMBI TAB 100MG-125MG, 125MG-200MG ( <i>lumacaftor-ivacaftor</i> )	4	LD-PA-QL-SF QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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PULMOZYME INH SOLN 1MG/ML ( <i>dornase alfa</i> )	4	MSP
SYMDEKO TAB 100MG-150MG, 50MG-75MG ( <i>tezacaftor-ivacaftor</i> )	4	LD-PA-QL-SF QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
<b>PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis</b>		
OFEV CAP 100MG, 150MG ( <i>nintedanib esylate</i> )	4	LD-PA-QL-SF QL= 2 caps/day; Only available through Walgreens 888-347-3416
<b>SULFONAMIDES - Drugs to treat bacterial infections</b>		
<b>SULFONAMIDES - Drugs to treat infection</b>		
SULFADIAZINE TAB 500MG ( <i>sulfadiazine</i> )	3	-
<b>TETRACYCLINES - Drugs to treat bacterial infections</b>		
<b>GLYCYLCYCLINES - Drugs to treat bacterial infections</b>		
<i>tigecycline inj 50MG</i> (TYGACIL Equiv)	M	-
TYGACIL INJ 50MG ( <i>tigecycline</i> )	M	-
<b>TETRACYCLINES - Drugs to treat infections</b>		
<i>demeclocycline tab 150MG, 300MG</i> (DECLOMYCIN Equiv)	3	-
<i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv)	1	-
<i>doxycycline hyclate tab 100MG</i> (VIBRATAB Equiv)	1	-
<i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv)	1	-

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv)	1	-
<i>doxycycline monohydrate tab 100MG, 50MG, 75MG</i> (ADOXA Equiv)	1	-
<i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv)	1	-
<i>minocycline tab 100MG, 50MG, 75MG</i> (DYNACIN Equiv)	2	-
<i>tetracycline cap 250MG, 500MG</i>	3	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		
<i>methimazole tab</i> (TAPAZOLE Equiv)	1	-
<i>propylthiouracil tab 50MG</i>	1	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		
<i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG</i> (SYNTHROID Equiv)	1	-
<i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv)	1	-
<b>TOXOIDS - Drugs to prevent infection</b>		
<b>TOXOID COMBINATIONS - Drugs to prevent infection</b>		

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125

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML, 2LF/0.5ML-5LF/0.5ML-15.5MCG/0.5ML ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	\$0	QL-VAC QL= 1 vaccine/lifetime
TETANUS/DIPHTHERIA TOXOID INJ 2LFU-5LFU ( <i>tetanus-diphtheria toxoids (td)</i> )	\$0	QL-VAC QL= 1 vaccine/lifetime; Covered for members 18 years and older
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
ATROPINE SULFATE INJ .25MG/5ML, .5MG/5ML, .8MG/2ML, 1.2MG/3ML, 1MG/2.5ML, 2MG/5ML ( <i>atropine sulfate</i> )	M	-
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<i>dicyclomine tab 20MG</i> (BENTYL Equiv)	1	-
<i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
<i>methscopolamine tab 2.5MG, 5MG</i> (PAMINE Equiv)	3	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
CIMETIDINE SOLN 300MG/5ML ( <i>cimetidine hcl</i> )	1	-
<i>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv)	1	-
<i>famotidine susp 40MG/5ML</i> (PEPCID Equiv)	1	-
<i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv)	1	-

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<i>ranitidine cap 150MG, 300MG</i> (ZANTAC Equiv)	1	-
<i>ranitidine syrup 150MG/10ML, 15MG/ML, 75MG/5ML</i> (ZANTAC Equiv)	1	-
<i>ranitidine tab (Rx Only) 150MG, 300MG, 75MG</i> (ZANTAC Equiv)	1	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
LANSOPRAZOLE SUSP 3MG/ML ( <i>lansoprazole</i> )	2	-
<i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv)	1	-
<i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv)	1	-
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
METHSCOPOLAMINE TAB 2.5MG, 5MG ( <i>methscopolamine bromide</i> )	3	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	2	-
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<i>methenamine mandelate tab .5GM, 1GM, 500MG</i>	2	-

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# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv)	1	-
<i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv)	1	-
<i>nitrofurantoin susp 25MG/5ML</i> (FURADANTIN Equiv)	3	-
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv)	1	-
<i>oxybutynin syrup 5MG/5ML</i>	1	-
<i>oxybutynin tab 5MG</i> (DITROPAN Equiv)	1	-
<i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv)	1	-
<i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv)	1	¢
<i>tropium tab 20MG</i> (SANCTURA Equiv)	1	-
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention</b>		
<i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv)	2	-
<b>VACCINES - Drugs to prevent infection</b>		
<b>BACTERIAL VACCINES - Drugs to prevent infection</b>		
<i>MENACTRA INJ (meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine)</i>	\$0	QL-VAC QL= 1 vaccine/lifetime; Covered for members 18-55 years of age

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# CC and IFP FORMULARY

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MENOMUNE INJ ( <i>meningococcal (a,c,y&amp;w-135) polysaccharide vaccine</i> )	\$0	
MENVEO INJ ( <i>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</i> )	\$0	QL-VAC QL= 1 vaccine/lifetime; Covered for members 18-55 years of age
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	PA-QL-VAC QL= 1 vaccine/lifetime for members age 65 and older; QL= 2 vaccines/lifetime for members age 64 and under
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	\$0	PA-QL-VAC QL= 1 vaccine/lifetime
TYPHIM VI INJ 25MCG/0.5ML ( <i>typhoid vi polysaccharide vaccine</i> )	\$0	QL-VAC QL= 1 vaccine/lifetime; Covered for members 18 years and older
VIVOTIF CAP ( <i>typhoid vaccine</i> )	\$0	QL-VAC QL= 4 caps/fill; Limited to 1 fill every 5 years
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
AFLURIA INJ ( <i>influenza virus vaccine split preservative free</i> )	\$0	VAC QL= 2 vaccines/calendar year
AFLURIA INJ, FLUZONE INJ ( <i>influenza virus vaccine split</i> )	\$0	VAC QL= 2 vaccines/calendar year

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# CC and IFP FORMULARY

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ENGERIX-B INJ 20MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	\$0	QL-VAC QL= 3 vaccines/lifetime; Covered for members 20 years and older
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/ML, 20MCG/ML, 40MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	\$0	QL-VAC QL= 3 vaccines/lifetime; Covered for members 20 years and older
FLUAD INJ ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUAD QUAD INJ .5ML ( <i>influenza virus vacc types a &amp; b surf antigen adjuvant quad</i> )	\$0	QL-VAC QL= 2 vaccines/calendar year
FLUBLOK INJ ( <i>influenza virus vaccine recombinant hemagglutinin (ha)</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUBLOK QUAD PF INJ ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUCELVAX INJ ( <i>influenza virus vaccine tissue-cultured subunit</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUCELVAX QUAD INJ ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUMIST QUADRIVALENT NASAL SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUVIRIN INJ ( <i>influenza virus vaccine types a &amp; b surface antigen</i> )	\$0	VAC QL= 2 vaccines/calendar year

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FLUVIRIN PF INJ ( <i>influenza virus vaccine types a &amp; b preservative free</i> )	\$0	
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUZONE INTRADERMAL INJ ( <i>influenza virus vaccine split</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUZONE SPLIT QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC QL= 2 vaccines/calendar year
FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC QL= 2 vaccines/calendar year
GARDASIL 9 INJ ( <i>human papillomavirus (hvp) 9-valent recombinant vaccine</i> )	\$0	VAC Restricted to members age 9-26 years
HAVRIX INJ, VAQTA INJ 1440ELU/ML, 50UNIT/ML ( <i>hepatitis a vaccine</i> )	\$0	QL-VAC QL= 2 vaccines/lifetime; Covered for members 19 years and older
HAVRIX/VAQTA INJ 25UNIT/0.5ML, 720ELU/0.5ML ( <i>hepatitis a vaccine</i> )	\$0	QL-VAC QL= 2 vaccines/lifetime; Covered for members 18 years old only
HEPLISAV-B INJ 20MCG/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	\$0	QL-VAC QL= 2 vaccines/lifetime; Covered for members 18 years and older

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# CC and IFP FORMULARY

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IMOVAX RABIES INJ 2.5UNIT/ML ( <i>rabies virus vaccine, hdc</i> )	\$0	QL-VAC QL= 3 vaccines/lifetime; Covered for members 18 years and older
IPOL INJ ( <i>poliovirus vaccine, ipv</i> )	\$0	QL-VAC QL= 3 vaccines/lifetime; Covered for members 18 years and older
IXIARO INJ ( <i>japanese encephalitis vaccine inactivated adsorbed</i> )	\$0	QL-VAC QL= 2 vaccines/lifetime; Covered for members 18 years and older
M-M-R II INJ ( <i>measles, mumps &amp; rubella virus vaccines</i> )	\$0	QL-VAC QL= 2 vaccines/lifetime; Covered for members 18 years and older
RECOMBIVAX-HB INJ 10MCG/0.5ML, 5MCG/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	\$0	QL-VAC QL= 3 vaccines/lifetime; Covered for members 19 years old only
SHINGRIX INJ 50MCG/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	\$0	QL-VAC QL= 2 vaccines/lifetime; Covered for members age 50 or older
TWINRIX INJ 20MCG/ML-720ELU/ML ( <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i> )	\$0	QL-VAC QL= 3 vaccines/lifetime; Covered for members 18 years and older
VARIVAX INJ 1350PFU/0.5ML ( <i>varicella virus vaccine live</i> )	\$0	QL-VAC QL= 2 vaccines/lifetime
YF-VAX INJ ( <i>yellow fever vaccine</i> )	\$0	QL-VAC QL= 1 vaccine/lifetime

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
CONTRACEPTIVE FILM 28% ( <i>nonoxynol-9</i> )	\$0	OTC-QL QL= 12 boxes/30 days
CONTRACEPTIVE FOAM 12.5% ( <i>nonoxynol-9</i> )	\$0	OTC-QL QL= 12 cans/30 days
CONTRACEPTIVE GEL 2%, 3% ( <i>nonoxynol-9</i> )	\$0	OTC-QL QL= 12 tubes/30 days
CONTRACEPTIVE SUPP 100MG ( <i>nonoxynol-9</i> )	\$0	OTC-QL QL= 12 boxes/30 days
TODAY SPONGE 1000MG ( <i>nonoxynol-9</i> )	\$0	OTC-QL QL= 12 sponges/30 days
<i>vcf vaginal gel 4%</i> (CONCEPTROL Equiv)	\$0	OTC-QL QL= 12 tubes/30 days
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	1	-
<i>metronidazole vaginal gel .75%</i> (METROGEL Equiv)	1	-
<i>terconazole cream .4%, .8%</i> (TERAZOL Equiv)	1	-
TERCONAZOLE CREAM 0.8% .8% ( <i>terconazole vaginal</i> )	1	-
<i>terconazole supp 80MG</i> (TERAZOL Equiv)	2	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	2	-
ESTRING 2MG ( <i>estradiol vaginal</i> )	2	3 copays per Rx

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133

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VAC	Vaccine Program	¢	RxCENTS		

# CC and IFP FORMULARY

Last Updated 5/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	3	PA
ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	3	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
EPINEPHRINE INJ 0.15MG .15MG/0.15ML ( <i>epinephrine (anaphylaxis)</i> )	2	QL QL= 4 inj/fill, 6 inj/90 days for members age 18 or younger; QL= 2 inj/fill, 6 inj/90 days for members age 19 or older
EPINEPHRINE INJ 0.3MG .3MG/0.3ML ( <i>epinephrine (anaphylaxis)</i> )	2	QL QL= 4 inj/fill, 6 inj/90 days for members age 18 or younger; QL= 2 inj/fill, 6 inj/90 days for members age 19 or older
<i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv)	3	QL QL= 4 inj/fill, 6 inj/90 days for members age 18 or younger; QL= 2 inj/fill, 6 inj/90 days for members age 19 or older

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# CC and IFP FORMULARY

Last Updated 5/1/2020

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SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML ( <i>epinephrine (anaphylaxis)</i> )	1	QL QL= 4 inj/fill for members age 18 or younger; QL= 2 inj/fill for members age 19 or older
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	1	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>cholecalciferol cap 50000 unit 1.25MG, 50000UNIT</i>	1	OTC
<i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv)	4	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	Rx covered Only
<i>vitamin D cap 1000unit 1000UNIT, 25MCG</i>	\$0	OTC Covered for members 65 years or older
<i>vitamin D cap 400unit 400UNIT</i>	\$0	OTC Covered for members 65 years or older
VITAMIN D TAB 400UNIT 400UNIT ( <i>ergocalciferol</i> )	\$0	OTC Covered for members 65 years or older
<b>WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>vitamin b-6 tab 25mg 25MG</i>	1	OTC
<i>vitamin b-6 tab 50mg 50MG</i>	1	OTC

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# ALPHABETICAL LISTING OF DRUGS

<b>Other</b>					
8-MOP CAP	79				
<b>A</b>					
abacavir/lamivudine tab	59	acyclovir susp	64	ALBUTEROL TAB ER	16
abacavir/lamivudine/zidovudine tab	59	acyclovir tab	64	albuterol/ipratropium neb soln	16
ABILIFY MAINTENA INJ	58	ADACEL/BOOSTRIX INJ	126	alclometasone cream	80
abiraterone tab 250mg	45	ADAGEN INJ	67	alclometasone oint	80
acamprosate calcium DR tab	119	adapalene cream	76	ALCOHOL SWABS	104
acarbose tab	25	adapalene gel	76	ALDURAZYME INJ	89
acebutolol cap	66	ADAPALENE LOTION	76	ALECENSA CAP	47
acetaminophen/codeine soln	9	ADDYI TAB	121	alendronate tab	87
acetaminophen/codeine tab	9	adefovir dipivoxil tab	63	ALENDRONATE TAB 40MG	87
acetazolamide ER cap	85	ADMELOG INJ, INSULIN LISPRO INJ	29	alfuzosin SR tab	95
acetazolamide tab	85	ADMELOG SOLOSTAR INJ, INSULIN LISPRO	29	ALINIA SUSP	40
acetic acid otic soln	116	KWIKPEN INJ (JUNIOR)		ALINIA TAB	40
acetic acid/hydrocortisone otic soln	116	ADVAIR HFA INHALER	16	ALLEGRA ODT	34
acetylcysteine soln	76	AEROCHAMBER	104	allopurinol tab	96
acitretin cap	79	AFINITOR DISPERZ	47	ALOCRIL OPHTH SOLN	115
ACTEMRA ACTPEN INJ	5	AFINITOR TAB 10MG	43	ALOGLIPTIN TAB	28
ACTEMRA IV INJ	5	AFLURIA INJ	129	ALOGLIPTIN/METFORMIN TAB	26
ACTEMRA SC INJ	5	AFLURIA INJ, FLUZONE INJ	129	ALOGLIPTIN/PIOGLITAZONE TAB	26
ACTIMMUNE INJ	53	AIMOVIG INJ	104	alosetron tab	94
acyclovir cap	64	ALA SCALP LOTION	80	aluminum chloride soln	83
		albendazole tab	12	ALUNBRIG TAB 30MG	47
		albuterol neb soln	16	ALUNBRIG TAB 90MG, 180MG	47
		albuterol sulfate ER tab	16	amantadine cap	54
		albuterol sulfate syrup	16		
		albuterol sulfate tab	16		

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# ALPHABETICAL LISTING OF DRUGS

amantadine syrup	54	amoxicillin/clavulanate	118	ARNUITY ELLIPTA	15
ambrisentan tab	70	susp		INHALER	
AMCINONIDE LOTION	80	amoxicillin/clavulanate tab	118	artificial tears ophth soln	110
AMCINONIDE OINT	80	amphetamine/dextroamphe	1	ASMANEX HFA	15
amifostine inj	53	tamine ER cap		INHALER	
amikacin inj	3	amphetamine/dextroamphe	1	ASMANEX INHALER	15
amiloride tab	86	tamine tab		aspirin chew tab 81mg	7
aminophylline tab	18	AMPICILLIN CAP	117	aspirin ec tab 325mg	7
amiodarone tab	14	ampicillin susp	117	aspirin ec tab 81mg	8
amitriptyline tab	24	ampicillin/sulbactam inj	118	aspirin tab 325mg	8
amlodipine tab	67	anagrelide cap	97	aspirin tab 81mg	8
AMMONIUM CHLORIDE	105	anastrozole tab	45	aspirin/dipyridamole cap	97
INJ		ANDRODERM PATCH	10	atazanavir cap	59
ammonium lactate cream	82	ANDROXY TAB	10	atenolol tab	66
ammonium lactate lotion	82	ANORO ELLIPTA	16	atenolol/chlorthalidone tab	38
amnestem cap, claravis	76	INHALER		ATGAM INJ	65
cap, isotretinoin cap,		APIDRA INJ	29	atomoxetine cap	2
myorisan cap, zenatane cap		APIDRA SOLOSTAR INJ	29	atorvastatin tab 10mg	35
AMOXAPINE TAB	25	APOKYN INJ	54	atorvastatin tab 20mg	35
amoxicillin cap	117	APTIVUS CAP	59	atorvastatin tab 40mg	35
amoxicillin chew tab	117	APTIVUS SOLN	59	atorvastatin tab 80mg	35
AMOXICILLIN CHEW	117	aranelle tab	72	atovaquone susp	40
TAB 250MG		ARANESP INJ	98	atovaquone/proguanil tab	42
amoxicillin susp	117	ARIKAYCE SUSP	3	ATROPINE SULFATE INJ	126
amoxicillin tab	117	aripiprazole tab	58	ATROVENT HFA	15
AMOXICILLIN/CLAVUL	118	ARISTADA INJ	58	INHALER	
ANATE CHEW TAB		armodafinil tab	2	AUBAGIO TAB	121
				AUSTEDO TAB	121

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# ALPHABETICAL LISTING OF DRUGS

aviane tab	72	BASAGLAR INJ	29	bisoprolol/hydrochlorothia	38
AVONEX INJ	121	BAXDELA TAB	92	zide tab	
AZASITE SOLN	112	B-D INSULIN SYRINGE	104	bosentan tab	70
azathioprine tab	65	B-D INSULIN SYRINGE	104	BOSULIF TAB	48
azelaic acid gel	84	SAFETY-LOK		BOTOX INJ	110
azelastine nasal spray 0.1%	109	B-D PEN NEEDLE	104	BRAFTOVI CAP 50MG	48
azelastine nasal spray	109	benazepril tab	37	BRAFTOVI CAP 75MG	48
0.15%		benazepril/hydrochlorothia	38	BREO ELLIPTA	17
azithromycin susp	101	zide tab		INHALER	
azithromycin tab	101	BENLYSTA	107	BRILINTA TAB	97
aztreonam inj	41	AUTO-INJECTOR		brimonidine ophth soln	112
<b>B</b>		BENLYSTA INJ	107	0.15%	
BACITRACIN OPTH	112	benzonatate cap	75	brimonidine ophth soln	112
OINT		benztropine tab	54	0.2%	
bacitracin/neomycin/poly	112	betamethasone	80	bromfenac ophth soln	115
myxin b ophth oint		dipropionate cream		BROMFENAC OPTH	115
bacitracin/polymyxin b	112	betamethasone	80	SOLN 0.09% (TWICE	
ophth oint		dipropionate lotion		DAILY)	
bacitracin/polymyxin/neo	114	betamethasone	81	bromocriptine cap	54
mycin/hydrocortisone		dipropionate oint		bromocriptine tab	54
ophth oint		betaxolol ophth soln	111	BROVEX PEB LIQUID	75
baclofen tab 10mg, 20mg	109	bethanechol tab	128	budesonide ER tab	74
balsalazide cap	93	BETHKIS NEB SOLN	3	budesonide inh susp	16
BALVERSA TAB 3MG	47	bexarotene cap	53	budesonide nasal spray	109
BALVERSA TAB 4MG	47	bicalutamide tab	45	budesonide SR cap	74
BALVERSA TAB 5MG	47	BIKTARVY TAB	59	bumetanide tab	86
BAQSIMI NASAL	27	bimatoprost ophth soln	116	buprenorphine patch	10
POWDER		bisoprolol tab	66	buprenorphine SL tab	10

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# ALPHABETICAL LISTING OF DRUGS

buprenorphine/naloxone sl film	10	calcium acetate tab	94	cefadroxil tab	71
buprenorphine/naloxone SL tab	10	CALIBRATION LIQUID	102	cefazolin inj	71
bupropion ER tab	23	CALQUENCE CAP	48	CEFAZOLIN INJ	71
bupropion SR tab	122	capecitabine tab	44	cefdinir cap	71
bupropion tab	23	CAPRELSA TAB	48	cefdinir susp	71
bupropion XL tab	23	captopril tab	37	cefepime inj	72
buspirone tab	13	carbamazepine chew tab	19	cefixime susp	71
busulfan inj	44	carbamazepine ER cap	19	cefotaxime inj	71
BUSULFEX INJ	44	carbamazepine ER tab	19	cefoxitin inj	71
butalbital/acetaminophen/caffeine tab	7	carbamazepine susp	20	cefpodoxime proxetil susp	72
butalbital/aspirin/caffeine/codeine cap	9	carbamazepine tab	20	cefpodoxime proxetil tab	72
BYDUREON BCISE AUTO INJ	28	carbidopa tab	54	cefprozil susp	71
BYDUREON INJ	28	carbidopa/levodopa ER tab	54	cefprozil tab	71
BYDUREON PEN INJ	29	carbidopa/levodopa ODT	54	ceftazidime inj	72
<b>C</b>		carbidopa/levodopa tab	54	ceftriaxone inj	72
cabergoline tab	91	carboxymethylcellulose sodium ophth gel	110	cefuroxime susp	71
calcipotriene cream	79	carboxymethylcellulose sodium ophth soln	110	cefuroxime tab	71
calcipotriene soln	79	carboxymethylcellulose-glycerin ophth soln	110	celecoxib cap	5
calcitonin nasal spray	87	CARTEOLOL OPHTH SOLN	111	cephalexin cap	71
calcitriol cap	89	carvedilol tab	66	cephalexin susp	71
CALCITRIOL INJ	89	CAYSTON INH SOLN	41	CEREZYME INJ	97
CALCITRIOL OINT	79	cefaclor cap	71	CERVICAL CAP	102
calcium acetate cap	94	cefadroxil cap	70	cesia tab	72
		cefadroxil susp	71	cevimeline cap	108
				CHANTIX PAK	122
				CHANTIX TAB	122
				CHEMET CAP	32

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chlorhexidine gluconate soln	108	ciprofloxacin susp	92	clotrimazole/betamethason e cream	78
chloroquine tab	42	ciprofloxacin tab	92	clotrimazole/betamethason e lotion	78
CHLOROTHIAZIDE TAB	87	citalopram soln	23	CLOZAPINE ODT	57
CHLOROTHIAZIDE TAB 500MG	87	citalopram tab	23	CLOZAPINE ODT 12.5MG	57
chlorpromazine tab	57	CLARINEX REDITAB	34	clozapine ODT 25mg,	57
CHLORTHALIDONE TAE	87	CLARINEX SYRUP	34	100mg	
cholecalciferol cap 50000 unit	135	CLARINEX TAB	34	CLOZAPINE ODT,	57
cholestyramine lite powder	35	CLARINEX-D TAB	75	FAZACLO ODT	
cholestyramine powder	35	clarithromycin susp	101	clozapine tab	57
CIALIS TAB	69	clarithromycin tab	101	codeine sulfate tab	8
cidofovir inj	63	clindamycin cap	41	colchicine/probenecid tab	96
cilostazol tab	97	clindamycin gel	76	colestipol tab	35
CIMDUO TAB	59	clindamycin lotion	76	COMBIVENT INHALER	17
CIMETIDINE SOLN	126	clindamycin soln	41	COMPLERA TAB	59
cimetidine tab	126	clindamycin topical soln	76	CONTRACEPTIVE FILM	133
CIMZIA INJ	93	clindamycin vaginal cream	133	CONTRACEPTIVE FOAM	133
CIMZIA STARTER INJ KIT	93	CLINISTIX TEST STRIP	85	CONTRACEPTIVE GEL	133
cinacalcet tab	89	clobazam tab	19	CONTRACEPTIVE SUPP	133
CINRYZE INJ	96	clobetasol propionate cream	81	COPIKTRA CAP	48
CIPRO SUSP 5%	92	clobetasol propionate gel	81	CORTISONE ACETATE TAB	74
CIPROFLOXACIN 100MG TAB	92	clobetasol propionate oint	81	COSENTYX INJ (1-PACK)	80
ciprofloxacin ophth soln	112	clomipramine cap	25	COSENTYX INJ (2-PACK)	80
		clonazepam tab	19		
		clonidine patch	38		
		clonidine tab	38		
		clopidogrel tab 75mg	97		
		clotrimazole troches	108		

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# ALPHABETICAL LISTING OF DRUGS

COTELLIC TAB	48	deferasirox tab	32	DIACOMIT CAP	20
CREON CAP	85	DELSTRIGO TAB	59	DIACOMIT POWDER	20
CRINONE GEL	134	demeclocycline tab	124	PACK	
CRIXIVAN CAP	59	DENAVIR CREAM	80	DIAPHRAGM	102
cromolyn conc	93	DEPO-PROVERA SC INJ	74	diazepam tab	13
cromolyn neb soln	15	104MG		diclofenac gel 1%	79
cromolyn ophth soln	115	DESCOVY TAB	59	diclofenac potassium tab	5
cryselle tab	72	desipramine tab	25	diclofenac sodium EC tab	5
cyanocobalamin inj	98	DESLORATADINE ODT	34	diclofenac sodium ophth	115
cyclobenzaprine tab 10mg	109	desloratadine tab	34	soln	
cyclobenzaprine tab 5mg	109	desmopressin acetate inj	90	dicloxacillin cap	119
cyclophosphamide cap	44	desmopressin acetate nasal	90	dicyclomine cap	126
cyclophosphamide tab	44	spray		dicyclomine tab	126
cycloserine cap	43	desmopressin acetate tab	90	didanosine DR cap	60
cyclosporine cap	65	desmopressin nasal soln	90	DIDANOSINE DR CAP,	60
cyclosporine modified cap	65	desoximetasone cream	81	VIDEX EC CAP	
cyclosporine modified	65	dexamethasone elixir	74	DIFFERIN LOTION	77
soln		dexamethasone ophth soln	114	DIFFERIN OTC GEL 0.1%	77
cyproheptadine syrup	34	dexamethasone tab	74	DIFICID TAB	102
cyproheptadine tab	34	DEXCOM G6 RECEIVER	102	DIFLORASONE CREAM	81
CYSTAGON CAP	95	DEXCOM G6 SENSOR	102	digoxin soln	68
<b>D</b>		DEXCOM G6	103	digoxin tab	69
dalfampridine ER tab	121	TRANSMITTER		dihydroergotamine	104
danazol cap	11	dextran 70-hypromellose	110	mesylate inj	
dantrolene cap	109	ophth soln		dihydroergotamine	104
dapsone tab	41	dextroamphetamine ER	1	mesylate nasal spray	
DDAVP NASAL SOLN	90	cap		DILANTIN CAP 30MG	22
DECON-A LIQUID	75	dextroamphetamine tab	1	DILTIAZEM CAP	67

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diltiazem ER cap	68	doxycycline hyclate cap	124	ELMIRON CAP	95
diltiazem ER tab	68	doxycycline hyclate tab	124	eluryng vaginal ring	73
diltiazem tab	68	doxycycline monohydrate	124	EMCYT CAP	45
diphenhydramine cap	34	cap 100mg		EMGALITY INJ	105
50mg		doxycycline monohydrate	125	EMGALITY INJ	105
diphenhydramine inj	34	cap 50mg		100MG/ML	
diphenoxylate/atropine tab	32	doxycycline monohydrate	125	enalapril tab	37
dipyridamole tab	97	tab		enalapril/hydrochlorothiazide tab	38
disopyramide cap	14	doxylamine/pyridoxine dr	33	ENBREL INJ 25MG	7
disopyramide ER cap	14	tab		ENBREL INJ 50MG	7
disulfiram tab	119	D-PENAMINE TAB	65	ENBREL MINI INJ	7
divalproex ER tab	22	dronabinol cap	33	ENBREL SURECLICK	7
divalproex sodium DR tab	22	drospirenone/ethinyl	72	INJ 50MG	
divalproex sprinkle cap	22	estradiol/levomefolate tab		ENDOMETRIN INSERT	134
dofetilide cap	14	DROXIA CAP	98	ENERGIX-B INJ	130
donepezil ODT	120	DRYSOL SOLN	84	ENERGIX-B INJ,	130
donepezil tab	120	DUAVEE TAB	91	RECOMBIVAX-HB INJ	
donepezil tab 23mg	120	DULERA INHALER	17	enoxaparin inj	19
DORIBAX INJ	40	duloxetine EC cap 20mg,	24	enpresse tab	72
DORIPENEM INJ	40	30mg, 60mg		entacapone tab	54
dorzolamide ophth soln	115	DUPIXENT INJ	82	entecavir tab	63
dorzolamide/timolol ophth soln	111	<b>E</b>		ENTRESTO TAB	69
DOVATO TAB	60	efavirenz cap	60	EPANED PREMIXED	37
doxazosin tab	38	efavirenz tab	60	SOLN	
doxepin cap	25	ELIQUIS TAB, ELIQUIS	18	EPIDIOLEX SOLN	20
doxepin conc	25	STARTER PACK		EPINEPHRINE INJ	134
doxercalciferol cap	89	ELIXOPHYLLIN ELIXIR	18	0.15MG	
		ELLA TAB	74		

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# ALPHABETICAL LISTING OF DRUGS

EPINEPHRINE INJ 0.3MG	134	estradiol tab	91	fenofibrate tab 48mg, 54mg, 145mg, 160mg	35
epinephrine pen inj 0.15mg, 0.3mg	134	ESTRING	133	fenofibric acid DR cap	35
EPIVIR HBV SOLN	63	estropipate tab	91	fentanyl patch	8
EQUETRO CAP	55	ethacrynic tab	86	ferrous sulfate elixir	99
ergoloid mesylates tab	122	ethambutol tab	43	FERROUS SULFATE LIQUID	99
ERGOMAR SL TAB	104	ethosuximide cap	22	ferrous sulfate soln	99
ERLEADA TAB	45	ethosuximide soln	22	FERROUS SULFATE SYRUP	99
erlotinib tab	48	etodolac cap	5	finasteride tab	83
ertapenem inj	40	etodolac tab	5	FIRST	39
ERY PAD	77	etoposide cap	43	METRONIDAZOLE SUSP	
erythromycin	102	EURAX CREAM	84	FIRST MOUTHWASH	108
ethylsuccinate susp		everolimus tab	48	BLM	
ERYTHROMYCIN	102	exemestane tab	45	FIRVANQ SOLN	40
ETHYLSUCCINATE TAB		EXTAVIA INJ	121	flecainide tab	14
erythromycin gel	77	ezetimibe tab	36	FLOVENT DISKUS	16
erythromycin ophth oint	112	<b>F</b>		INHALER	
erythromycin pad	77	FABRAZYME INJ	89	FLOVENT HFA INHALEF	16
erythromycin soln	77	FACTIVE TAB	92	FLUAD INJ	130
erythromycin stearate tab	102	famotidine susp	126	FLUAD QUAD INJ	130
erythromycin tab	102	famotidine tab	126	FLUBLOK INJ	130
escitalopram tab	23	FARXIGA TAB	31	FLUBLOK QUAD PF INJ	130
esterified	91	FARYDAK CAP	48	FLUCELVAX INJ	130
estrogens/methyltestoster one tab		febuxostat tab	96	FLUCELVAX QUAD INJ	130
estradiol cream	133	felbamate susp	21	fluconazole susp	33
estradiol patch	91	felbamate tab	21	fluconazole tab	33
		FEMALE CONDOMS	102		
		fenofibrate cap 67mg, 134mg, 200mg	35		

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# ALPHABETICAL LISTING OF DRUGS

flucytosine cap	33	FLUOROURACIL	79	FLUZONE QUAD INJ	131
fludarabine inj	44	CREAM 0.5%		FLUZONE SPLIT QUAD	131
fludrocortisone tab	75	FLUOROURACIL SOLN	79	INJ	
FLULAVAL QUAD INJ,	130	fluoxetine cap	23	FLUZONE/FLUARIX	131
FLUZONE QUAD INJ		fluoxetine soln	23	QUAD INJ	
FLUMIST	130	fluoxetine tab	23	folic acid tab 1mg	98
QUADRIVALENT NASAI		fluphenazine decanoate inj	58	folic acid tab 400mcg	98
SUSP		FLUPHENAZINE TAB	58	folic acid tab 800mcg	98
FLUNISOLIDE NASAL	110	FLURBIPROFEN OPHTH	115	FORTEO INJ	87
SPRAY		SOLN		fosamprenavir tab	60
fluocinolone acetonide	81	flurbiprofen tab	5	FOSCARNET INJ	63
cream		flutamide cap	45	fosinopril tab	37
fluocinolone acetonide	81	fluticasone nasal spray	110	FRAGMIN INJ	19
oint		fluticasone propionate	81	FREESTYLE FREEDOM	103
fluocinolone acetonide	81	cream		LITE METER	
soln		fluticasone propionate oint	81	FREESTYLE INSULINX	103
fluocinolone otic oil	116	FLUTICASONE/SALMET	17	METER	
fluocinonide cream 0.05%	81	EROL INHALER		FREESTYLE INSULINX	85
fluocinonide cream 0.1%	81	fluticasone/salmeterol	17	TEST STRIP	
fluocinonide gel	81	inhaler, wixela inhaler		FREESTYLE LIBRE	103
fluocinonide oint	81	fluvastatin cap	35	RECEIVER	
fluocinonide soln	81	FLUVIRIN INJ	130	FREESTYLE LIBRE	103
FLUORABON SOLN	106	FLUVIRIN PF INJ	130	SENSOR (10-DAY)	
fluorometholone ophth	114	fluvoxamine tab	24	FREESTYLE LIBRE	103
soln		FLUZONE HIGH DOSE	131	SENSOR (14-DAY)	
FLUOROPLEX CREAM	79	PF INJ		FREESTYLE LITE	103
fluorouracil cream	79	FLUZONE	131	METER	
		INTRADERMAL INJ			

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# ALPHABETICAL LISTING OF DRUGS

FREESTYLE LITE TEST STRIP	84	gentamicin ophth soln	113	guanfacine IR tab	38
FREESTYLE PRECISION NEO METER	103	gentamicin sulfate cream	78	GUANIDINE TAB	42
FREESTYLE PRECISION NEO TEST STRIP	85	gentamicin sulfate oint	78	GVOKE INJ	28
FREESTYLE TEST STRIP	85	GENVOYA TAB	60	GVOKE PFS INJ	28
FULPHILA INJ	98	gianvi tab, ocella tab	72	<b>H</b>	
FUROSEMIDE SOLN	86	GILENYA CAP	121	HAEGARDA INJ	96
furosemide tab	86	GILOTRIF TAB	49	halobetasol propionate cream	81
<b>G</b>		glatiramer inj	121	halobetasol propionate oint	81
gabapentin cap	20	GLEOSTINE/LOMUSTIN E CAP	44	haloperidol decanoate inj	56
gabapentin soln	20	glimepiride tab	31	haloperidol lactate conc	56
gabapentin tab	20	glipizide ER tab	31	haloperidol tab	56
GALAFOLD CAP	89	glipizide tab	31	HAVRIX INJ, VAQTA INJ	131
galantamine ER cap	120	GLUCAGEN HYPOKIT INJ	28	HAVRIX/VAQTA INJ	131
GALANTAMINE SOLN	120	GLUCAGEN INJ	84	HEMLIBRA INJ	96
galantamine tab	120	GLUCAGON INJ KIT	28	heparin porcine inj	19
GAMASTAN S/D INJ	116	glyburide tab	31	HEPLISAV-B INJ	131
GAMMAGARD INJ	117	glyburide/metformin tab	26	HEXALEN CAP	44
GANCICLOVIR CAP	63	glycerin-hypromellose-pe g 400 ophth soln	110	HIZENTRA INJ	117
GARDASIL 9 INJ	131	glycopyrrolate tab	126	HUMIRA INJ 10MG	4
gatifloxacin ophth soln	112	granisetron tab	32	HUMIRA INJ 20MG	4
GAVILYTE-C SOLN	100	GRANIX INJ	98	HUMIRA INJ 40MG	4
gemfibrozil tab	35	griseofulvin micro tab	33	HUMIRA INJ	4
GENOTROPIN INJ	88	griseofulvin susp	33	CROHNS/UC/HIDRADEN ITIS STARTER PACK	
GENTAK OPHTH OINT	113	griseofulvin tab	33		
gentamicin ophth oint	113	guanfacine ER tab	2		

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# ALPHABETICAL LISTING OF DRUGS

HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4	hydroxychloroquine tab	42	INCRUSE ELLIPTA	15
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	4	hydroxyurea cap	53	INHALER	
HUMIRA PEN INJ 40MG	4	hydroxyzine syrup	13	indapamide tab	87
HUMULIN R INJ U-500	29	hydroxyzine tab	13	indomethacin cap	5
HUMULIN R U-500	30	hyoscyamine sulfate SL tab	126	INGREZZA CAP	121
KWIKPEN INJ		hyoscyamine tab	126	INLYTA TAB	49
HYCAMTIN CAP	43	hypromellose gonioscopic soln	110	INSULIN ASPART	30
hydralazine tab	39	hypromellose ophth soln	111	INSULIN ASPART INJ	30
hydrochlorothiazide cap	87			INSULIN ASPART MIX	30
hydrochlorothiazide tab	87	<b>I</b>		FLEXPEN INJ	
hydrocodone/acetaminophen soln	9	IBRANCE CAP	49	INSULIN ASPART MIX INJ	30
hydrocodone/acetaminophen tab	10	ibuprofen tab	5	INSULIN ASPART PENFILL INJ	30
hydrocortisone cream	82	icatibant inj	96	INTELENCE TAB	60
hydrocortisone enema	12	ICLUSIG TAB	49	INTRON-A INJ	53
hydrocortisone lotion	82	IDHIFA TAB	49	INVANZ INJ	40
hydrocortisone oint	82	imatinib tab	49	INVEGA INJ	56
hydrocortisone supp	12	IMBRUVICA CAP 140MG	49	INVIRASE CAP	60
hydrocortisone tab	74	IMBRUVICA CAP 70MG	49	INVIRASE TAB	60
hydrocortisone/pramoxine cream 2.5-1%	82	IMBRUVICA TAB	49	IPOL INJ	132
hydromorphone tab	8	IMIPENEM/CILASTATIN INJ	40	ipratropium nasal spray	109
hydroquinone cream	84	imipramine tab	25	ipratropium neb soln	15
		imiquimod cream	83	irbesartan tab	37
		IMOVAX RABIES INJ	132	IRESSA TAB	49
		INCRELEX INJ	89	IRON SUSP	99
				ISENTRESS (HD) TAB	60

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# ALPHABETICAL LISTING OF DRUGS

ISENTRESS CHEW TAB	60	june1 tab	73	lamivudine tab 100mg	63
ISENTRESS POWDER	60	<b>K</b>		lamivudine/zidovudine tab	61
PACK		KALETRA TAB	61	lamotrigine chew tab	20
isibloom tab, enskyce tab,	72	KALYDECO PAK	123	lamotrigine tab	20
apri tab		KALYDECO TAB	123	LANCET DEVICE	103
ISONIAZID SYRUP	43	KANAMYCIN INJ	3	LANCET KIT	103
isoniazid tab	43	kelnor tab	73	LANCETS	103
ISOSORBIDE DINITRATI	12	ketoconazole cream	78	LANSOPRAZOLE SUSP	127
ER TAB		ketoconazole shampoo	78	latanoprost ophth soln	116
isosorbide dinitrate SL tab	12	ketoconazole tab	33	leflunomide tab	6
isosorbide dinitrate tab	13	ketorolac ophth soln	115	LENVIMA CAP	50
isosorbide mononitrate ER	13	ketorolac tab	5	letrozole tab	45
tab		KETOSTIX	85	leucovorin calcium inj	54
isosorbide mononitrate tab	13	KEVZARA INJ	5	LEUCOVORIN TAB	54
itraconazole cap	33	KINERET INJ	4	LEUKERAN TAB	44
ivermectin tab	12	KISQALI PAK	47	LEUKINE INJ	98
IXIARO INJ	132	KISQALI TAB	50	LEVEMIR FLEXTOUCH	30
<b>J</b>		KITABIS PAK NEB SOLN	3	INJ	
JAKAFI TAB	50	KRINTAFEL TAB	42	LEVEMIR INJ	30
JANUMET TAB	26	K-TAB	106	levetiracetam ER tab	20
JANUMET XR TAB	26	KUVAN POWDER PACK	89	levetiracetam soln	20
JANUVIA TAB	28	KUVAN TAB	89	levetiracetam tab	21
JARDIANCE TAB	31	<b>L</b>		LEVITRA TAB	69
JENTADUETO TAB	26	labetalol tab	66	levobunolol ophth soln	111
JENTADUETO XR TAB	26	lactulose soln	94	levofloxacin ophth soln	113
jolessa tab, amethia tab	73	lamivudine soln	61	levofloxacin tab	92
JULUCA TAB	60	lamivudine tab	61	levonorgestrel tab	74
june1 FE tab	73				

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# ALPHABETICAL LISTING OF DRUGS

LEVONORGESTREL TAE 74	0.75MG	lohist liquid 75	medroxyprogesterone tab 119
levothyroxine tab 125	LEXIVA SUSP 61	LOKELMA PAK 107	mefloquine tab 42
lidocaine 4% cream 83	lidocaine tab 83	LONSURF TAB 47	megestrol susp 46
lidocaine cream 3% 83	lidocaine gel 83	lopinavir/ritonavir soln 61	megestrol tab 46
lidocaine oint 83	LIDOCAINE ORAL SOLN 108	loratadine cap 34	MEKINIST TAB 0.5MG 50
4%	4%	lorazepam tab 13	MEKINIST TAB 2MG 50
lidocaine patch 83	de tab	LORBRENA TAB 100MG 50	MEKTOVI TAB 50
lidocaine soln 83	lovastatin tab 36	LORBRENA TAB 25MG 50	melphalan inj 44
lidocaine viscous soln 108	loxapine cap 57	losartan tab 37	memantine sol 120
lidocaine/hydrocortisone cream 12	LUBRICANT GEL DROP 111	losartan/hydrochlorothiazide tab 39	memantine tab 120
lidocaine/prilocaine cream 83	LUCEMYRA TAB 119	de tab	MENACTRA INJ 128
lincomycin inj 41	LUMIGAN OPTH SOLN 116	lovastatin tab 36	MENOMUNE INJ 128
linezolid tab 41	LYSODREN TAB 46	loxapine cap 57	MENVEO INJ 129
LINZESS CAP 94	<b>M</b>	LUBRICANT GEL DROP 111	mercaptapurine tab 44
liothyronine tab 125	magnesium sulfate inj 106	LUCEMYRA TAB 119	meropenem inj 40
lisinopril tab 37	MARPLAN TAB 23	LUMIGAN OPTH SOLN 116	mesalamine DR cap 93
lisinopril/hydrochlorothiazide tab 39	MATULANE CAP 53	LYSODREN TAB 46	mesalamine DR tab 93
lithium carbonate cap 55	MAVYRET TAB 63		mesalamine enema 93
lithium carbonate ER tab 55	MAYZENT TAB 122		mesalamine ER cap 93
lithium carbonate tab 55	MAYZENT TAB 122		mesalamine supp 93
lithium citrate soln 55	STARTER PACK		METAPROTERENOL SYRUP 17
LO LOESTRIN TAB 73	mebendazole chew tab 12		metformin ER tab 27
	meclizine tab 33		metformin tab 27
	medroxyprogesterone inj 74		methadone soln 8
			methadone tab 8
			methadose tab 8
			methamphetamine tab 1

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methazolamide tab	86	metronidazole cream	84	MOVANTIK TAB	94
methenamine mandelate tab	127	metronidazole gel	84	MOXEZA OPHTH SOLN	113
methimazole tab	125	metronidazole lotion	84	moxifloxacin hcl ophth soln 0.5%	113
METHITEST TAB	11	metronidazole vaginal gel	133	moxifloxacin ophth soln	113
methocarbamol tab	109	MEXILETINE CAP	14	MULPLETA TAB	98
METHOTREXATE INJ	44	MIACALCIN INJ	87	MULTAQ TAB	14
methotrexate tab	44	midodrine tab	135	MUPIROCIN CREAM	78
methoxsalen cap	80	minocycline cap	125	mupirocin oint	78
METHSCOPOLAMINE TAB	126	minocycline tab	125	mycophenolate DR tab	65
methyldopa tab	38	minoxidil tab	39	mycophenolate mofetil cap	65
methylphenidate CD cap	2	mirtazapine ODT	23	mycophenolate mofetil susp	65
methylphenidate ER tab	2	mirtazapine tab	23	mycophenolate mofetil tab	66
methylphenidate soln	2	misoprostol tab	127	MYTELASE TAB	42
methylphenidate tab	2	MITIGARE CAP	96	<b>N</b>	
methylprednisolone dose pack	74	mitoxantrone inj	46	nabumetone tab	5
methylprednisolone tab	74	M-M-R II INJ	132	nafcillin inj	119
METHYLTESTOSTERON E CAP	11	modafinil tab	3	nalbuphine inj	10
METIPRANOLOL OPHTH SOLN	111	mometasone cream	82	naloxone inj	32
metoclopramide soln	93	mometasone nasal spray	110	naloxone prefilled inj	32
metoclopramide tab	93	mometasone oint	82	naltrexone tab	32
metoprolol ER tab	67	mometasone soln	82	naproxen EC tab	6
metoprolol tab	67	montelukast chew tab	15	naproxen sodium tab	6
metronidazole cap	39	montelukast granule pack	15	NAPROXEN SUSP	6
		montelukast tab	15	naproxen tab	6
		morphine sulfate ER tab	8	naratriptan tab	105
		morphine sulfate soln	9		
		morphine sulfate tab	9		

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NARCAN NASAL SPRAY	32	NICOTROL NASAL	123	NOVOLIN 70/30	30
NEFAZODONE TAB	24	SPRAY		FLEXPEN INJ	
nefazodone tab 50mg,	24	nifedipine cap	68	NOVOLIN INJ	30
250mg		nifedipine ER tab	68	NOVOLIN N FLEXPEN	30
neomycin tab	3	NINLARO CAP	50	INJ	
neomycin/polymixin/hydro	116	nisoldipine ER tab	68	NOVOLIN R FLEXPEN	31
coritisonc otic soln		nitisinone cap	90	INJ	
neomycin/polymixin/hydro	116	NITRO-DUR PATCH	13	NOVOPEN JR INJ	104
coritisonc otic susp		0.3MG/HR, 0.8MG/HR		NOVOTWIST PEN	104
NEOMYCIN/POLYMYXI	95	nitrofurantoin	128	NEEDLE	
N B GU IRRIGATION		macrocrystals cap		NOVOTWIST/NOVOFINE	104
SOLN		nitrofurantoin	128	PEN NEEDLE	
neomycin/polymyxin/dexa	114	monohydrate cap		NUBEQA TAB	46
methasone ophth oint		nitrofurantoin susp	128	NUCALA INJ	15
neomycin/polymyxin/dexa	114	nitroglycerin patch	13	nystatin cream	78
methasone ophth soln		nitroglycerin SL tab	13	nystatin oint	78
neomycin/polymyxin/hydr	114	NIVESTYM INJ	99	nystatin powder	33
ocortisonc ophth soln		norethindrone tab	74	nystatin tab	33
NERLYNX TAB	50	NORPACE CR CAP	14	nystatin topical powder	78
NEUMEGA INJ	98	nortrel tab	73	nystatin/triamcinolone	78
nevirapine susp	61	nortriptyline cap	25	cream	
nevirapine tab	61	nortriptyline oral soln	25	nystatin/triamcinolone oint	78
NEXAVAR TAB	50	NORTRIPTYLINE SOLN	25	<hr/>	
niacin ER tab	36	NORVIR CAP	61	<b>O</b>	
nicotine gum	122	NORVIR POWDER PACK	61	OICALIVA TAB	92
nicotine lozenge	122	NORVIR SOLN	61	octreotide inj	91
nicotine patch	123	NOVOFINE PEN	104	ODEFSEY TAB	61
NICOTROL INHALER	123	NEEDLE		OFEV CAP	124
				ofloxacin ophth soln	113

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ofloxacin otic soln	116	oseltamivir susp	64	PEGASYS INJ	63
ofloxacin tab	92	OSMOPREP TAB	101	PEG-INTRON INJ	63
olanzapine ODT	57	OSPHENA TAB	88	penicillamine tab	107
olanzapine tab	57	OTEZLA STARTER PACK	6	PENICILLIN G PROCAIN	118
omega-3-acid ethyl esters	35	OTEZLA TAB	6	INJ	
cap		oxacillin inj	119	PENICILLIN G SODIUM	118
omeprazole DR cap	127	oxandrolone tab	10	INJ	
ondansetron ODT	32	oxandrolone tab 10mg	10	penicillin GK inj	118
ondansetron soln	32	oxcarbazepine susp	21	PENICILLIN VK SOLN	118
ondansetron tab	32	oxcarbazepine tab	21	penicillin vk tab	118
OPSUMIT TAB	70	OXERVATE OPTH	114	pentamidine neb soln	39
ORENCIA CLICK INJ	6	SOLN		PENTASA CAP	93
ORENCIA INJ	6	oxybutynin ER tab	128	pentoxifylline ER tab	97
ORENCIA SC INJ	6	oxybutynin syrup	128	permethrin cream	84
125MG/ML		oxybutynin tab	128	perphenazine tab	58
ORENCIA SC INJ	6	oxycodone tab	9	PERSERIS INJ	56
50MG/0.4ML		oxycodone/acetaminophen	10	phenazopyridine tab	95
ORENCIA SC INJ	7	tab		phenelzine tab	23
87.5MG/0.7ML		OZEMPIC INJ	29	phenoxybenzamine cap	37
ORFADIN CAP	90			phentermine cap	1
ORILISSA TAB 150MG	88	<b>P</b>		phentermine tab	1
ORILISSA TAB 200MG	88	paliperidone ER tab	56	phenytoin cap	22
ORKAMBI GRANULES	123	pantoprazole EC tab	127	phenytoin chew tab	22
PACKET		paricalcitol cap	90	PHOSLYRA SOLN	94
ORKAMBI TAB	123	paricalcitol cap 1mcg	90	phytonadione tab	135
orphenadrine citrate inj	109	paromomycin cap	3	PIFELTRO TAB	61
oseltamivir cap	64	paroxetine ER tab	24	pilocarpine ophth soln	112
oseltamivir cap 30mg	64	paroxetine tab	24	pilocarpine tab	108
		peg 3350/electrolytes soln	101		

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# ALPHABETICAL LISTING OF DRUGS

pimecrolimus cream	83	potassium citrate CR tab	94	PREMARIN TAB	92
PIMOZIDE TAB	122	PRADAXA CAP	19	PREMPHASE TAB,	91
pioglitazone tab	31	PRALUENT INJ	36	PREMPRO TAB	
piperacillin/tazobactam inj	119	pramipexole tab	55	PREVNAR 13 INJ	129
PIQRAY TAB	50	PRAMOSONE CREAM	82	PREZCOBIX TAB	61
PLASMA-LYTE SOLN	105	1%		PREZISTA TAB	61
PLEGRIDY INJ	122	pravastatin tab	36	PRIFTIN TAB	43
PLEGRIDY PEN INJ	122	praziquantel tab	12	primaquine tab	42
PNEUMOVAX INJ	129	prazosin cap	38	primidone tab	21
podofilox soln	83	PRECISION XTRA	85	probenecid tab	96
polyethylene	111	KETONE TEST STRIP		prochlorperazine supp	58
glycol-propylene glycol		PRECISION XTRA	103	prochlorperazine tab	58
ophth soln		METER		proctosol HC cream	12
polymyxin b/trimethoprim	113	PRECISION XTRA TEST	85	progesterone cap	119
ophth soln		STRIP		progesterone oil inj	119
polyvinyl alcohol ophth	111	PRED FORTE OPHTH	114	PROLEUKIN INJ	53
soln		SUSP		PROLIA INJ	87
polyvinyl	111	PREDNISOLONE OPHTH	114	promethazine supp	34
alcohol-povidone ophth		SUSP		promethazine syrup	34
soln		PREDNISOLONE	115	promethazine tab	34
POMALYST CAP	46	SODIUM PHOSPHATE		PROMETHAZINE VC	75
potassium chloride ER cap	106	OPHTH SOLN		SYRUP	
potassium chloride ER tab	106	prednisolone soln	75	PROMETHEGAN SUPP	34
potassium chloride inj	106	PREDNISOLONE SYRUP	75	propafenone ER cap	14
potassium chloride micro	107	PREDNISONE SOLN	75	propafenone tab	14
tab		prednisone tab	75	proparacaine ophth soln	114
potassium chloride powder	107	pregabalin cap	21	PROPRANOLOL SOLN	67
packet		pregabalin soln	21	propranolol tab	67

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propylene glycol ophth soln	111	RECOMBIVAX-HB INJ	132	ritonavir tab	62
propylene glycol-glycerin ophth soln	111	REGRANEX GEL	84	RITUXAN INJ	44
propylthiouracil tab	125	RELENZA DISKHALER	64	rivastigmine cap	120
protriptyline tab	25	RENOVA CREAM	78	rivastigmine patch	120
PULMOZYME INH SOLN	124	repaglinide tab	31	rizatriptan ODT	105
pyrazinamide tab	43	REPATHA INJ	37	rizatriptan tab	105
pyridostigmine CR tab	42	REPATHA	37	ropinirole tab	55
pyridostigmine tab	42	PUSHTRONEX INJ		rosuvastatin tab 10mg	36
pyrimethamine tab	42	RESTASIS MULTIDOSE	113	rosuvastatin tab 20mg	36
<b>Q</b>		OPHTH EMULSION		rosuvastatin tab 40mg	36
quetiapine tab	57	RESTASIS OPHTH EMULSION	113	rosuvastatin tab 5mg	36
quetiapine XR tab	57	RETACRIT INJ	99	RUBRACA TAB	51
quinidine gluconate CR tab	14	REVLIMID CAP	65	RUZURGI TAB	42
quinidine sulfate tab	14	REYATAZ POWDER	61	RYBELSUS TAB	29
quinine sulfate cap	42	PACK		RYDAPT CAP	51
<b>R</b>		ribavirin cap	63	<b>S</b>	
raloxifene tab	88	ribavirin tab	63	salicylic acid shampoo	83
ranitidine cap	127	rifabutin cap	43	salsalate tab	8
ranitidine syrup	127	RIFAMATE CAP	43	SANDIMMUNE SOLN	66
ranitidine tab (Rx Only)	127	rifampin cap	43	100MG/ML	
ranolazine tab	12	RIMANTADINE TAB	64	SANTYL OINT	83
rasagiline tab	55	RINVOQ ER TAB	3	SAVELLA PAK	120
RASUVO INJ	4	risedronate tab	88	SAVELLA TAB	121
REBETOL SOLN	63	RISPERDAL CONSTA IN.	56	selegiline cap	55
REBIF INJ	122	risperidone ODT	56	selegiline tab	55
		risperidone soln	56	selenium sulfide lotion	80
		risperidone tab	56	selenium sulfide shampoo	80
				SELZENTRY SOLN	62

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# ALPHABETICAL LISTING OF DRUGS

SELZENTRY TAB	62	SODIUM FLUORIDE	106	STIOLTO INHALER	17
SEREVENT DISKUS	17	LOZENGE		STIVARGA TAB	51
INHALER		sodium fluoride soln	106	STRENSIQ INJ	90
sertraline conc	24	sodium fluoride tab	106	STREPTOMYCIN INJ	3
sertraline tab	24	sodium phenylbutyrate	90	STRIBILD TAB	62
sevelamer powder pak	94	powder		STRIVERDI RESPIMAT	17
sevelamer tab	94	sodium phenylbutyrate tab	90	INHALER	
SHINGRIX INJ	132	sodium polystyrene	66	sucalfate susp	127
SIGNIFOR INJ	91	powder		sucalfate tab	127
sildenafil tab	69	sodium polystyrene susp	66	sulfacetamide sodium	113
sildenafil tab 20mg	70	SODIUM	77	ophth soln	
silver sulfadiazine cream	80	SULFACETAMIDE/SULF		sulfacetamide	115
simvastatin tab	36	UR EMULSION		sodium/prednisolone	
sirolimus soln	107	sodium	77	ophth soln	
sirolimus tab	66	sulfacetamide/sulfur lotion		SULFACETAMIDE/PRED	115
SIVEXTRO TAB	41	SOFOSBUVIR/VELPATA	64	NISOLONE OPTH	
SKYRIZI INJ	80	SVIR TAB		SOLN	
smz/tmp (DS) tab	40	solifenacin tab	128	SULFADIAZINE TAB	124
smz/tmp susp	40	SOMAVERT INJ	88	sulfasalazine EC tab	93
sodium chloride 0.9% irr	95	sotalol AF tab	67	sulfasalazine tab	93
soln		sotalol tab	67	sulindac tab	6
sodium chloride	115	SPINOSAD SUSP	84	sumatriptan inj	105
hypertonic ophth soln		spironolactone tab	86	SUMATRIPTAN INJ	105
sodium chloride inj	107	spironolactone/hydrochlor	86	6MG/0.5ML	
sodium citrate/citric acid	95	othiazide tab		sumatriptan nasal spray	105
soln		sprintec 28 tab	73	sumatriptan tab	105
sodium fluoride cream	108	SPRYCEL TAB	51	SUNOSI TAB	2
		SSKI SOLN	76	SUPRAX TAB	72

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# ALPHABETICAL LISTING OF DRUGS

SUTENT CAP	51	TECFIDERA CAP	122	TETANUS/DIPHThERIA	126
SYMDEKO TAB	124	TECFIDERA STARTER	122	TOXOID INJ	
SYMFI (LO) TAB	62	PACK		tetrabenazine tab	121
SYMJEPI INJ	135	temozolomide cap	44	tetracycline cap	125
SYMPROIC TAB	94	tenofovir disoproxil	62	THALOMID CAP	65
SYMTUZA TAB	62	fumarate tab		THEOCHRON TAB	18
SYNAREL NASAL SOLN	89	terazosin cap	38	theophylline CR tab	18
SYNJARDY TAB	27	terbinafine cream	78	theophylline CR tab	18
SYNJARDY XR TAB	27	terbinafine tab	33	300mg	
10-1000MG, 25-1000MG		terbutaline sulfate tab	18	theophylline soln	18
SYNJARDY XR TAB	27	terconazole cream	133	thioridazine tab	58
5-1000MG,		TERCONAZOLE CREAM	133	thiothixene cap	58
12.5-1000MG		0.8%		THYMOGLOBULIN INJ	66
<b>T</b>		terconazole supp	133	tiagabine tab	21
TABLOID TAB	44	testosterone cypionate inj	11	TIBSOVO TAB	51
tacrolimus cap	66	testosterone gel 1% 25mg	11	ticlopidine tab	97
tacrolimus oint	83	testosterone gel 1% 50mg	11	tigecycline inj	124
tadalafil tab	69	testosterone gel 1% pump	11	TIMENTIN INJ	119
TAFINLAR CAP	51	testosterone gel 1.62%	11	timolol maleate ophth gel	111
TAGRISSO TAB	51	1.25gm		timolol maleate ophth soln	111
TAKHZYRO INJ	97	testosterone gel 1.62%	11	timolol maleate tab	67
TALZENNA CAP 0.25MG	51	2.5gm		TIMOLOL OPHTH GEL	112
TALZENNA CAP 1MG	51	TESTOSTERONE GEL	11	SOLN	
tamoxifen tab	46	PUMP		TIVICAY TAB	62
tamsulosin cap	95	testosterone gel pump	11	tizanidine cap	109
TARGRETIN GEL	79	1.62%		tizanidine tab	109
TASIGNA CAP	51	testosterone soln	11	TOBRADEX OPHTH	115
TAVALISSE TAB	97			OINT	

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# ALPHABETICAL LISTING OF DRUGS

tobramycin neb soln	3	triamcinolone in orabase	108	TYGACIL INJ	124
tobramycin ophth soln	113	paste		TYKERB TAB	52
tobramycin/dexamethason	115	triamcinolone lotion	82	TYMLOS INJ	88
e ophth soln		triamcinolone nasal spray	110	TYPHIM VI INJ	129
TODAY SPONGE	133	triamcinolone oint	82	TYSABRI INJ	122
tolterodine tab	128	TRIAMINIC SYRUP	82	TYVASO INH SOLN	69
topiramate sprinkle cap	21	triamterene/hydrochloroth	86	TYZINE NASAL SOLN	110
topiramate tab	21	iazide cap		<b>U</b>	
torsemide tab	86	TRIAMTERENE/HYDRO	86	UPTRAVI TAB	70
TRACLEER TAB 32MG	70	CHLOROTHIAZIDE CAP		urea cream 40%	82
TRADJENTA TAB	28	50-25mg		urea cream 50%	82
tramadol tab	9	triamterene/hydrochloroth	86	ursodiol cap	93
tranexamic acid inj	100	iazide tab		ursodiol tab	93
tranexamic acid tab	100	trifluoperazine tab	58	<b>V</b>	
tranylcypromine tab	23	trihexyphenidyl elixir	55	valacyclovir tab	64
travoprost ophth soln	116	trihexyphenidyl tab	54	VALCHLOR GEL	79
trazodone tab	24	TRI-LUMA CREAM	84	valganciclovir soln	63
TRECATOR TAB	43	trilyte soln	101	valganciclovir tab	63
TRELEGY ELLIPTA	18	trimethobenzamide cap	33	valproic acid cap	22
INHALER		trimethoprim tab	39	valproic acid syrup	22
TRESIBA FLEXTOUCH	31	trimipramine cap	25	valsartan tab	38
INJ		tri-sprintec tab	73	valsartan/hydrochlorothiazi	39
TRESIBA INJ	31	TRIUMEQ TAB	62	de tab	
tretinoin cap	43	tropicamide ophth soln	112	vancomycin cap	40
tretinoin cream	77	trospium tab	128	VANCOMYCIN SOLN	41
tretinoin gel	77	TRUVADA TAB	62	KIT	
triamcinolone cream	82	TURALIO CAP	52	VANIQA CREAM	83
		TWINRIX INJ	132		

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# ALPHABETICAL LISTING OF DRUGS

varденафил ODT	69	VIRACEPT POWDER	62	XALKORI CAP	52
varденафил таб	69	VIRACEPT TAB	62	XARELTO STARTER	18
VARIVAX INJ	132	VIREAD TAB 150MG,	63	PACK	
vcf vaginal gel	133	200MG, 250MG		XARELTO TAB	19
VELCADE INJ	52	VISICOL TAB	101	XELJANZ TAB	3
VELTASSA POWDER	66	vitamin b-6 таб 25mg	135	XELJANZ XR TAB	3
VENCLEXTA STARTER	44	vitamin b-6 таб 50mg	135	XGEVA INJ	88
PACK		vitamin D cap	135	XIFAXAN TAB 200MG	39
VENCLEXTA TAB	45	vitamin D cap 1000unit	135	XIFAXAN TAB 550MG	39
venlafaxine ER cap	24	vitamin D cap 400unit	135	XIGDUO XR TAB	27
venlafaxine таб	24	VITAMIN D TAB	135	2.5-1000MG, 5-1000MG	
VENTOLIN HFA	18	400UNIT		XIGDUO XR TAB	27
INHALER		VITRAKVI CAP 100MG	52	5-500MG, 10-500MG,	
VERAPAMIL ER CAP	68	VITRAKVI CAP 25MG	52	10-1000MG	
200MG		VITRAKVI SOLN	52	XOSPATA TAB	52
verapamil SR cap	68	VIVOTIF CAP	129	XPOVIO PAK	46
VERAPAMIL SR CAP	68	VIZIMPRO TAB	52	XTAMPZA ER CAP	9
360mg		VOGELXO PUMP	12	XTANDI CAP	46
verapamil SR таб	68	VOSEVI TAB	64	XULANE PATCH	73
verapamil таб	68	VOTRIENT TAB	52		
VERELAN PM ER CAP	68	VYLEESI INJ	121	<b>Y</b>	
100MG, 300MG		VYVANSE CAP	1	YF-VAX INJ	132
VERZENIO TAB	52			<b>Z</b>	
VIBATIV INJ	39	<b>W</b>		zaleplon cap	100
VICTOZA INJ	29	WAKIX TAB	2	ZANOSAR INJ	44
vigabatrin powder pack	22	warfarin таб	18	ZARXIO INJ	99
vigabatrin таб	22	<b>X</b>		ZEJULA CAP	53
viorele таб, kariva таб	73	XADAGO TAB	55	ZELBORAF TAB	53

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# ALPHABETICAL LISTING OF DRUGS

ZEPATIER TAB	64
ZIEXTENZO INJ	99
ziprasidone cap	56
ZIRGAN OPTH GEL	113
ZOLINZA CAP	53
zolpidem tab 10mg	100
zolpidem tab 5mg	100
zonisamide cap	21
ZYDELIG TAB	53
ZYKADIA CAP	53
ZYKADIA TAB	53
ZYPREXA RELPREVV	57
INJ	

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158

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