

Plan for your best health

2020 Aetna Pharmacy Drug Guide

Aetna Value and Value Plus Plan

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefits portion of your health plan and has no financial responsibility therefor.

2020 Pharmacy Drug Guide - Value - Value Plus

Table of Contents

INFORMATIONAL SECTION.....	8
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH.....	19
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR THE HEART.....	19
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR THE NERVOUS SYSTEM.....	19
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR THE HEART.....	19
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM.....	20
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION.....	23
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION.....	24
AMEBICIDES - DRUGS FOR INFECTIONS.....	24
*AMINO ACIDS*** - DRUGS FOR THE BLOOD.....	24
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS.....	24
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS.....	24
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER.....	24
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER.....	30
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER.....	31
ANDROGENS-ANABOLIC - HORMONES.....	40
ANORECTAL AGENTS - RECTAL PREPARATIONS.....	41
ANTHELMINTICS - DRUGS FOR INFECTIONS.....	42
ANTIANGINAL AGENTS - DRUGS FOR THE HEART.....	42
ANTIANSXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	43
ANTIARRHYTHMICS - DRUGS FOR THE HEART.....	44
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS.....	44
ANTICOAGULANTS - DRUGS FOR THE BLOOD.....	49
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM.....	51
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM.....	56
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM.....	57
ANTIDIABETICS - HORMONES.....	60
ANTIDIARRHEALS - DRUGS FOR THE STOMACH.....	68
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....	68
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING.....	68
ANTIEMETICS - DRUGS FOR THE STOMACH.....	69
ANTIFUNGALS - DRUGS FOR INFECTIONS.....	70
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD.....	71
ANTIHISTAMINES - DRUGS FOR THE LUNGS.....	71
ANTIHYPERTENSIVES - DRUGS FOR THE HEART.....	73
ANTIHYPERTENSIVES - DRUGS FOR THE HEART.....	76
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS.....	81
ANTIMALARIALS - DRUGS FOR INFECTIONS.....	82
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES.....	83
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES.....	83
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS.....	84
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER.....	84
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER.....	84

*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER.....	85
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER.....	85
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER.....	85
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER.....	85
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	94
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	96
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM.....	100
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES.....	101
ANTIVIRALS - DRUGS FOR INFECTIONS.....	101
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD.....	106
ASSORTED CLASSES - VITAMINS AND MINERALS.....	106
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN.....	109
BETA BLOCKERS - DRUGS FOR THE HEART.....	109
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH.....	111
BIOLOGICALS MISC - BIOLOGICAL AGENTS.....	111
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM.....	112
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR THE NERVOUS SYSTEM.....	112
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS*** - DRUGS FOR THE HEART.....	112
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART.....	112
CARDIOTONICS - DRUGS FOR THE HEART.....	115
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART.....	115
CEPHALOSPORINS - DRUGS FOR INFECTIONS.....	117
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM.....	118
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH.....	118
CONTRACEPTIVES - DRUGS FOR WOMEN.....	118
CORTICOSTEROIDS - HORMONES.....	129
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES.....	130
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS.....	130
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER.....	132
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS.....	132
DERMATOLOGICALS - DRUGS FOR THE SKIN.....	132
DIAGNOSTIC PRODUCTS.....	147
DIGESTIVE AIDS - DRUGS FOR THE STOMACH.....	155
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD.....	156
DIURETICS - DRUGS FOR THE HEART.....	156
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM.....	157
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES.....	157
ESTROGENS - HORMONES.....	162
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES..	164
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER.....	164
FLUOROQUINOLONES - DRUGS FOR INFECTIONS.....	164
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH.....	165
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM	168
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS.....	169

GOUT AGENTS - DRUGS FOR PAIN AND FEVER.....	169
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD.....	170
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION.....	174
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR THE BLOOD...	177
HEMOSTATICS - DRUGS FOR THE BLOOD.....	177
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS.....	177
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM.....	178
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	178
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM.....	178
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE.....	179
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH....	179
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH.....	179
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES.....	179
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH.....	179
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH.....	179
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS.....	180
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS.....	180
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER.....	180
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER.....	180
LAXATIVES - DRUGS FOR THE STOMACH.....	180
*LEPTIN ANALOGUES*** - HORMONES.....	181
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES.....	181
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE.....	181
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE.....	181
MACROLIDES - DRUGS FOR INFECTIONS.....	181
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT.....	182
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	188
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM.....	188
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	189
*MISC. ANTIVIRALS*** - DRUGS FOR INFECTIONS.....	191
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS.....	191
*MONOBACTAMS*** - DRUGS FOR INFECTIONS.....	191
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT.....	191
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE.....	192
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM.....	192
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION.....	192
MULTIVITAMINS - DRUGS FOR NUTRITION.....	192
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES.....	197
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE.....	199
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART.....	200

*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART	200
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES.....	200
NUTRIENTS - DRUGS FOR NUTRITION.....	200
OPHTHALMIC AGENTS - DRUGS FOR THE EYE.....	200
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE.....	207
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE.....	207
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	207
OTIC AGENTS - DRUGS FOR THE EAR.....	207
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN.....	208
OXYTOCICS - HORMONES.....	208
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS.....	208
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS.....	208
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS.....	208
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART.....	211
PENICILLINS - DRUGS FOR INFECTIONS.....	211
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER.....	212
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN.....	212
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER.....	212
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART.....	212
*PLEUROMUTILINS*** - DRUGS FOR INFECTIONS.....	212
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER.....	212
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER.....	213
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	213
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION.....	213
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON*** - DRUGS FOR NUTRITION.....	214
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION.....	214
PROGESTINS - HORMONES.....	214
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD.....	214
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM.....	215
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER.....	220
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS.....	220
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART.....	220
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....	220
*SCLEROSTIN INHIBITORS*** - HORMONES.....	221
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR THE NERVOUS SYSTEM..	221
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM.....	221
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - HORMONES.....	221
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES.....	221
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART.....	221
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES.....	222
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD.....	222
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT....	222

SULFONAMIDES - DRUGS FOR INFECTIONS.....	222
TETRACYCLINES - DRUGS FOR INFECTIONS.....	222
THYROID AGENTS - HORMONES.....	224
*TRANSTHYRETIN STABILIZERS*** - HORMONES.....	225
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH.....	225
ULCER DRUGS - DRUGS FOR THE STOMACH.....	225
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM.....	228
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM.....	229
VAGINAL PRODUCTS - DRUGS FOR WOMEN.....	230
VASOPRESSORS - DRUGS FOR THE HEART.....	231
VITAMINS - DRUGS FOR NUTRITION.....	231

How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Preferred generic drugs cost less. Preferred brand drugs will have a higher cost.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy that fills specialty prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Typically, generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Preferred generic:** the lowest cost
- **Preferred brand:** a slightly higher cost
- **Non-preferred brand and generic:** a higher cost
- **Preferred Specialty:** lower cost for specialty drugs
- **Non-preferred specialty:** higher cost for non-preferred specialty drugs

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay.

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage* and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more.

* Check your plan documents for coverage information. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation.

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your home.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-866-329-2779**
 - 3. Phone: 1-866-782-2779**, option 2

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

CVS Caremark Mail Service Pharmacy®

You can have maintenance drugs sent right to your home or anywhere else you choose by CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the deaf, call **1-877-833-2779**.
- 3. Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

- 1. Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
- 2. Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How can your provider request a medical exception?

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy Precertification Unit at **1-855-240-0535**.
- Fax the completed request form to **1-877-269-9916**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee (“P&T Committee”) are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee’s voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why it can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the “What are generic drugs?” section above for more information.

Commercial 1557 Nondiscrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

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

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a' doowól doo bááh ílínígóó naaltsos bee atah nííígo nanitinígíí bee néého' dólzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية.

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնուրույն (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguâhi ni dibâtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

M̄ dyi wuḍu-dù kà kò dò bě dyi móuñ nì pídyi ní, nìí, dǎ nòbà nìà nì ID káàò kǝ. (Kru-Bassa)

یۆ دەسپێز اگەشتن بە خزمەتگوزاری زمان بەی تێچوون یۆ تو، پەییوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke ɔɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ
në ID kard du kɔu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному
на вашей карточке участника плана. (Russian)

Remember to visit the website on your member ID card.
Then sign in to your account for the most up-to-date information.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Pharmacy Drug Guide (formulary) may be subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug. Louisiana members: depending on your specific plan and the prescription medication in question, you may in some instances be subject to an excess consumer cost burden for prescription drugs as defined by your state.

Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change.

The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug Guide (formulary), Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured Commercial California health maintenance organization (HMO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists or removed from the Pharmacy Drug Guide (formulary) will continue to have those medications covered, for as long as the prescriber continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

Coverage Requirements and Limits

= Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.

AL = Age Limit

ARC = Age Restricted Coverage

IBC = Indication Based Coverage

LGC = Lowest Generic Copay

MPG = PG tier applies to members residing in Massachusetts.

MST = Step Therapy does not apply to members residing in Massachusetts.

N1 = Refer to member plan documents for erectile dysfunction use/coverage

N2 = Drug tier when CE does not apply

NPL = (National Precertification List) – Prior authorization, also called preauthorization or precertification, is required for all plans. Your doctor must contact us to request approval for coverage.

PA = Prior Authorization

PPA = Prior Authorization does not apply to members residing in Pennsylvania and Washington.

QL = Quantity Limit

Drug Tier

CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

NF = Non-formulary, not covered unless exception request granted

NP = Non-Preferred Brand and Generic

NPS = Non-Preferred Specialty

PB = Preferred Brand

PG = Preferred Generic

PSP = Preferred Specialty

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Select OTC = Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.

SP = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.

ST = Step Therapy

UF11 = Covered at preferred tier with no PA, no ST for members residing in Illinois.

UF9 = Drug tier for Student Health members residing in Colorado.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR THE HEART		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	NF	
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR THE NERVOUS SYSTEM		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NF	
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR THE HEART		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NP	ST; QL (4 tablets per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (<i>methylphenidate hcl</i>)	NF	
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (<i>amphetamine</i>)	NP	ST; QL (15 ML per 1 day)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NF	
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	PG	QL (15 ML per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	PG	QL (2 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	QL (4 tablets per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NP	PA; ST; #; QL (1 capsule per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	PG	QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>	PG	QL (1 capsule per 1 day)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	PG	PA; QL (4 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (4 tablets per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NP	PA; ST; #; QL (1 patch per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NP	PA; ST; QL (4 tabs per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (3 capsules per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	PG	QL (2 capsules per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	QL (4 tablets per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	QL (3 caps per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	PA; QL (40 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (4 tabs per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NP	PA; ST; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	ST; QL (4 tablets per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	ST; QL (2 capsules per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	PA; QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NF	
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release 20 Mg)	PG	QL (3 tabs per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	PA; QL (4 tablets per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	ST; QL (30 ML per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	ST; QL (60 ML per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PG	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	PG	QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	PG	QL (1 cap per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	PG	QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	PG	QL (1 tablet per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	PG	QL (3 tablets per 1 Day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	PG	QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	PG	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	PG	QL (4 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	PG	QL (1 tablet per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	PG	QL (6 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (6 tablets per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	PA; QL (2 tabs per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	PB	#; QL (1 capsule per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	NP	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (<i>armodafinil</i>)	NP	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5Ml)	NP	PA; ST; QL (40 ML per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NP	PA; QL (2 tabs per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (1 tablet per 1 Day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (2 tablets per 1 Day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NP	PA; ST; QL (12 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (1 cap per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (2 capsules per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	NP	ST; QL (6 tablets per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG (<i>atomoxetine hcl</i>)	NP	QL (2 capsules per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 80 MG (<i>atomoxetine hcl</i>)	NP	QL (1 capsule per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 capsules per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	PB	QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	PG	QL (4 tabs per 1 day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	NF	
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NP	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (192 tablets per 3 courses in 1 years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NP	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (192 tablets per 3 courses in 1 years)
AMEBICIDES - DRUGS FOR INFECTIONS		
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
*AMINO ACIDS*** - DRUGS FOR THE BLOOD		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NP	PA; ST; QL (6 packets per 1 day)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPS	PA; SP
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NPS	#; SP; QL (224 ml per 1 fill)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NPS	SP; QL (10 ml per 1 day)
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>paromomycin sulfate oral capsule 250 mg</i>	PG	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NPS	SP; QL (10 ml per 1 day)
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	PSP	SP; QL (1 box per 28 dayss)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	SP; QL (10 ml per 1 day)
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NP	PA; QL (2 tablets per 1 day)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NP	QL (1 tab per 1 day)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NPS	PA; SP
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NP	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NP	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	NP	QL (2 capsules per 1 day)
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	NP	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NF	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (4 syringes per 1 month)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (8 injections per 1 month)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (8 Injections per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; IBC (Preferred agent for all conditions except Psoriasis); NPL; SP; QL (8 injections per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	NP	
<i>fenoprofen calcium oral capsule 200 mg</i>	NF	
<i>fenoprofen calcium oral capsule 400 mg</i>	PG	
<i>fenoprofen calcium oral tablet 600 mg</i>	PG	
FENORTHO ORAL CAPSULE 200 MG (<i>fenoprofen calcium</i>)	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (3 syringes per 1 month)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (2 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 syringes per 1 month)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 injections per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (1 kit per 1 month)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 injections per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (1 kit per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (2 syringes per 1 month)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (2 injections per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 syringes per 1 month)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; NPL; SP; QL (6 injections per 28 days)
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPS	PA; NPL; SP
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	NF	
<i>indomethacin er oral capsule extended release 75 mg</i>	PG	
<i>indomethacin oral capsule 20 mg</i>	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	QL (3 capsule per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	QL (20 tablets per 5 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; NPL; SP; QL (2 injections per 1 month)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; NPL; SP; QL (2 injections per 1 month)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	QL (1 tab per 1 day)
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NP	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	QL (30 capsules per 7 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	
MOBIC ORAL TABLET 15 MG, 7.5 MG (<i>meloxicam</i>)	NF	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	NP	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
NAPROSYN ORAL TABLET 250 MG (<i>naproxen</i>)	NP	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen oral suspension 125 mg/5ml</i>	PG	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG (<i>baricitinib</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 1 month)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NF	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); NPL; SP; QL (4 syringes per 1 month)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NPS	ST; SP
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (<i>meloxicam</i>)	NF	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	NPS	ST; SP; UF9 (PSP)
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	NP	UF9 (PB)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); NPL; SP; QL (1 tablet per 1 day)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	PA; NPL; SP; QL (200 MG per 8 weeks)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
<i>tolmetin sodium oral capsule 400 mg</i>	PG	
<i>tolmetin sodium oral tablet 600 mg</i>	PG	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NF	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (<i>meloxicam</i>)	NF	#
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); NPL; SP; QL (2 tablets per 1 day)
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis (after failure of Humira). Not covered for Psoriatic Arthritis.); NPL; SP; QL (60 tablets per 1 month)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for Psoriatic Arthritis.); NPL; SP; QL (30 tablets per 1 month)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis (after failure of Humira)); NPL; SP; QL (1 tablet per 1 day)
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)</i>	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	PG	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>childrens aspirin low strength oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>diflunisal oral tablet 500 mg</i>	PG	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	PG	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NP	
FIORINAL ORAL CAPSULE 50-325-40 MG (<i>butalbital-aspirin-caffeine</i>)	NP	
MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPS	SP
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	N2 (Not Covered); ARC (Females start age 12, males start age 50); AL
<i>butalbital-apap-caffeine</i> (Vanatol Lq Oral Solution 50-325-40 Mg/15Ml)	NF	
<i>butalbital-apap-caffeine</i> (Vanatol S Oral Solution 50-325-40 Mg/15Ml)	NF	
<i>butalbital-apap-caffeine</i> (Vtol Lq Oral Solution 50-325-40 Mg/15Ml)	NF	
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	PG	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	PA; QL (150 MLS per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	PA; QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	PA; QL (10 tablets per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NP	PA; ST; QL (120 lozenge per 30 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	PA; QL (10 capsules per 1 day)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	PA; ST; MPG; QL (3 tablets per 1 day)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG (<i>morphine sulfate</i>)	NP	PA; ST; MPG; QL (2 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	PG	PA; QL (6 capsules per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	NP	PA; QL (2 films per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	PG	PA; QL (12 tablets daily per 7 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NP	ST; MST; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 films per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg</i>	PG	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	PG	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tabs per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	PA; QL (4 patches per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	PA; QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NP	PA; QL (4 patches per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	PG	PA; QL (6 tablets per day for 7 days only per 90 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NF	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NP	PA; QL (20 ml per 1 day)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NP	PA; QL (6 tablets per 7 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NP	PA; QL (5 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NP	PA; QL (2 tablets per 1 day)
DOLOPHINE ORAL TABLET 10 MG (<i>methadone hcl</i>)	NP	PA; PPA; QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOLOPHINE ORAL TABLET 5 MG (<i>methadone hcl</i>)	NP	PA; PPA; QL (3 tablets per 1 day)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (<i>fentanyl</i>)	NP	PA; ST; QL (10 patches per 30 days)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg)	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 7.5-325 Mg)	PG	PA; QL (8 tablets per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; ST; QL (120 lozenge per 30 days)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; QL (120 tablets per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	PA; QL (10 patches per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NP	PA; ST; QL (120 tablets per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NP	PA; QL (6 capsules per 1 day)
FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG (<i>butalbital-asa-caff-codeine</i>)	NP	PA; QL (6 capsules per 1 day)
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	PG	PA; QL (2 capsules per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	NP	PA; QL (180 MLS per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	PG	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	PA; QL (5 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	NP	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	PA; QL (20 ml per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	PA; QL (6 tablets per 7 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	PA; QL (5 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl rectal suppository 3 mg</i>	PG	PA; QL (4 suppositories per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	PB	PA; #; QL (1 tablet per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (2 capsules per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 50 MG, 60 MG, 80 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (1 capsule per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (<i>fentanyl citrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>	NP	PA; QL (2 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)</i>	PG	PA; QL (9 tablets per 1 day)
<i>hydrocodone-acetaminophen (Lorcet Oral Tablet 5-325 Mg)</i>	PG	PA; QL (12 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (135 MLS per 1 day)
<i>meperidine hcl oral solution 50 mg/5ml</i>	PG	PA; QL (30 mls per 3 days only per 30 days)
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	PG	PA; QL (6 tablets per day for 3 days only per 30 days)
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)</i>	NP	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 MLS per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 mls per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (10 ml per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (15 ml per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 tablets per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (4 tablets per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML <i>(methadone hcl)</i>	NP	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 mls per 1 day)
<i>methadone hcl (Methadose Oral Tablet Soluble 40 Mg)</i>	PG	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (4 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	PA; PPA; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 mls per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	PG	PA; QL (4.5 MLS per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 50 mg, 60 mg, 80 mg</i>	PG	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	PA; QL (30 mls per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	PA; QL (22.5 MLS per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 5 mg</i>	PG	PA; QL (6 suppositories per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>	PG	PA; QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>	PG	PA; QL (3 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (2 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	PA; ST; QL (3 tablets per 1 day)
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NORCO ORAL TABLET 10-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (9 tablets per 1 day)
NORCO ORAL TABLET 5-325 MG, 7.5-325 MG (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (12 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (4 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	NP	PA; ST; QL (3 tablets per 1 day)
OPANA ORAL TABLET 10 MG (<i>oxymorphone hcl</i>)	NP	PA; QL (3 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG, 7.5 MG (<i>oxycodone hcl</i>)	PB	PA; MPG; QL (6 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	PG	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	PA; QL (3 MLS per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	PA; QL (30 mls per 1 day)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	PA; QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	PG	PA; QL (12 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	PB	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	PG	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	PA; QL (3 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	PA; QL (4 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NP	PA; QL (4 tablets per 1 day)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NP	PA; QL (2 tablets per 1 day)
ROXICODONE ORAL TABLET 5 MG (<i>oxycodone hcl</i>)	NP	PA; QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NP	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	NF	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 150 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	PG	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	PG	PA; QL (6 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	PA; QL (8 tablets per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	NP	PA; QL (10 capsules per 1 day)
ULTRACET ORAL TABLET 37.5-325 MG (<i>tramadol-acetaminophen</i>)	NP	PA; QL (8 tablets per 1 day)
ULTRAM ORAL TABLET 50 MG (<i>tramadol hcl</i>)	NP	PA; QL (6 tablets per 1 day)
XODOL ORAL TABLET 5-300 MG (<i>hydrocodone-acetaminophen</i>)	NP	PA; QL (12 tablets per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	NP	PA; ST; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	MST; #; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	MST; #; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (3 tabs per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	MST; #; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (1 tablet per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	MST; #; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (2 tablets per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
ANADROL-50 ORAL TABLET 50 MG (<i>oxymetholone</i>)	NP	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NF	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (<i>testosterone cypionate</i>)	NP	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methitest oral tablet 10 mg</i>	NP	
<i>methyltestosterone oral capsule 10 mg</i>	PG	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	NF	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	NP	UF9 (PG)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	PG	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	PG	PA; QL (4 grams per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	PG	PA; QL (10 grams per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	PG	PA; QL (5 grams per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	PG	PA; QL (2.5 grams per 1 day)
<i>testosterone transdermal solution 30 mg/lact</i>	NP	PA; QL (6 ml per 1 day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NP	PA; ST; QL (4 injections per 1 month)
ANORECTAL AGENTS - RECTAL PREPARATIONS		
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	NP	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	NP	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	NF	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PG	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone</i> (Procto-Pak External Cream 1 %)	PG	
<i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)	PG	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	NP	QL (30 grams per 1 fill)
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NP	PA; #; QL (4 canisters per 42 months)
ANTHELMINTICS - DRUGS FOR INFECTIONS		
<i>albendazole oral tablet 200 mg</i>	NP	QL (4 tablets per 1 day)
ALBENZA ORAL TABLET 200 MG (<i>albendazole</i>)	NP	QL (120 tablets per 30 days)
<i>benznidazole oral tablet 100 mg</i>	NP	PA; QL (2 tablets per 1 day)
<i>benznidazole oral tablet 12.5 mg</i>	NP	PA; QL (6 tablets per 1 day)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NP	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	NP	QL (6 tablets per 3 days)
<i>ivermectin oral tablet 3 mg</i>	PG	
<i>praziquantel oral tablet 600 mg</i>	PG	
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	NP	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (<i>isosorbide dinitrate</i>)	NP	
GONITRO SUBLINGUAL PACKET 400 MCG (<i>nitroglycerin</i>)	NP	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin</i> (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	PG	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	NP	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	NP	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	NP	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (<i>nitroglycerin</i>)	NP	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	NP	ST
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG (<i>ranolazine</i>)	NF	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	QL (2 tablets per 1 day)
ANTI-ANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	QL (2 tabs per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NP	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PG	QL (2 tabs per 1 day)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PG	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)</i>	PG	
<i>diazepam oral concentrate 5 mg/ml</i>	PG	
<i>diazepam oral solution 5 mg/5ml</i>	PG	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>lorazepam oral concentrate 2 mg/ml</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	PG	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	
TRANXENE-T ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	NP	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NP	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (<i>hydroxyzine pamoate</i>)	NP	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PG	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	PG	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	NP	QL (2 tabs per 1 day)
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NP	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NP	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	SP; QL (2 capsules per 1 day)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	PG	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	PG	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (<i>propafenone hcl</i>)	NP	QL (2 caps per 1 day)
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	NP	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (<i>fluticasone-salmeterol</i>)	PB	QL (2 inhalations per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	PB	QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NP	PA; ST; QL (1 inhaler per 1 month)
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	PG	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	PG	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	PG	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (<i>umeclidinium-vilanterol</i>)	PB	QL (1 kit per 1 fill)
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (<i>indacaterol maleate</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	QL (1 blister per 1 day)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NF	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (<i>mometasone furoate</i>)	NF	
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	NF	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NP	QL (2 inhalers per 1 month)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (2 blisters per 1 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (2 blisters per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NP	PA; ST; QL (4 ml per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	PG	PA; QL (4 ml per 1 day); AL
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcglact, 80-4.5 mcglact</i>	NF	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	PB	QL (2 inhalers per 1 month)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NP	PA; ST; #; QL (1 tablet per 1 day)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DULERA INHALATION AEROSOL 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	NF	#
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (<i>theophylline</i>)	NP	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	PB	#; QL (2 blisters per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	PB	#; QL (1 inhaler per 1 month)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NP	#; QL (1 inhaler per 1 month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	PG	QL (1 inhaler per 1 month)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (<i>umeclidinium bromide</i>)	PB	QL (1 blister per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	PG	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NP	PA; ST; QL (1 kit per 1 month)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (<i>glycopyrrolate</i>)	NP	PA; ST; QL (1 kit per 1 year)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	PG	
<i>montelukast sodium oral packet 4 mg</i>	PG	QL (1 pack per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	PG	QL (1 tab per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NP	PA; ST; #; QL (60 vials (120ml) per 1 fill)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	PB	#; QL (1 inhaler per 1 month)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NP	PA; QL (4 ml per 1 day); AL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	QL (1 inhaler per 1 month)
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (<i>glycopyrrolate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	NF	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	QL (1 inhaler per 1 month)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	QL (1 inhaler per 1 fill)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (2 blisters per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NF	
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (<i>indacaterol-glycopyrrolate</i>)	NF	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PB	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	NF	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; ST; NPL; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; ST; NPL; SP
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (<i>levalbuterol hcl</i>)	NP	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NP	ST; QL (2 inhalers per 1 fill)
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (<i>levalbuterol hcl</i>)	NP	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	QL (1 vial per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NP	QL (4 tablets per 1 day)
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NP	QL (4 tablets per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NP	QL (30 injections per 30 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (1 pack per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	PB	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	PB	QL (75 tablets per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	QL (2 syringes per 1 day)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NP	QL (2 syringes per 1 day)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	NF	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	PG	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NP	QL (2 syringes per 1 day)
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NP	QL (2 syringes per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NF	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	LGC
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	PB	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	PB	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	QL (1 pack per 365 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NF	#
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NP	QL (8 tabs per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NP	PA; QL (20 ML per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NP	PA; QL (2 tablets per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	PB	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	PB	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	QL (2 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NP	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NP	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NP	
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	NPS	SP; QL (12 capsules per 1 day)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	NPS	SP; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	NPS	SP; QL (12 packets per 1 day)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	NPS	SP; QL (6 packets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	PB	QL (1 pack per 1 fill)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	PB	QL (1 pack per 1 fill)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	QL (1 pack per 1 fill)
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPS	PA; ST; SP; QL (20 ml per 1 day)
<i>carbamazepine (Eptol Oral Tablet 200 Mg)</i>	PG	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FELBATOL ORAL SUSPENSION 600 MG/5ML (<i>felbamate</i>)	NP	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	NP	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	PB	QL (1 tab per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 caps per 1 day)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	PG	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PG	QL (6 tabs per 1 day)
GABITRIL ORAL TABLET 12 MG, 4 MG (<i>tiagabine hcl</i>)	NP	QL (4 tabs per 1 day)
GABITRIL ORAL TABLET 16 MG (<i>tiagabine hcl</i>)	NP	QL (3 tabs per 1 day)
GABITRIL ORAL TABLET 2 MG (<i>tiagabine hcl</i>)	NP	QL (1 tab per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NP	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PG	QL (1 tab per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	PG	QL (3 tabs per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	PG	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	NP	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	NP	QL (6 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	NP	QL (3 tablets per 1 day)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	PG	QL (6 tabs per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	PG	QL (4 tabs per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	PG	QL (960 ML per 1 month)
<i>levetiracetam oral tablet 1000 mg</i>	PG	QL (90 tablets per 1 month)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levetiracetam oral tablet 250 mg</i>	PG	QL (360 tablets per 1 month)
<i>levetiracetam oral tablet 500 mg</i>	PG	QL (180 tablets per 1 month)
<i>levetiracetam oral tablet 750 mg</i>	PG	QL (120 tablets per 1 month)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NF	
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	NP	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NP	QL (5 spray bottles per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NP	QL (6 caps per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NP	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	NP	QL (6 tabs per 1 day)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	PB	QL (2 tabs per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	PB	QL (4 tabs per 1 day)
PEGANONE ORAL TABLET 250 MG (<i>ethotoin</i>)	NP	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (<i>phenytoin sodium extended</i>)	PB	
<i>phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)</i>	PG	QL (12 tablets per 1 day)
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	QL (720 ML per 1 month)
<i>phenytoin oral tablet chewable 50 mg</i>	PG	QL (360 tablets per 1 month)
<i>phenytoin sodium extended oral capsule 100 mg</i>	PG	QL (6 capsules per 1 day)
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral solution 20 mg/ml</i>	PG	
<i>primidone oral tablet 250 mg, 50 mg</i>	PG	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	NP	ST; QL (1 capsule per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG (<i>topiramate</i>)	NP	ST; QL (2 tablets per 1 day)
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	PB	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	PB	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	PB	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	PG	QL (4 tablets per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	PG	QL (3 tablets per 1 day)
<i>tiagabine hcl oral tablet 2 mg</i>	PG	QL (1 tablet per 1 day)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NP	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	NP	QL (4 caps per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	PG	QL (4 caps per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NP	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NP	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	PB	#; QL (1 cap per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>topiramate</i>)	PB	#; QL (2 capsules per 1 day)
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	NP	QL (10 blister packs (5 cartons) per 25 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	NP	QL (10 blister packs (5 cartons) per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	NP	QL (10 blister packs (5 cartons) per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	NP	QL (10 blister packs (5 cartons) per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; SP; QL (6 packets per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; SP; QL (6 tablets per 1 day)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; SP; QL (6 packets per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	PB	#; QL (40 ml per 1 day)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	PB	#; QL (2 tabs per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG (<i>cenobamate</i>)	NP	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	NP	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>)	NP	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG (<i>cenobamate</i>)	NP	PA
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	NP	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NP	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA; AL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA; AL

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NP	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	QL (2 tabs per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	QL (1 tablet per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	QL (6 tabs per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	NP	QL (1 tab per 1 day)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	PG	LGC; QL (1 tabs per 1 day)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PG	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	NP	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	PA; ST; QL (1 tablet per 1 day)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (<i>venlafaxine hcl</i>)	NP	QL (2 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NP	QL (1 cap per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NP	#; QL (1 patch per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	
<i>escitalopram oxalate oral tablet 10 mg</i>	PG	QL (1.5 tablets per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NP	PA; ST; QL (1 cap per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NP	PA; ST; QL (1 cap per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	PG	LGC; QL (1 capsule per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	PG	LGC; QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	PG	LGC; QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	QL (4 caps per 1 month)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	
<i>fluoxetine hcl oral tablet 10 mg</i>	PG	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	PG	QL (4 tabs per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	QL (2 caps per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg</i>	PG	QL (3 tabs per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	PG	QL (1 tab per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	NP	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
<i>maprotiline hcl oral tablet 25 mg</i>	PG	QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>maprotiline hcl oral tablet 50 mg</i>	PG	QL (2 tablet per 1 day)
<i>maprotiline hcl oral tablet 75 mg</i>	PG	QL (3 tablets per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NP	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	QL (1 tablet per 1 day)
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	NP	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NP	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NP	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	NP	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PG	QL (2 tabs per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	PG	LGC; QL (2 tabs per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NP	QL (2 tabs per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NP	QL (30 ml per 1 day)
PAXIL ORAL TABLET 10 MG, 20 MG (<i>paroxetine hcl</i>)	NP	QL (1 tab per 1 day)
PAXIL ORAL TABLET 30 MG, 40 MG (<i>paroxetine hcl</i>)	NP	QL (2 tabs per 1 day)
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine mesylate</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PG	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NF	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	NP	QL (1 tablet per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NP	QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg</i>	PG	LGC; QL (2 tabs per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>sertraline hcl oral tablet 50 mg</i>	PG	LGC; QL (1.5 tag per 1 day)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	NP	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	PG	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	PG	QL (1 cap per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	NP	QL (2 tab per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	NP	QL (1 tab per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	PG	QL (3 tabs per 1 day)
<i>venlafaxine hcl oral tablet 37.5 mg</i>	PG	QL (4 tabs per 1 day)
<i>venlafaxine hcl oral tablet 50 mg</i>	PG	QL (6 tabs per 1 day)
<i>venlafaxine hcl oral tablet 75 mg</i>	PG	QL (5 tabs per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	PB	#; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	PB	#
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	NP	QL (2 tabs per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG (<i>sertraline hcl</i>)	NP	QL (2 tabs per 1 day)
ZOLOFT ORAL TABLET 25 MG (<i>sertraline hcl</i>)	NP	QL (1 tab per 1 day)
ZOLOFT ORAL TABLET 50 MG (<i>sertraline hcl</i>)	NP	QL (1.5 tag per 1 day)
ANTIDIABETICS - HORMONES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	NP	QL (2 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NP	QL (1 tab per 1 day)
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (<i>lixisenatide</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	PG	QL (1 tablet per 1 day)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	PG	QL (2 tablets per 1 day)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	PG	QL (1 tablet per 1 day)
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (<i>glimepiride</i>)	NP	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	NP	QL (1 tablet per 1 day)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	QL (2 inhalers per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	QL (2 inhalers per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	NF	
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (<i>exenatide</i>)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	NF	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	NF	#
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NP	QL (6 tabs per 1 day)
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	NP	QL (1 tab per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	QL (1 tablet per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg</i>	PG	
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	PG	LGC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	PB	QL (1 kit per 1 fill)
GLUCAGON EMERGENCY INJECTION KIT 1 MG (<i>glucagon (rdna)</i>)	PB	QL (2 kits per 1 month)
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML (<i>glucagon hcl</i>)	NF	
<i>glucose oral tablet chewable 4 gm, 4-6 gm-mg</i>	PG	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (<i>glipizide</i>)	NP	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	NP	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glyburide micronized oral tablet 1.5 mg</i>	PG	
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	PG	LGC
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (<i>glyburide micronized</i>)	NP	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (<i>miglitol</i>)	NP	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NP	QL (2 injections per 30 days)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NP	QL (2 injections per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	NP	QL (2 injections per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	#
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NF	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	NF	
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (1 tab per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG (<i>sitagliptin-metformin hcl</i>)	PB	QL (2 tabs per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	QL (1 tablet per 1 day)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin- metformin hcl</i>)	NF	
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (<i>alogliptin-metformin hcl</i>)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	NF	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPS	PA; #; SP; QL (4 tablets per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	PG	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NP	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	PG	LGC
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nateglinide oral tablet 120 mg, 60 mg</i>	NP	LGC
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN- INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NF	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (<i>alogliptin-pioglitazone</i>)	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	PA; ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	PB	PA; ST; QL (2 pens per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	QL (1 tab per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	LGC; QL (2 tabs per 1 day)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>acarbose</i>)	NP	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NP	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	LGC
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML (<i>metformin hcl</i>)	NF	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	PA; ST; QL (1 tablet per 1 day)
STARLIX ORAL TABLET 120 MG, 60 MG (<i>nateglinide</i>)	NP	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NF	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	NP	PA; #; QL (4 pens per 1 month)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	NP	PA; #
<i>tolbutamide oral tablet 500 mg</i>	NP	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NF	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	PB	PA; ST; QL (4 injections per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	PA; ST; QL (3 pens per 30 days)
ANTIDIARRHEALS - DRUGS FOR THE STOMACH		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NP	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NP	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NP	PA; QL (2 tablet per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PSP	SP
DEFERFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPS	SP
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NP	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	SP; QL (20 packs per 1 fill)
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NP	UF9 (PB)
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA; SP
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA; SP
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	PSP	SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NPS	SP
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	NF	#
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NPS	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NPS	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	NPS	PA; #; SP
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NPS	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NPS	PA; SP
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NPS	PA; #; SP
<i>naloxone hcl injection solution auto-injector 2 mg/0.4ml</i>	NF	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N2 (PG); UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PB	#; UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.); QL (4 sprays per 30 days and a 30 day supply per fills)
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	NP	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	SP; QL (20 packs per 1 fill)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NP	UF11 (Covered at preferred tier with no PA, no ST for members residing in Illinois.)
ANTIEMETICS - DRUGS FOR THE STOMACH		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NP	PA; ST; QL (2 capsules per 1 month)
ANZEMET ORAL TABLET 100 MG, 50 MG (<i>dolasetron mesylate</i>)	NP	QL (6 tablets per 1 month)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	PG	QL (5 capsules per 30 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aprepitant oral capsule 80 & 125 mg</i>	PG	QL (9 capsules per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NP	PA; ST; #; QL (2 tablets per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NF	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	NP	PA; QL (4 tablets per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; UF9 (PG); QL (2 caps per 1 day)
EMEND ORAL CAPSULE 40 MG, 80 MG (<i>aprepitant</i>)	NP	QL (5 capsules per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG (<i>aprepitant</i>)	PB	#
<i>granisetron hcl oral tablet 1 mg</i>	NP	UF9 (PG)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	NP	QL (2 patches per 21 days)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NP	PA; #; QL (4 bottles per 1 month)
TIGAN ORAL CAPSULE 300 MG (<i>trimethobenzamide hcl</i>)	NP	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NP	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NP	QL (4 tablets per 28 days)
ZOFRAN ORAL TABLET 4 MG, 8 MG (<i>ondansetron hcl</i>)	NP	
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	NF	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	NF	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	NP	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	NP	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>fluconazole</i>)	NP	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg</i>	NP	
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>itraconazole oral capsule 100 mg</i>	PG	QL (1 capsule per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	NP	
<i>ketoconazole oral tablet 200 mg</i>	PG	QL (2 tabs per 1 day)
LAMISIL ORAL TABLET 250 MG (<i>terbinafine hcl</i>)	NP	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NF	#
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	PG	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NP	QL (1 capsule per 1 day)
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	NF	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NP	QL (1 capsule per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NF	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	NP	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	NP	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPS	PA; NPL; SP
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	PG	Select OTC

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
<i>allergy relief loratadine oral tablet 10 mg</i>	PG	
<i>allergy relief oral tablet 5 mg</i>	PG	Select OTC; QL (1 tablet per 1 day)
<i>allergy relief oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>brompheniramine tannate oral tablet chewable 12 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	Select OTC
<i>childrens loratadine oral solution 5 mg/5ml</i>	PG	Select OTC
<i>childrens loratadine oral syrup 5 mg/5ml</i>	PG	Select OTC
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NP	QL (1 tab per 1 day)
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL SYRUP 5 MG/5ML (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	PG	Select OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	
<i>desloratadine oral tablet 5 mg</i>	NP	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg</i>	NP	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>	NP	
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	NF	
<i>eq allergy relief oral tablet 10 mg</i>	PG	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	PG	Select OTC
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NP	ST
KLS ALLERCLEAR ORAL TABLET 10 MG (<i>loratadine</i>)	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kp loratadine oral tablet 10 mg</i>	PG	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	Select OTC; QL (1 tablet per 1 day)
<i>loradamed oral tablet 10 mg</i>	PG	
<i>loratadine childrens oral syrup 5 mg/5ml</i>	PG	Select OTC
<i>loratadine oral capsule 10 mg</i>	PG	Select OTC
<i>loratadine oral tablet 10 mg</i>	PG	Select OTC
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
<i>promethazine hcl (Promethegan Rectal Suppository 25 Mg)</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	PG	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	NF	
<i>sm loratadine oral tablet 10 mg</i>	PG	
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	PG	Select OTC
XYZAL ALLERGY 24HR CHILDRENS ORAL SOLUTION 2.5 MG/5ML (<i>levocetirizine dihydrochloride</i>)	PG	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	PG	Select OTC; QL (1 tablet per 1 day)
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML, 5 MG/5ML (<i>cetirizine hcl</i>)	PG	Select OTC
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NP	ST; #; QL (2 tabs per 1 day)
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NP	#; QL (1 capsule per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N2 (PG); QL (1 tab per 1 day); AL
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	LGC; QL (1 tab per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gml/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gml/dose</i>	PG	
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NP	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NP	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	NP	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	NP	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	NP	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>ezetimibe oral tablet 10 mg</i>	PG	QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	QL (1 tablet per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	NP	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PG	QL (1 cap per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	NP	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	PG	QL (1 tab per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet 105 mg</i>	NP	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	NP	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	QL (2 caps per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (<i>lomitapide mesylate</i>)	NPS	PA; ST; SP; QL (1 capsule per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NP	ST; QL (1 tab per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NP	QL (1 cap per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NP	ST; QL (1 tab per 1 day)
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	NP	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC; QL (2 tabs per 1 day)
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NP	QL (4 cap per 1 Day)
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	NP	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NP	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	NP	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	QL (4 tabs per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG (<i>pravastatin sodium</i>)	NP	ST; QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	PG	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	PG	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	NP	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	NP	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	NP	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC; QL (1 tablets per 1 day)
<i>simvastatin oral tablet 10 mg, 5 mg</i>	CE	LGC; N2 (PG); QL (1 tab per 1 day); AL

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simvastatin oral tablet 20 mg, 40 mg</i>	CE	N2 (PG); QL (1 tab per 1 day); AL
<i>simvastatin oral tablet 80 mg</i>	PG	LGC; QL (1 tab per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NP	QL (1 tab per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	NP	QL (1 cap per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	PB	#; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	PB	#; QL (4 caps per 1 Day)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG (<i>ezetimibe-simvastatin</i>)	NP	ST; QL (1 tab per 1 day)
VYTORIN ORAL TABLET 10-80 MG (<i>ezetimibe-simvastatin</i>)	NP	ST; QL (1 tablet per 1 day)
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	NF	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	NF	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NP	ST; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG (<i>simvastatin</i>)	NP	ST; QL (1 tab per 1 day)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	NP	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>quinapril-hydrochlorothiazide</i>)	NP	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	NP	UF9 (PG); QL (1 tablet per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	NP	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	LGC
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	LGC; QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	PG	LGC; QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NP	ST; QL (1 tab per 1 Day)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PG	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	NP	ST; QL (1 tab per 1 day)
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	NP	ST; QL (1 tab per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NP	ST; QL (1 tablet per 1 day)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	LGC
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NP	ST; QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NP	ST; QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	LGC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PG	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NP	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (<i>clonidine hcl</i>)	NP	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NP	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NP	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NP	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
COZAAR ORAL TABLET 100 MG (<i>losartan potassium</i>)	NP	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COZAAR ORAL TABLET 25 MG, 50 MG (<i>losartan potassium</i>)	NP	ST; QL (2 tablets per 1 day)
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	NPS	ST; SP
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NPS	ST; QL (12 capsules per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NP	ST; QL (1 tab per 1 day)
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NP	ST; QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (<i>metoprolol-hydrochlorothiazide</i>)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NP	ST; QL (1 tab per 1 day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NP	ST; QL (1 tab per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NP	PA; #; QL (1 bottle per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NP	ST; QL (1 tablet per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NP	ST; QL (1 tablet per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	LGC
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NP	ST
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	NP	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	LGC; QL (1 tab per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC
<i>lisinopril oral tablet 30 mg, 40 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
LOPRESSOR HCT ORAL TABLET 50-25 MG (<i>metoprolol-hydrochlorothiazide</i>)	NP	
<i>losartan potassium oral tablet 100 mg</i>	PG	LGC
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	PG	LGC; QL (2 tablets per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
LOTENSIN ORAL TABLET 20 MG, 40 MG (<i>benazepril hcl</i>)	NP	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	NP	
MAVIK ORAL TABLET 4 MG (<i>trandolapril</i>)	NP	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	PG	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NP	ST; QL (1 tab per 1 day)
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NP	ST; QL (1 tab per 1 day)
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	NP	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	LGC; QL (1 tablet per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	LGC; QL (1 tablet per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	NP	LGC

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PSP	QL (12 capsules per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NP	#
PRINIVIL ORAL TABLET 10 MG, 20 MG (<i>lisinopril</i>)	NP	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	PG	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NP	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril-verapamil hcl</i>)	NP	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	NP	ST; QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NF	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC; QL (1 tab per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	ST; LGC; QL (1 tab per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	LGC; QL (1 tab per 1 day)
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	NP	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	NP	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PG	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	NP	ST; QL (1 tab per 1 day)
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	NP	ST; QL (1 tab per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	LGC; QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	LGC; QL (1 tab per 1 day)
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	NP	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NPS	PA; ST; SP; QL (2 tabs per 1 day)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NP	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	NP	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol-hydrochlorothiazide</i>)	NP	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	NP	QL (12 tablets per 1 fill)
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NP	#; QL (180 ML per 3 days)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NP	#; QL (6 tablets per 3 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NP	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NP	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	NP	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NP	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PSP	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	NPS	SP
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLAGYL ORAL TABLET 250 MG, 500 MG (<i>metronidazole</i>)	NP	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	NP	PA; #; QL (3 capsules per 1 day)
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	QL (150 ml per 1 fill)
<i>linezolid oral tablet 600 mg</i>	PG	QL (28 tablets per 1 fill)
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	NP	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	PB	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NP	QL (6 tabs per 1 fill)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
<i>trimethoprim oral tablet 100 mg</i>	PG	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NP	QL (9 tabs per 1 fill)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA; QL (3 tablets per 1 day)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NP	QL (28 tabs per 1 fill)
ANTIMALARIALS - DRUGS FOR INFECTIONS		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NP	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	NP	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	PB	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	NP	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NP	
<i>primaquine phosphate oral tablet 26.3 mg</i>	PG	
<i>pyrimethamine oral tablet 25 mg</i>	PG	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	NP	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPS	PA; SP; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	PG	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NF	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPS	PA; SP; QL (8 tablets per 1 day)
<i>guanidine hcl oral tablet 125 mg</i>	PG	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NP	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	PG	
RUZURGI ORAL TABLET 10 MG (<i>amifampridine</i>)	NF	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>)	NP	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	NP	
PASER ORAL PACKET 4 GM (<i>aminosalicylic acid</i>)	NP	
<i>pretomanid oral tablet 200 mg</i>	NP	PA; QL (1 tablet per 1 day)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	NP	UF9 (PB)
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
RIFADIN ORAL CAPSULE 150 MG, 300 MG (<i>rifampin</i>)	NP	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPS	PA; SP
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	NP	
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; SP; N2 (NPS); QL (1 pack per 28 days)
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	CE	N2 (NF)
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	CE	PA; SP; N2 (NF); QL (8 tablets per 1 day)
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	CE	N2 (NF)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (6 capsules per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (10 ml per 1 day)
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N2 (NF)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N2 (NF)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N2 (NF)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; SP; N2 (NF); QL (32 tablets per 28 days)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; SP; N2 (PSP); QL (4 tablets per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPS	PA; SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	PA; #; SP; N2 (NPS); QL (2 tablets per 1 day)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	PA; #; SP; N2 (NPS); QL (3 tablets per 1 day)
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	CE	PA; #; SP; N2 (NPS); QL (1 tablet per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	SP; N2 (NF)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (8 capsules per 1 day)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NPS	SP
ALKERAN ORAL TABLET 2 MG (<i>melphalan</i>)	CE	ST; N2 (NP)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>anastrozole oral tablet 1 mg</i>	CE	N2 (PG)
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	CE	N2 (NP)
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	CE	N2 (NP)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (<i>avapritinib</i>)	CE	PA; SP; N2 (NF); QL (1 tablet per 1 day)
<i>bexarotene oral capsule 75 mg</i>	CE	PA; SP; N2 (PSP)
<i>bicalutamide oral tablet 50 mg</i>	CE	N2 (PG); QL (1 tab per 1 day)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; SP; N2 (PSP); QL (3 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; SP; N2 (NPS); QL (6 capsules per 1 day)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; ST; SP; N2 (NF); QL (4 capsules per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
<i>capecitabine oral tablet 150 mg</i>	CE	PA; SP; N2 (PG); QL (4 tablets per 1 day)
<i>capecitabine oral tablet 500 mg</i>	CE	PA; SP; N2 (PG); QL (10 tablets per 1 day)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	CE	N2 (NP); QL (1 tab per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; SP; N2 (NPS); QL (3 kits per 1 day)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (63 tablets per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N2 (PG)
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NPS	PA; SP
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NPS	PA; SP
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NPS	PA; SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; SP
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	CE	N2 (PB)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; SP; N2 (PSP); QL (2 tablets per 1 day)
<i>etoposide oral capsule 50 mg</i>	CE	N2 (PG)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
<i>exemestane oral tablet 25 mg</i>	CE	N2 (PG)
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	CE	N2 (NF)
FARYDAK ORAL CAPSULE 10 MG, 20 MG (<i>panobinostat lactate</i>)	CE	PA; SP; N2 (NPS); QL (6 capsules per 21 days)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (<i>fulvestrant</i>)	NF	
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	CE	N2 (NP)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NPS	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	NPS	PA; SP
<i>flutamide oral capsule 125 mg</i>	CE	N2 (PG)
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	PSP	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N2 (NF)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	PA; N2 (NP)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; SP; N2 (NPS)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	CE	N2 (NP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N2 (PG)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; SP; N2 (PG); QL (3 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; SP; N2 (PG); QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; UF9 (PSP); N2 (NPS); QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (1 tablet per 1 day)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; SP; N2 (NPS); QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N2 (NF)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (<i>interferon alfa-2b</i>)	NPS	PA; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (<i>interferon alfa-2b</i>)	NPS	PA; SP
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
JAKAFI ORAL TABLET 10 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (2 tablets per 1 day)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; SP; N2 (NPS); QL (1 box per 1 month)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (8 capsules per 1 day)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; SP; N2 (NPS); QL (4 capsules per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (1 capsules per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (3 capsules per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (2 capsules per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (3 capsules per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (1 capsule per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (2 capsules per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N2 (PG)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N2 (PB)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PG	PA; SP
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP; N2 (NPS); QL (100 tablets per 28 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; SP; N2 (NPS); QL (80 tablets per 28 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; #; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NPS	PA; #; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NPS	PA; #; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NPS	PA; #; SP
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	UF9 (PB); N2 (PB)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N2 (PB)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	CE	N2 (PG)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N2 (PG)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP; N2 (NPS); QL (3 tabs per 1 Day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; SP; N2 (NPS); QL (1 tab per 1 Day)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; SP; N2 (NPS); QL (6 tablets per 1 day)
<i>melphalan oral tablet 2 mg</i>	CE	N2 (PG)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N2 (PG)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	CE	N2 (PB)
<i>methotrexate oral tablet 2.5 mg</i>	CE	N2 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N2 (PG)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N2 (PB)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (6 tablets per 1 day)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N2 (NP)
<i>nilutamide oral tablet 150 mg</i>	CE	N2 (PG)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	PA; UF9 (PSP); N2 (NPS); QL (3 capsules per 28 days)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	N2 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; UF9 (PSP); N2 (NPS); QL (1 capsule per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; #; SP; N2 (NPS); QL (21 capsules per 1 month)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; ST; SP; N2 (NPS)
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	CE	N2 (NF)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	CE	N2 (NF)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; SP; N2 (NPS); QL (8 capsules per 1 day)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	CE	#; N2 (NP)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; SP; N2 (PSP); QL (1 tablet per 1 day)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; SP; N2 (PSP); QL (3 tablets per 1 day)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; SP; N2 (NPS); QL (84 tablets per 1 month)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; #; SP; N2 (PSP); QL (1 capsule per 1 day)
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N2 (PB)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N2 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (4 caps per 1 Day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N2 (PG); AL
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	PA; SP; N2 (NF); QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	SP; N2 (NF)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N2 (NF)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>temozolomide</i>)	CE	N2 (NF)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; SP; N2 (PG)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N2 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NPS	PA; #; SP
<i>tretinoin oral capsule 10 mg</i>	CE	SP; N2 (PG)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N2 (NP)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
TURALIO ORAL CAPSULE 200 MG (<i>pexidartinib hcl</i>)	CE	N2 (NF)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; #; SP; UF9 (PSP); N2 (NPS); QL (6 tablets per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	PA; N2 (NP)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	N2 (NF)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; ST; SP; N2 (NPS); QL (4 capsules per 1 day)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate</i>)	CE	PA; #; SP; N2 (NPS); QL (4 tablets per 1 day)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; SP; N2 (NPS); QL (8 tablets per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; SP; N2 (NPS); QL (4 capsules per 1 day)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; SP; N2 (NPS); QL (3 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	CE	PA; ST; SP; N2 (NPS); QL (4 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	CE	PA; #; SP; N2 (PSP); QL (2 tablets per 1 day)
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>amantadine hcl oral capsule 100 mg</i>	PG	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	NP	QL (1 tablet per 1 day)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPS	PA; ST
<i>entacapone oral tablet 200 mg</i>	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	NPS	PA; ST; SP; QL (10 capsules per 1 day)
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	NP	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NP	QL (1 tab per 1 day)
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG (<i>pramipexole dihydrochloride</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	NP	#; QL (1 patch per 1 day)
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (<i>amantadine hcl</i>)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (<i>amantadine hcl</i>)	NF	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	NP	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	QL (1 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	NP	QL (2 tabs per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	QL (1 tab per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	NP	#
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (<i>carbidopa-levodopa</i>)	NP	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	NP	
<i>tolcapone oral tablet 100 mg</i>	NP	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	NP	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	NP	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	QL (30 ml per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	QL (1 tablet per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
CAPLYTA ORAL CAPSULE 42 MG (<i>lumateperone tosylate</i>)	NF	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NP	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg</i>	PG	QL (9 tabs per 1 day)
<i>clozapine oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	PG	QL (9 tabs per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	PG	QL (1 tab per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	PG	QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	PG	QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 25 mg</i>	PG	QL (3 tabs per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLOZARIL ORAL TABLET 100 MG (<i>clozapine</i>)	NP	PA; ST; QL (9 tabs per 1 day)
CLOZARIL ORAL TABLET 25 MG (<i>clozapine</i>)	NP	PA; ST; QL (3 tabs per 1 day)
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	PG	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i> (<i>antipsychotic</i>))	NP	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	PG	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	PG	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	NP	
HALDOL INJECTION SOLUTION 5 MG/ML (<i>haloperidol lactate</i>)	NP	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PG	
<i>haloperidol lactate injection solution 5 mg/ml</i>	PG	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG (<i>paliperidone</i>)	NP	PA; ST; QL (1 tablet per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	NP	PA; ST; QL (2 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	NP	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NF	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NP	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPS	PA; SP; QL (1 capsule per 1 day)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPS	PA; SP; QL (1 tablet per 1 day)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PG	
<i>olanzapine oral tablet 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	QL (1 tab per 1 day)
<i>olanzapine oral tablet 2.5 mg</i>	PG	QL (2 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>	PG	QL (1 tablet per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	NP	QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	NP	QL (1 tablets per 1 day)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	NF	
<i>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>prochlorperazine rectal suppository 25 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	NP	QL (1 tablet per 1 day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	NP	QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	PG	QL (3 tabs per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	PG	QL (4 tabs per 1 day)
<i>quetiapine fumarate oral tablet 25 mg</i>	PG	QL (6 tabs per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	PG	QL (2 tabs per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NP	PA; ST; QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NP	#
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	NP	PA; ST
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>risperidone</i>)	NP	PA; ST; QL (2 tabs per 1 day)
RISPERDAL ORAL TABLET 3 MG (<i>risperidone</i>)	NP	PA; ST; QL (2 tablets per 1 day)
RISPERDAL ORAL TABLET 4 MG (<i>risperidone</i>)	NP	PA; ST; QL (4 tabs per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tabs per 1 day)
<i>risperidone oral tablet 3 mg</i>	PG	QL (3 tabs per 1 day)
<i>risperidone oral tablet 4 mg</i>	PG	QL (4 tabs per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	PG	QL (2 tabs per 1 day)
<i>risperidone oral tablet dispersible 3 mg</i>	PG	QL (3 tabs per 1 day)
<i>risperidone oral tablet dispersible 4 mg</i>	PG	QL (4 tabs per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NP	PA; ST; #; QL (2 tablets per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL ORAL TABLET 100 MG, 50 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (3 tabs per 1 day)
SEROQUEL ORAL TABLET 200 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (4 tabs per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROQUEL ORAL TABLET 25 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (6 EA per 1 day)
SEROQUEL ORAL TABLET 300 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (2 EA per 1 day)
SEROQUEL ORAL TABLET 400 MG (<i>quetiapine fumarate</i>)	NP	PA; ST; QL (2 tabs per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NP	PA; ST
VRAYLAR ORAL CAPSULE 1.5 MG (<i>cariprazine hcl</i>)	PB	PA; QL (4 capsule per 1 day)
VRAYLAR ORAL CAPSULE 3 MG (<i>cariprazine hcl</i>)	PB	PA; QL (2 capsule per 1 day)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	PA; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	PB	PA; QL (2 capsules per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	QL (2 caps per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PG	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	NP	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	NP	PA; ST; QL (1 tab per 1 day)
ZYPREXA ORAL TABLET 2.5 MG (<i>olanzapine</i>)	NP	PA; ST; QL (2 tablets per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	NP	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	NP	PA; ST; QL (1 tab per 1 day)
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NP	UF9 (PB); QL (1 tablet per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	NPS	PA; NPL; SP; QL (4 injections per 1 month)
ANTIVIRALS - DRUGS FOR INFECTIONS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (4 bottles per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (2 tablets per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	PG	QL (2 tablets per 1 day)
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	SP; QL (1 tablet per 1 day)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	PB	#; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML (<i>tipranavir</i>)	PB	#; QL (4 bottles per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (1 capsule per 1 day)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (2 capsules per 1 day)
ATRIPLA ORAL TABLET 600-200-300 MG (<i>efavirenz-emtricitab-tenofovir</i>)	PB	#; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPS	SP
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (1 tablet per 1 day)
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	SP
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	NP	QL (1 tablet per 1 day)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NP	QL (2 tablets per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	PB	QL (1 tablet per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	NP	#; QL (15 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	NP	#; QL (6 capsules per 1 day)
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>ganciclovir sodium</i>)	NPS	SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	NP	ST; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	NP	QL (1 tablet per 1 day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	PG	QL (1 capsule per 1 day)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	NP	QL (2 tablets per 1 day)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NP	UF9 (PB); QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PG	QL (3 capsules per 1 day)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (1 tablet per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PB	#; QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	QL (4 bottles per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	SP; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML (<i>lamivudine</i>)	NP	#
EPIVIR HBV ORAL TABLET 100 MG (<i>lamivudine</i>)	NP	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NP	QL (4 bottles per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NP	QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NP	QL (1 tablet per 1 day)
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NP	QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	NP	UF9 (PB); QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 500 mg</i>	PG	QL (21 tabs per 1 fill)
<i>famciclovir oral tablet 250 mg</i>	PG	QL (2 tablets per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (4 tablets per 1 day)
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (<i>foscarnet sodium</i>)	NPS	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	NPS	PA; #; SP; QL (2 vials per 1 day)
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	PG	SP
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	NP	ST; QL (1 tablet per 1 day)
HEPSERA ORAL TABLET 10 MG (<i>adefovir dipivoxil</i>)	NPS	SP; QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	NP	#; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	NP	#; QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	NP	QL (4 tablets per 1 day)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (6 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NP	ST; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NP	QL (3 bottles per 30 days)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	PB	#; QL (8 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	PB	#; QL (4 tablets per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (4 bottles per 30 days)
<i>lamivudine oral tablet 100 mg</i>	PG	
<i>lamivudine oral tablet 150 mg</i>	PG	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (2 tablets per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	PB	#; QL (8 bottles per 30 days)
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NP	QL (4 tablets per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (3 bottles per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	PG	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (1 tablet per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (5 bottles per 30 days)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (2 tablets per 1 day)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	PB	#; QL (2 bottles per 30 days)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NP	QL (12 tablets per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	NP	QL (1 tablet per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PG	QL (20 capsules per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (480 mls per 365 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	NPS	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NPS	PA; SP
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NP	QL (1 tablet per 1 day)
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NPS	SP; QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	PB	QL (1 tablet per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	PB	QL (2 bottles per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG (<i>darunavir ethanolate</i>)	PB	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	PB	QL (1 tablet per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (<i>zanamivir</i>)	NP	QL (20 inhalations per 1 fill)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NP	QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NP	QL (8 bottles per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 300 MG (<i>atazanavir sulfate</i>)	NP	QL (1 capsule per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	NP	QL (2 capsules per 1 day)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	PB	#: QL (6 packets per 1 day)
<i>ribavirin oral capsule 200 mg</i>	PG	SP
<i>ribavirin oral tablet 200 mg</i>	PG	SP
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
<i>ritonavir oral tablet 100 mg</i>	PG	QL (12 tablets per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NP	QL (8 bottles per 1 month)
SELZENTRY ORAL TABLET 150 MG, 75 MG (<i>maraviroc</i>)	NP	#: QL (2 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	NP	#: QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NP	#: QL (4 tablets per 1 day)
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NPS	PA; ST; NPL; SP; QL (1 packet per 1 day)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	NPS	PA; ST; NPL; SP; QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	NPS	PA; ST; NPL; SP; QL (1 tab per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	PG	QL (2 capsules per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NP	ST; QL (1 tablet per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (<i>efavirenz</i>)	NP	QL (3 capsules per 1 day)
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NP	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NP	#; QL (1 tablet per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NP	#; QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	PB	QL (1 tablet per 1 day)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NF	
TEMIXYS ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	NP	QL (1 tablet per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tabs per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (2 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PB	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (<i>abacavir-lamivudine-zidovudine</i>)	NP	QL (2 tablets per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	PB	#; QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	CE	#; N2 (PB); QL (1 tablet per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NPS	PA; SP; QL (1000 mls per 30 days)
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NPS	PA; SP; QL (102 tablets per 30 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; SP; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; SP; QL (102 tablets per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NP	ST
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NPS	PA; ST; SP; QL (1 tablet per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	NP	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	NP	QL (4 tablets per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (<i>nevirapine</i>)	NP	SP; QL (5 bottles per 30 days)
VIRAMUNE ORAL TABLET 200 MG (<i>nevirapine</i>)	NP	QL (2 tablets per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (<i>nevirapine</i>)	NP	QL (1 tab per 1 day)
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	PB	#; QL (4 bottles per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	PB	#; QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	NP	QL (1 tablet per 1 day)
ZERIT ORAL CAPSULE 30 MG, 40 MG (<i>stavudine</i>)	NP	QL (2 capsules per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NP	QL (4 bottles per 30 days)
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NP	QL (2 tablets per 1 day)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (6 capsules per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (8 bottles per 30 days)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (2 tablets per 1 day)
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (<i>acyclovir</i>)	NP	
ZOVIRAX ORAL TABLET 400 MG, 800 MG (<i>acyclovir</i>)	NP	
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NPS	PA; NPL; SP; QL (1 vial per day, 2 courses (58 day supply) per 1 lifetime)
ASSORTED CLASSES - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG (<i>tacrolimus</i>)	NPS	#; SP; QL (1 cap per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG (<i>tacrolimus</i>)	NPS	#; SP; QL (4 capsule per 1 day)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG (<i>tacrolimus</i>)	NPS	#; SP
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	NPS	SP
<i>azathioprine oral tablet 50 mg</i>	PG	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG (<i>belimumab</i>)	NPS	PA; ST; NPL; SP
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 400 MG (<i>belimumab</i>)	NPS	PA; NPL; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPS	PA; ST; NPL; SP; QL (4 injections per 1 month)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPS	PA; ST; NPL; SP; QL (4 injections per 1 month)
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NPS	SP
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NPS	SP
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NPS	SP
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
<i>cyclosporine intravenous solution 50 mg/ml</i>	PG	SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPS	PA; SP
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NPS	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	PG	
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	PG	
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)</i>	PG	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NP	
<i>sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gm/60ML)</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NP	PA; ST
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	SP
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	SP
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	SP
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	SP
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NPS	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPS	SP
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPS	SP
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	NPS	SP
<i>penicillamine oral capsule 250 mg</i>	PSP	PA; SP
<i>penicillamine oral tablet 250 mg</i>	PG	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPS	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPS	SP
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NPS	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	NPS	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	NPS	SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	CE	PA; #; SP; N2 (NPS); QL (1 capsule per 1 day)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	CE	PA; #; SP; N2 (NPS); QL (21 capsules per 1 month)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPS	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPS	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPS	SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	NPS	SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sirolimus oral solution 1 mg/ml</i>	PSP	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	SP
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gml/60ml</i>	PG	
<i>sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)</i>	PG	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NPS	PA; SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	SP
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	NPS	PA; #; SP; UF9 (PSP)
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	NPS	SP
<i>trientine hcl oral capsule 250 mg</i>	PSP	PA; SP; UF9 (PG)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	NP	PA; ST; QL (1 packet per 1 day)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	PSP	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NPS	#; SP
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	NPS	PA; NPL; SP; QL (2 injections per 1 month)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	NPS	PA; NPL; SP; QL (2 injections per 1 month)
BETA BLOCKERS - DRUGS FOR THE HEART		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NP	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NP	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	NP	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LGC

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	QL (1 tablet per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NP	QL (1 cap per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NP	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NP	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NP	PA
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (<i>propranolol hcl sr beads</i>)	NP	QL (2 capsules per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (<i>propranolol hcl sr beads</i>)	NP	QL (1 cap per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (<i>propranolol hcl sr beads</i>)	NP	QL (2 caps per 1 day)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NP	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	PG	QL (1.5 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	PG	QL (2 tabs per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	PG	QL (1 tab per 1 Day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>propranolol hcl oral tablet 60 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NP	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	NP	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPS	PA
BIOLOGICALS MISC - BIOLOGICAL AGENTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	PA; ST
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (peanut powder-dnfp)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (peanut powder-dnfp)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (peanut powder-dnfp)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (short ragweed pollen ext)	NP	PA; ST
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML (ereumab-aooe)	PB	PA; ST; QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 225 MG/1.5ML (fremanezumab-vfrm)	PB	PA; ST; QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (fremanezumab-vfrm)	PB	PA; ST; QL (1 injection per 1 month)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (galcanezumab-gnlm)	PB	PA; ST; QL (3 injections per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML (galcanezumab-gnlm)	PB	PA; ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (galcanezumab-gnlm)	PB	PA; ST; QL (1 injection per 1 month)
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR THE NERVOUS SYSTEM		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (rimegepant sulfate)	PB	ST; QL (16 tablets per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	PB	ST; QL (16 tablets per 1 month)
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS*** - DRUGS FOR THE HEART		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (amlodipine besylate-celecoxib)	NF	
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
nifedipine (Afeeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	PG	QL (1 tab per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	PG	QL (2 tabs per 1 day)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (<i>verapamil hcl</i>)	NP	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NP	QL (1 tab per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG (<i>diltiazem hcl coated beads</i>)	NP	QL (2 tabs per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 420 MG (<i>diltiazem hcl coated beads</i>)	NP	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NP	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg)	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 tablet per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 caps per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg, 360 mg</i>	PG	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 Capsules per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 300 mg, 360 mg</i>	NP	QL (1 tab per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	NP	QL (2 tab per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>	NP	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	PG	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	PG	QL (2 capsule per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	QL (1 tab per 1 day)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 300 Mg, 360 Mg)</i>	NP	QL (1 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	NP	QL (2 tab per 1 day)
<i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 420 Mg)</i>	NP	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg</i>	PG	QL (1 tab per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	PG	QL (2 tabs per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	QL (1 tab per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	PG	QL (2 tabs per 1 day)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NP	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	NP	
PROCARDIA ORAL CAPSULE 10 MG (<i>nifedipine</i>)	NP	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 90 MG (<i>nifedipine</i>)	NP	QL (1 tab per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (<i>nifedipine</i>)	NP	QL (2 tabs per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	NP	QL (1 tab per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 300 Mg, 360 Mg)	PG	QL (1 cap per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	PG	QL (2 caps per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	NP	QL (1 cap per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>diltiazem hcl er beads</i>)	NP	QL (2 caps per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i>	PG	QL (1 cap per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg</i>	PG	QL (2 caps per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	NP	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 300 MG (<i>verapamil hcl</i>)	NP	QL (1 cap per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>verapamil hcl</i>)	NP	QL (2 caps per 1 day)
CARDIOTONICS - DRUGS FOR THE HEART		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	PG	
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	NP	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NPS	PA; ST; NPL; SP; QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	NPS	PA; ST; NPL; SP; UF9 (PSP); QL (3 tabs per 1 day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; NPL; SP
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NF	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	NP	#
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; NPL; SP
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	NF	
<i>cardioplegic perfusion solution</i>	PG	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PG	PA; NPL; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPS	PA; NPL; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	PSP	PA; NPL; SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	NPS	PA; NPL; SP
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	NPS	PA; NPL; SP
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	#
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NPS	PA; ST; NPL; SP; QL (3 tabs per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; NPL; SP; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; NPL; SP; QL (2 tablets per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	PG	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	NPL
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	PSP	PA; NPL; SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA; NPL; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPS	PA; NPL; SP; QL (1 amp per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPS	PA; NPL; SP; QL (1 amp per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPS	PA; NPL; SP; QL (1 amp per 1 day)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPS	PA; NPL; #; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPS	PA; NPL; SP
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	PG	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	NP	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (<i>cephalexin</i>)	NP	
SUPRAX ORAL CAPSULE 400 MG (<i>cefixime</i>)	NP	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (<i>cefixime</i>)	NP	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	NP	#
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	PB	PA; ST; QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	PA; ST; QL (1 pen per 1 month)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	PA; ST; QL (1 injection per 1 month)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (3 injections per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (1 injection per 1 month)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	PA; ST; QL (1 injection per 1 month)
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH		
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NP	QL (1 tablet per 1 day)
CONTRACEPTIVES - DRUGS FOR WOMEN		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N2 (PG)
<i>alyacen 7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N2 (NP)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N2 (NPB); QL (1 ring per 1 year)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	CE	N2 (NP)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cesia Oral Tablet 0.1/0.125/0.15 - 0.025 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	NP	QL (1 injection per 75 days or 4 injections per 300 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	#; N2 (NP); QL (1 injection per 75 days or 4 injections per 300 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N2 (PG)
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N2 (PG)
<i>norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	N2 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	#; N2 (NP)
<i>etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)</i>	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	N2 (PG)
<i>norethindrone (Errin Oral Tablet 0.35 Mg)</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)
ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG (<i>norethindron-ethinyl estrad-fe</i>)	NP	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N2 (PG)
FALESSA ORAL KIT 20-1-0.1 MCG-MG (<i>levonorgestrel-eth estrad & fa</i>)	CE	N2 (NP)
<i>levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N2 (PG)
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG (<i>norethin-eth estradiol-fe</i>)	NP	
<i>drosiprenone-ethinyl estradiol (Gianvi Oral Tablet 3-0.02 Mg)</i>	CE	N2 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N2 (NP); QL (1 Device per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N2 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N2 (PG)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (<i>levonorgestrel</i>)	CE	N2 (NP); QL (1 Device per 300 days)
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N2 (NP)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	NP	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	NP	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	NP	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NP	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N2 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N2 (PG); QL (1 injection per 75 days or 4 injections per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N2 (PG); QL (1 injection per 75 days or 4 injections per 300 days)
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) (<i>desogestrel-ethinyl estradiol</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (<i>levonorgestrel</i>)	CE	#; N2 (NP); QL (1 Device per 300 days)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N2 (NP)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N2 (NP); QL (1 Device per 300 days)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg (24)</i>	CE	N2 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N2 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N2 (PG)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N2 (PG)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N2 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N2 (PG)
<i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	NP	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
ORTHO MICRONOR ORAL TABLET 0.35 MG (<i>norethindrone</i>)	NP	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (<i>norgestim-eth estrad triphasic</i>)	NF	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N2 (NP); QL (1 device per 300 days)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N2 (PG)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	PG	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (<i>levonorgest-eth estrad 91-day</i>)	NP	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N2 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NP	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG (<i>levonorgest-eth estrad 91-day</i>)	NP	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N2 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N2 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N2 (NP); QL (1 Device per 300 days)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N2 (NF)
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N2 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N2 (NP)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N2 (PG)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	CE	#; N2 (NP)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N2 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N2 (PG)
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	CE	N2 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	NF	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N2 (PG)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet 0.1/0.125/0.15-0.025 Mg)	CE	N2 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N2 (PG)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N2 (PG)
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N2 (PG)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N2 (PG)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N2 (PG)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR (<i>norelgestromin-eth estradiol</i>)	CE	N2 (PG)
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	CE	N2 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N2 (PG)
CORTICOSTEROIDS - HORMONES		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	NP	
<i>cortisone acetate oral tablet 25 mg</i>	PG	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	NP	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (<i>budesonide</i>)	NP	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	NP	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	NP	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NP	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NP	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NP	ST; QL (1 tab per 1 day)
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NF	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	NP	QL (2 tabs per 1 day)
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	PG	PA; QL (60 ml per day over 5 days per 30 day periods)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	Select OTC
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	NP	QL (120 ML per 1 fill)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	PG	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	PG	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	Select OTC
<i>sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)</i>	PG	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	NP	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	PG	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	PG	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
SEMPREX-D ORAL CAPSULE 8-60 MG (<i>acrivastine-pseudoephedrine</i>)	NP	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	PG	
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide (expectorant)</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TESSALON PERLES ORAL CAPSULE 100 MG (benzonatate)	NP	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (hydrocod polst-chlorphen polst)	NP	PA; QL (2 capsules per day, max 20 per 30 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	NP	PA; QL (2 tablets per 1 day max 20 tablets per 30 day)
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (cetirizine-pseudoephedrine)	PG	Select OTC
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	CE	PA; SP; N2 (NPS); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	CE	PA; SP; N2 (NPS); QL (21 tablets per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	CE	PA; N2 (NPS); QL (21 tablets per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	CE	PA; N2 (NPS); QL (42 tablets per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	CE	PA; N2 (NPS); QL (63 tablets per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (lumacaftor-ivacaftor)	NPS	PA; SP; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	NPS	PA; QL (4 tablets per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (tezacaftor-ivacaftor)	NPS	PA; SP; QL (2 tablets per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (elexacaftor-tezacaftor-ivacaft)	NPS	PA; SP; QL (1 package per 28 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
ABREVA EXTERNAL CREAM 10 % (docosanol)	PG	Select OTC
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (isotretinoin micronized)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NF	
ABSORICA ORAL CAPSULE 25 MG, 35 MG (<i>isotretinoin</i>)	NF	#
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>acitretin oral capsule 10 mg, 25 mg</i>	PG	QL (2 caps per 1 day)
<i>acitretin oral capsule 17.5 mg</i>	PG	QL (2 capsules per 1 day)
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NP	
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	NP	ST; QL (60 grams per 30 days)
<i>adapalene external cream 0.1 %</i>	NP	PA; AL
<i>adapalene external gel 0.3 %</i>	NP	PA; AL
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NP	PA; AL
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	PA; AL
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	NF	
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	
ALDARA EXTERNAL CREAM 5 % (<i>imiquimod</i>)	NP	QL (1 packet per 1 day)
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	NP	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	#
<i>amcinonide external cream 0.1 %</i>	NP	ST
<i>amcinonide external lotion 0.1 %</i>	NP	ST
<i>amcinonide external ointment 0.1 %</i>	NP	ST
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NP	#
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; QL (2 capsules per 1 day)
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NF	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
<i>tretinoin</i> (Avita External Cream 0.025 %)	PG	PA; AL

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin</i> (Avita External Gel 0.025 %)	PG	PA; AL
<i>azelaic acid external gel 15 %</i>	NP	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NP	
BENZAACLIN EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	NP	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (100 grams per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 grams per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (100 grams per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone dipropionate external ointment 0.05 %</i>	PG	QL (120 grams per 1 month)
<i>betamethasone valerate external cream 0.1 %</i>	NP	ST
<i>betamethasone valerate external foam 0.12 %</i>	NP	
<i>betamethasone valerate external lotion 0.1 %</i>	NP	ST
<i>betamethasone valerate external ointment 0.1 %</i>	NP	ST; QL (120 grams per 1 month)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	NP	ST; QL (60 grams per 1 month)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST
<i>calcipotriene external solution 0.005 %</i>	NP	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcipotriene</i> (Calcitrene External Ointment 0.005 %)	NP	ST
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	NF	
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NF	
CENTANY EXTERNAL OINTMENT 2 % (<i>mupirocin</i>)	NP	QL (60 grams per 30 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciclopirox</i> (Ciclodan External Solution 8 %)	PG	
<i>ciclopirox external gel 0.77 %</i>	NP	
<i>ciclopirox external shampoo 1 %</i>	NP	
<i>ciclopirox external solution 8 %</i>	PG	
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg)	NP	PA; QL (2 Capsules per 1 day)
CLEOCIN-T EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NP	ST
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NP	ST
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NP	ST
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	NF	
<i>clindamycin phosphate external foam 1 %</i>	NP	
<i>clindamycin phosphate external gel 1 %</i>	NF	
<i>clindamycin phosphate external lotion 1 %</i>	NP	ST
<i>clindamycin phosphate external solution 1 %</i>	NP	ST; QL (2 ml per 1 day)
<i>clindamycin phosphate external swab 1 %</i>	PG	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	NP	PA; AL
<i>clobetasol prop emollient base external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (100 grams per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NP	QL (125 ml per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	NP	ST; QL (236 ml per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (236 ml per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol propionate external solution 0.05 %</i>	NP	ST; QL (100 grams per 30 days)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NP	ST; QL (236 ml per 30 days)
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NP	QL (236 ml per 30 days)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NP	QL (125 ml per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	NP	QL (236 ml per 30 days)
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NP	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	QL (45 grams per 1 month)
<i>coal tar external solution 20 %</i>	PG	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	NP	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NP	QL (4 grams per 1 day)
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NP	QL (4 grams per 1 day)
CORDRAN EXTERNAL OINTMENT 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NP	#; QL (1 roll per 1 fill)
CORTISPORIN EXTERNAL OINTMENT 1 % (<i>bacit-poly-neo hc</i>)	PB	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (2 injections per 1 month)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (2 injections per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (1 injection per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; IBC (Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis. Not covered for Psoriasis); NPL; SP; QL (1 injection per 28 days)
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	
CUTIVATE EXTERNAL LOTION 0.05 % (<i>fluticasone propionate</i>)	NP	
<i>dapsone external gel 5 %</i>	PG	QL (60 grams per 30 days)
<i>dapsone external gel 7.5 %</i>	PG	QL (60 GM per 30 days)
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	#
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NP	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NP	
DESONATE EXTERNAL GEL 0.05 % (<i>desonide</i>)	NP	#
<i>desonide external cream 0.05 %</i>	NP	ST
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	NP	ST
<i>desonide external ointment 0.05 %</i>	NP	ST
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NP	ST
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	NP	ST
<i>desoximetasone external gel 0.05 %</i>	NP	ST
<i>desoximetasone external liquid 0.25 %</i>	NF	
<i>desoximetasone external ointment 0.05 %</i>	NP	ST
<i>desoximetasone external ointment 0.25 %</i>	NP	ST; QL (120 grams per 1 month)
<i>diclofenac epolamine transdermal patch 1.3 %</i>	PG	QL (2 patches per 1 day)
<i>diclofenac sodium transdermal gel 3 %</i>	NF	
<i>diclofenac sodium transdermal solution 1.5 %</i>	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NP	PA; AL
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	PG	PA; Select OTC; AL
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NP	PA; ST; AL
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NP	PA; ST; AL
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DIPROLENE AF EXTERNAL CREAM 0.05 % (<i>betamethasone dipropionate aug</i>)	NP	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	NP	QL (100 grams per 30 days)
<i>docosanol external cream 10 %</i>	PG	Select OTC
DOVONEX EXTERNAL CREAM 0.005 % (<i>calcipotriene</i>)	NP	ST; QL (120 grams per 1 month)
<i>doxepin hcl external cream 5 %</i>	NP	QL (45 grams per 30 days)
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NP	QL (1 tube per 1 month)
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NF	
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	NF	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	NP	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NP	QL (60 grams per 30 days)
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	#
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NF	
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external solution 2 %</i>	PG	
EVOCLIN EXTERNAL FOAM 1 % (<i>clindamycin phosphate</i>)	NP	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NF	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXTINA EXTERNAL FOAM 2 % (<i>ketoconazole</i>)	NP	QL (50 grams per 30 days)
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NP	PA; ST; AL
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	NP	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
FLECTOR TRANSDERMAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	PG	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	NP	ST
<i>fluocinolone acetonide external ointment 0.025 %</i>	NP	ST
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	PG	
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (4 grams per 1 day)
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external gel 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	ST; QL (120 grams per 30 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 grams per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 % (<i>fluorouracil</i>)	NF	
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>flurandrenolide external cream 0.05 %</i>	NP	QL (60 grams per 30 days)
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>flurandrenolide external ointment 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	NP	ST
<i>fluticasone propionate external lotion 0.05 %</i>	NP	
<i>fluticasone propionate external ointment 0.005 %</i>	PG	
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>halcinonide external cream 0.1 %</i>	NP	
<i>halobetasol propionate external cream 0.05 %</i>	NP	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external foam 0.05 %</i>	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halobetasol propionate external ointment 0.05 %</i>	NP	ST; QL (50 grams per 30 days)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NP	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NF	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	PG	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NP	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	
<i>hydrocortisone external cream 2.5 %</i>	PG	
<i>hydrocortisone external lotion 2.5 %</i>	PG	
<i>hydrocortisone external ointment 2.5 %</i>	PG	
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NF	
<i>imiquimod external cream 5 %</i>	PG	QL (1 packet per 1 day)
<i>imiquimod pump external cream 3.75 %</i>	NF	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA; QL (2 capsules per 1 day)
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NF	
<i>ketoconazole external cream 2 %</i>	PG	QL (2 grams per 1 day)
<i>ketoconazole external foam 2 %</i>	NP	QL (50 GM per 30 days)
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NP	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NP	QL (1 stick per 30 days)
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	#
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine external ointment 5 %</i>	NP	PA; QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	NP	PA; ST; QL (3 patches per 1 day)
<i>lidocaine hcl external solution 4 %</i>	PG	PA; QL (50 ml per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	PA; QL (30 GM per 30 days)
<i>lidocaine-tetracaine external cream 7-7 %</i>	NF	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NF	
<i>lindane external shampoo 1 %</i>	PG	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NF	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NP	
LOPROX EXTERNAL SHAMPOO 1 % (<i>ciclopirox</i>)	NP	
<i>luliconazole external cream 1 %</i>	NF	
LUXIQ EXTERNAL FOAM 0.12 % (<i>betamethasone valerate</i>)	NP	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NF	
<i>malathion external lotion 0.5 %</i>	PG	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NP	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NP	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NP	
<i>metronidazole external cream 0.75 %</i>	PG	
<i>metronidazole external gel 0.75 %</i>	PG	
<i>metronidazole external gel 1 %</i>	NP	
<i>metronidazole external lotion 0.75 %</i>	PG	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NP	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
<i>mometasone furoate external cream 0.1 %</i>	NP	ST
<i>mometasone furoate external ointment 0.1 %</i>	NP	ST
<i>mometasone furoate external solution 0.1 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mupirocin external ointment 2 %</i>	PG	QL (60 grams per 30 days)
<i>isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 40 Mg)</i>	NP	PA; QL (2 capsules per 1 day)
<i>isotretinoin (Myorisan Oral Capsule 30 Mg)</i>	NP	PA; QL (2 capsules per 1 day)
<i>naftifine hcl external cream 1 %</i>	NP	
<i>naftifine hcl external cream 2 %</i>	NF	
NAFTIN EXTERNAL CREAM 2 % (<i>naftifine hcl</i>)	NF	
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	NF	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NF	#
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	NP	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NP	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	NF	
<i>flurandrenolide</i> (Nolix External Lotion 0.05 %)	NP	QL (4 grams per 1 day)
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NP	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	QL (60 grams per 1 month)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	
OLUX EXTERNAL FOAM 0.05 % (<i>clobetasol propionate</i>)	NP	QL (100 grams per 30 days)
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NP	QL (100 grams per 30 days)
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosph-benzoyl perox</i>)	NF	#
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	NF	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	NP	
<i>oxiconazole nitrate external cream 1 %</i>	NF	
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NF	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	
OXSORALEN ULTRA ORAL CAPSULE 10 MG (<i>methoxsalen rapid</i>)	NP	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NP	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	PB	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENNSAID TRANSDERMAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NF	
<i>permethrin external cream 5 %</i>	PG	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (<i>ingenol mebutate</i>)	NF	
<i>pimecrolimus external cream 1 %</i>	NP	PA; ST
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NF	
<i>podofilox external solution 0.5 %</i>	PG	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	NP	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	NP	
<i>prednicarbate external cream 0.1 %</i>	NP	
<i>prednicarbate external ointment 0.1 %</i>	NP	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (<i>tacrolimus</i>)	NF	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>))	NP	QL (45 grams per 30 days)
<i>psorcon external cream 0.05 %</i>	NF	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	NP	PA; ST; QL (1 pad per 1 day)
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NP	PA; QL (30 grams per 30 days)
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NP	PA; ST; AL
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NP	PA; ST; AL
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NP	PA; ST; AL
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NP	PA; ST; AL
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NP	QL (4 tubes per 1 year)
<i>metronidazole</i> (Rosadan External Cream 0.75 %)	PG	
<i>metronidazole</i> (Rosadan External Gel 0.75 %)	PG	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NP	QL (60 grams per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	PG	
SELRX EXTERNAL SHAMPOO 2.3 % (<i>selenium sulfide</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NP	
<i>silver sulfadiazine external cream 1 %</i>	PG	
SKLICE EXTERNAL LOTION 0.5 % (<i>ivermectin</i>)	NP	#
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); NPL; SP; QL (2 injections per 84 days)
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NP	ST
SORIATANE ORAL CAPSULE 10 MG (<i>acitretin</i>)	NP	QL (2 caps per 1 Day)
SORIATANE ORAL CAPSULE 25 MG (<i>acitretin</i>)	NP	QL (2 caps per 1 day)
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>spinosad external suspension 0.9 %</i>	PG	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); NPL; SP; QL (2 vials per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); NPL; SP; QL (2 syringes per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Crohn's Disease (after failure of Humira). Not covered for Psoriatic Arthritis); NPL; SP; QL (1 syringe per 56 days)
<i>sulconazole nitrate external cream 1 %</i>	PG	QL (60 GM per 1 month)
<i>sulconazole nitrate external solution 1 %</i>	NP	ST; QL (60 ML per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NP	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	NP	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NP	ST
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NP	ST
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NP	
SYNERA EXTERNAL PATCH 70-70 MG (<i>lidocaine-tetracaine</i>)	NP	PA; QL (10 patches per 30 days)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NP	QL (60 grams per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA; ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); NPL; SP; QL (1 syringe per 1 month)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis or Ankylosing Spondylitis); NPL; SP; QL (1 syringe per 1 month)
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	PSP	SP
<i>tazarotene external cream 0.1 %</i>	PG	PA; AL
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	PB	PA; AL
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	PB	PA; AL
TEMOVATE EXTERNAL CREAM 0.05 % (<i>clobetasol propionate</i>)	NP	ST; QL (120 grams per 30 days)
TEMOVATE EXTERNAL OINTMENT 0.05 % (<i>clobetasol propionate</i>)	NP	ST; QL (120 grams per 30 days)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PB	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	PB	#
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	ST
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NP	ST
TOPICORT EXTERNAL OINTMENT 0.05 % (<i>desoximetasone</i>)	NP	ST
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	NP	ST; QL (120 grams per 1 month)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NF	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); NPL; SP; QL (1 injection per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); NPL; SP; QL (1 injections per 2 months)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL
<i>tretinoin external gel 0.01 %, 0.025 %</i>	PG	PA; AL
<i>tretinoin external gel 0.05 %</i>	NP	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; AL
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	PG	PA; AL
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	PG	
<i>triamcinolone acetonide external cream 0.1 %</i>	PG	QL (60 grams per 1 month)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	PG	
<i>triamcinolone acetonide external ointment 0.1 %</i>	PG	QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	PG	QL (60 grams per 1 month)
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	PG	
TRIDESILON EXTERNAL CREAM 0.05 % (<i>desonide</i>)	NP	ST
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NP	#; QL (120 grams per 30 days)
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPS	PA; #; SP; QL (4 grams per 1 day)
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
<i>benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)</i>	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NP	PA; ST; AL
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NF	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NP	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NP	QL (1 tube per 1 month)
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	PB	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	
XOLEGEL EXTERNAL GEL 2 % (<i>ketconazole</i>)	NF	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA; QL (2 capsules per 1 day)
<i>isotretinoin</i> (Zenatane Oral Capsule 30 Mg)	NP	PA; QL (2 capsules per 1 day)
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NP	PA; ST; AL
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>))	NP	QL (45 grams per 30 days)
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
DIAGNOSTIC PRODUCTS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (300 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
BIOSCANNER GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>blood glucose test in vitro strip</i>	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP <i>(glucose blood)</i>	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP <i>(glucose blood)</i>	NF	
CONTOUR NEXT TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
CONTOUR TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP <i>(glucose blood)</i>	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>diathrive blood glucose test in vitro strip</i>	NF	
<i>diatrue plus test in vitro strip</i>	NF	
DUO-CARE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
EASY TOUCH TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASYGLUCO PLUS IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASYMAX 15 TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASYMAX TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
EASYPRO PLUS IN VITRO STRIP <i>(glucose blood)</i>	NF	
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP <i>(glucose blood)</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVENCARE G2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVENCARE G3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
EXACTECH R-S-G TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EXACTECH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ght test in vitro strip</i>	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>glucose meter test in vitro strip</i>	NF	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ketone test in vitro strip</i>	PG	
<i>kruger blood glucose test in vitro strip</i>	NF	
<i>kruger premium glucose test in vitro strip</i>	NF	
<i>kruger test in vitro strip</i>	NF	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>liberty test in vitro strip</i>	NF	
<i>meijer blood glucose test in vitro strip</i>	NF	
<i>meijer essential glucose test in vitro strip</i>	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NF	
OPTIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION PCX IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION PCX PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION POINT OF CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION QID TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION SOF-TACT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PTS PANELS GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RA TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMART SENSE PREMIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMART SENSE VALUE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMARTTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SURE EDGE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG (<i>thyrotropin alfa</i>)	PSP	SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ULTRATRAK PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>verasens blood glucose test in vitro strip</i>	NF	
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NP	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NP	ST
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPS	SP
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (2 tabs per 1 Day)
DIURETICS - DRUGS FOR THE HEART		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	NF	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG (<i>spironolactone-hctz</i>)	NP	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NP	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NP	
DYAZIDE ORAL CAPSULE 37.5-25 MG (<i>triamterene-hctz</i>)	NP	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	NP	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral solution 10 mg/ml</i>	PG	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	PG	LGC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPS	PA; QL (4 tablets per 1 day)
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	NP	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene-hctz</i>)	NP	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (<i>triamterene-hctz</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	PG	
<i>spironolactone oral tablet 25 mg</i>	PG	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	NP	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	LGC
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM		
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	NP	PA; ST; QL (1 tablet per 1 day)
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPS	PA; NPL; SP
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 tablet per 28 days)
ACTONEL ORAL TABLET 30 MG, 5 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 tab per 1 day)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 tablets per 28 months)
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPS	PA; NPL; SP
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg</i>	PG	QL (1 tablets per 1 day)
<i>alendronate sodium oral tablet 35 mg</i>	PG	QL (8 tablets per 1 month)
<i>alendronate sodium oral tablet 5 mg</i>	PG	QL (1 tab per 1 day)
<i>alendronate sodium oral tablet 70 mg</i>	PG	QL (4 tablets per 1 month)
AMMONUL INTRAVENOUS SOLUTION 10-10 % (<i>sod benz-sod phenylacet</i>)	NPS	SP
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 tablets per 1 day)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BONIVA INTRAVENOUS SOLUTION 3 MG/3ML (<i>ibandronate sodium</i>)	NPS	SP
BONIVA ORAL TABLET 150 MG (<i>ibandronate sodium</i>)	NP	ST; QL (1 tab per 1 month)
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NPS	PA; SP
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NPS	PA; SP; QL (40 tablets per 1 day)
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) (<i>octreotide acetate</i>)	NF	
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	QL (1 bottle per 1 fill)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
CARBAGLU ORAL TABLET 200 MG (<i>carglumic acid</i>)	NPS	PA; #; SP
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NP	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NP	
CYSTADANE ORAL POWDER (<i>betaine</i>)	NPS	PA; SP; UF9 (PSP)
DDAVP NASAL SOLUTION 0.01 % (<i>desmopressin acetate spray</i>)	NP	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NP	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (<i>desmopressin ace refrigerated</i>)	NP	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	QL (1 capsule per 1 day)
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	PSP	PA; NPL; SP
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	NP	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	NPS	PA; NPL; SP
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	PSP	PA; #; QL (1 pen per 1 month)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NP	QL (4 tablets per 1 month)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

158

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NP	ST; #; QL (4 tabs per 1 month)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPS	PA; SP; QL (14 capsules per 28 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (<i>somatropin</i>)	NF	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (<i>somatropin</i>)	PSP	PA; NPL; SP
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	SP
<i>ibandronate sodium oral tablet 150 mg</i>	NP	ST; QL (1 tab per 1 month)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	PSP	PA; NPL; SP
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	PSP	PA; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	PSP	PA; SP
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NPS	PA; #; SP; UF9 (PSP)
KUVAN ORAL TABLET SOLUBLE 100 MG (<i>sapropterin dihydrochloride</i>)	NPS	PA; #; SP; UF9 (PSP)
<i>levocarnitine oral solution 1 gml/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	NPS	PA; NPL; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	NPS	PA; #; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	NPS	PA; #; SP
MIACALCIN NASAL SOLUTION 200 UNIT/ACT (<i>calcitonin (salmon)</i>)	NP	ST; QL (1 bottle per 1 fill)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPS	PA; NPL; SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (<i>parathyroid hormone (recomb)</i>)	NPS	PA; NPL; SP; QL (2 cartridges per 28 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPS	PA; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NP	PA; QL (1 tablet per 1 day)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML (<i>somatropin</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPS	PA; SP
ORFADIN ORAL CAPSULE 20 MG (<i>nitisinone</i>)	NPS	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	NPS	PA; SP
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	NPS	PA; SP; QL (1 tab/day per 730 lifetime days)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	NPS	PA; SP; QL (2 tabs/day per 180 lifetime days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NP	QL (1 tablet per 1 day)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NPS	PA; ST; SP; QL (1 syringe per 1 day)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	PG	SP
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	PG	SP
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	QL (1 capsule per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N2 (PG)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NPS	PA; ST; SP; QL (20 bottles per 30 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NP	PA; ST; QL (1 capsule per 1 day)
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPS	SP
<i>risedronate sodium oral tablet 150 mg</i>	NP	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	NP	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	NP	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	QL (4 tablets per 28 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	NP	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	NP	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	PSP	PA; #; SP; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	PSP	PA; #; SP; QL (2 tablets per 1 day)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPS	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NPS	PA; #; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NP	PA; QL (2 tablets per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA; NPL; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NPS	PA; SP; QL (1 vial per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPS	PA; SP; UF9 (PSP); QL (2 amps per 1 day)
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	PG	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; SP; QL (40 tablets per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	NPS	PA; #; SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NPS	PA; #; SP
STIMATE NASAL SOLUTION 1.5 MG/ML (<i>desmopressin acetate</i>)	NP	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPS	PA; SP; UF9 (PSP)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
<i>tolvaptan oral tablet 30 mg</i>	PSP	PA; SP; QL (2 tablets per 1 day)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NPS	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; NPL; SP; QL (2 pens per 1 month)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPS	PA; ST; NPL; SP
ZEMPLAR ORAL CAPSULE 1 MCG (<i>paricalcitol</i>)	NP	ST; QL (1 capsule per 1 day)
ZEMPLAR ORAL CAPSULE 2 MCG (<i>paricalcitol</i>)	NP	ST; QL (1 cap per 1 day)
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PG	SP
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	PG	SP
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (<i>somatropin</i>)	NF	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPS	PA; NPL; SP
ESTROGENS - HORMONES		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	NP	QL (1 tab per 1 day)
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NP	QL (8 patches per 28 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	PG	QL (1 tab per 1 day)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NP	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NP	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	NP	#; QL (4 patches per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NP	QL (4 patches per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	NP	QL (8 patch per 1 month)
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	NP	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	PB	QL (30 packets per 1 month)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NP	QL (52 gm per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	NP	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	PG	QL (1 tab per 1 day)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	PG	QL (1 EA per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NP	QL (50 grams per 1 fill)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	NP	QL (2 bottles per 1 month)
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (<i>norethindrone-eth estradiol</i>)	NP	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
<i>estradiol-norethindrone acet</i> (Lopreeza Oral Tablet 1-0.5 Mg)	PG	QL (1 tablet per 1 day)
MENEST ORAL TABLET 0.3 MG, 0.625 MG (<i>esterified estrogens</i>)	PB	
MENEST ORAL TABLET 1.25 MG (<i>esterified estrogens</i>)	NP	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NP	#; QL (4 patches per 1 month)
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	QL (1 tab per 1 day)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PG	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (<i>estradiol-norgestimate</i>)	NP	QL (1 tab per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone ace</i>)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone ace</i>)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	QL (1 tab per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER		
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NPS	PA; SP; QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NP	PA; QL (28 tablets per 1 fill)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	NP	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

164

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PG	
LEVAQUIN ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levofloxacin</i>)	NP	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
<i>ofloxacin oral tablet 300 mg</i>	PG	QL (28 tablets per 1 fill)
<i>ofloxacin oral tablet 400 mg</i>	PG	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
ACTIGALL ORAL CAPSULE 300 MG (<i>ursodiol</i>)	NP	
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA; ST
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	PB	#; QL (2 caps per 1 day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NP	ST; QL (4 capsules per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (<i>mesalamine</i>)	NP	ST; QL (6 tabs per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NF	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NP	ST; QL (8 tabs per 1 day)
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NP	ST; QL (8 tabs per 1 day)
<i>balsalazide disodium oral capsule 750 mg</i>	PG	QL (9 capsules per 1 day)
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NP	QL (1 suppository per 1 day)
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NP	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	NF	
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	NF	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	NF	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NP	ST; QL (9 capsules per 1 day)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NP	ST
<i>enulose oral solution 10 gm/15ml</i>	PG	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NP	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPS	PA; NPL; SP; QL (1 kit per 1 month)
<i>generlac oral solution 10 gm/15ml</i>	PG	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	PG	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG (<i>linaclotide</i>)	PB	QL (1 cap per 1 day)
LINZESS ORAL CAPSULE 72 MCG (<i>linaclotide</i>)	PB	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NP	PA; ST
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	QL (12 capsules per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	PG	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	PG	QL (6 tablets per 1 day)
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	QL (1 suppository per 1 day)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	QL (1 tablet per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	PB	QL (16 caps per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	PB	QL (8 caps per 1 day)
PHOSLO ORAL CAPSULE 667 MG (<i>calcium acetate (phos binder)</i>)	NP	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	NP	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NP	PA; #; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NP	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NP	PA; QL (0.4 ML per 1 day)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	PA; NPL; SP; QL (10 vials per 28 days)
RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>)	NF	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
REVELA ORAL PACKET 0.8 GM (<i>sevelamer carbonate</i>)	NP	
REVELA ORAL PACKET 2.4 GM (<i>sevelamer carbonate</i>)	PB	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NP	
<i>sulfasalazine oral tablet 500 mg</i>	PG	QL (8 tabs per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	QL (8 tabs per 1 day)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	NP	PA; ST; QL (1 tablet per 1 day)
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	NP	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NP	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NP	#

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	QL (1 tab per 1 day)
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	NP	ST; QL (1 capsule per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NP	QL (1 tab per 1 day)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	NP	PA; SP
CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML (<i>pot & sod cit-cit ac</i>)	PG	
<i>cytra-k oral solution 1100-334 mg/5ml</i>	PG	
<i>dutasteride oral capsule 0.5 mg</i>	PG	QL (1 capsule per 1 day)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	PB	QL (90 capsules per 30 days)
<i>finasteride oral tablet 5 mg</i>	PG	PA
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	NP	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NP	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	PB	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG (<i>cysteamine bitartrate</i>)	NPS	PA; ST; SP; QL (240 caps per 30 monthss)
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG (<i>cysteamine bitartrate</i>)	NPS	PA; ST; SP; QL (750 caps per 30 monthss)
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NP	PA; ST
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	PB	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NPS	PA; SP
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NPS	PA; SP
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	PG	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NP	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NP	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	NP	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NP	QL (1 tab per 1 day)
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (<i>vancomycin hcl</i>)	NP	
VANCOCIN HCL ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	NP	
VANCOCIN ORAL CAPSULE 250 MG (<i>vancomycin hcl</i>)	NP	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	
<i>colchicine oral capsule 0.6 mg</i>	PG	QL (2 tablets per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	PG	QL (2 tablets per 1 day)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	NP	ST; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	NPS	PA; ST; SP
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	PB	QL (2 capsules per 1 day)
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (<i>allopurinol</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT <i>(antihemophilic factor rahf-pfm)</i>	PSP	PA; NPL; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	NPS	PA; NPL
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 3000 UNIT, 750 UNIT	NPS	PA; NPL; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT <i>(antihemophilic factor single chain)</i>	NPS	PA; NPL; SP
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG <i>(aspirin-dipyridamole)</i>	NP	
AGRYLIN ORAL CAPSULE 0.5 MG <i>(anagrelide hcl)</i>	NP	
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT <i>(antihemophilic factor-vwf)</i>	NPS	PA; NPL; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT <i>(coagulation factor ix)</i>	NPS	PA; NPL; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT <i>(coagulation factor ix (rfixfc))</i>	NPS	PA; NPL; SP
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg</i>	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT <i>(coagulation factor ix (recomb))</i>	PSP	PA; NPL; SP
BERINERT INTRAVENOUS KIT 500 UNIT <i>(c1 esterase inhibitor (human))</i>	NPS	PA; ST; NPL; SP; QL (1 vial per 1 month)
BRILINTA ORAL TABLET 60 MG <i>(ticagrelor)</i>	PB	QL (2 tablets per 1 day)
BRILINTA ORAL TABLET 90 MG <i>(ticagrelor)</i>	PB	QL (2 tabs per 1 Day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

170

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPS	PA; ST; NPL; SP; QL (17 vials per 30 days)
<i>clopidogrel bisulfate oral tablet 300 mg</i>	PG	QL (1 tab per 1 fill)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	PG	QL (1 tab per 1 day)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPS	PA; NPL
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPS	PA; NPL; SP
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (<i>aspirin</i>)	NP	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NP	PA; QL (1 tab per 1 day)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	NPS	PA; NPL; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	PSP	PA; NPL; SP
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (<i>icatibant acetate</i>)	NPS	PA; ST; NPL; SP; QL (6 syringes per 1 month)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	PSP	PA; ST; NPL; SP; QL (16 kits per 1 month)
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPS	PA; NPL; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPS	PA; NPL; SP
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	PSP	PA; NPL; SP; QL (6 syringes per 1 month)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPS	PA; NPL; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPS	PA; NPL; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb peg-aucl</i>)	NPS	PA; NPL; SP
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPS	PA; ST; NPL; SP; QL (12 vials per 1 month)
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPS	PA; NPL
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPS	PA; NPL; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPS	PA; NPL; SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor (recomb)</i>)	NPS	PA; NPL; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-pfm</i>)	NPS	PA; NPL; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	PSP	PA; NPL; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	NPS	PA; NPL; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	PA; NPL; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii, sim)</i>)	NPS	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	NPS	PA; NPL; SP
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NP	QL (1 tab per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	PA; QL (1 tablet per 1 day)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPS	PA; NPL; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (<i>factor ix complex</i>)	NPS	PA; NPL
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT (<i>factor ix complex</i>)	NPS	PA; NPL; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	NPS	PA; NPL; SP
RECOMBIMATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihemophilic factor (recomb)</i>)	NPS	PA; NPL; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	PSP	PA; NPL; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	NPS	PA; NPL; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	NPS	PA; NPL; SP; QL (8 vials per 1 month)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (<i>coagulation factor xiii a-sub</i>)	NPS	PA; NPL; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NPS	PA
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPS	PA; NPL; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NPS	PA; NPL; SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophilic factor rahf-paf</i>)	NPS	PA; NPL; SP
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	PA; NPL; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA; NPL; SP
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; SP; QL (1 capsule per 2 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; NPL; SP
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	NPS	PA; SP; QL (3 /day for 5 days per 30 days)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NPS	PA; NPL; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NPS	PA; ST; NPL; SP
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
FA-8 ORAL TABLET 800 MCG (<i>folic acid</i>)	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (<i>na ferric gluc cplx in sucrose</i>)	NPS	SP
<i>folate oral tablet 400 mcg</i>	CE	N2 (Not Covered); QL (100 tablets per 1 fil); AL
<i>folic acid oral capsule 0.8 mg</i>	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
<i>folic acid oral tablet 400 mcg</i>	CE	N2 (Not Covered); QL (100 tablets per 1 fil); AL

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>folic acid oral tablet 800 mcg</i>	CE	N2 (Not Covered); QL (100 capsules per 1 fill); AL
FOLVITE-FE ORAL TABLET 90-120-0.012-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	NF	
<i>gnp folic acid oral tablet 400 mcg</i>	PG	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NPS	PA; ST; NPL; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NPS	PA; ST; SP
<i>hm folic acid oral tablet 400 mcg</i>	PG	
<i>kp folic acid oral tablet 800 mcg</i>	CE	N2 (Not Covered)
<i>miglustat oral capsule 100 mg</i>	PSP	PA; SP; QL (3 capsules per 1 day)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPS	PA; NPL
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NPS	PA; NPL; SP
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPS	PA; SP; QL (1 /day for 7 days per 30 days)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PSP	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	PSP	PA; NPL; SP; QL (2 injections per 1 month)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	PSP	PA; NPL; SP; QL (2 injections per 1 month)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NPS	PA; ST; NPL; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NPS	PA; ST; NPL
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA; NPL; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (<i>romiplostim</i>)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	NPS	PA; SP
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	NPS	PA; ST; NPL; SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP; QL (1 packet per 1 day)
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP; QL (180 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP; QL (4 tablets per 1 day)
PROMACTA ORAL TABLET 25 MG, 50 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP; QL (1 tablet per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	NPS	PA; SP; QL (1 tab per 1 day)
<i>px folic acid oral tablet 400 mcg</i>	PG	
<i>ra folic acid oral tablet 400 mcg</i>	PG	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA; NPL; SP
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	NP	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PSP	PA; NPL; SP; QL (2 injections per 1 month)
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	NPS	SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	PSP	PA; NPL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	PSP	PA; NPL
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPS	PA; SP; QL (3 capsules per 1 day)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

176

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR THE BLOOD		
OXBRYTA ORAL TABLET 500 MG (<i>voxelotor</i>)	NF	
HEMOSTATICS - DRUGS FOR THE BLOOD		
AMICAR ORAL SOLUTION 0.25 GM/ML (<i>aminocaproic acid</i>)	NP	
AMICAR ORAL TABLET 1000 MG, 500 MG (<i>aminocaproic acid</i>)	PB	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
LYSTEDA ORAL TABLET 650 MG (<i>tranexamic acid</i>)	NP	QL (30 tabs per 1 fill)
<i>tranexamic acid oral tablet 650 mg</i>	NP	QL (30 tablets per 1 fill)
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); NPL; SP; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; NPL; SP; QL (1 packet per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); NPL; SP; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); NPL; SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (<i>ombitas-paritapre-ritona-dasab</i>)	NF	
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprev</i>)	PSP	PA; IBC (Preferred for all genotypes); NPL; SP; QL (1 tablet per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM		
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	PSP	PA; SP; QL (4 packets per 1 day)
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	NF	
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (1 tab per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (2 tabs per 1 day)
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NP	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NP	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPS	PA; SP
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG (<i>zolpidem tartrate</i>)	NF	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NP	ST; QL (1 tab per 1 day)
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral solution 20 mg/5ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>quazepam oral tablet 15 mg</i>	NP	
<i>ramelteon oral tablet 8 mg</i>	NF	
RESTORIL ORAL CAPSULE 15 MG, 30 MG (<i>temazepam</i>)	NP	
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG (<i>temazepam</i>)	NP	QL (1 cap per 1 day)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (1 cap per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (2 tabs per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPS	PA; NPL; SP
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH		
ZELNORM ORAL TABLET 6 MG (<i>tegaserod maleate</i>)	NF	
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	PA; QL (2 tablets per 1 day)
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST; QL (5 pens per 1 month)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	ST; QL (5 pens per 1 month)
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH		
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohns Disease and Ulcerative Colitits (after failure of Humira).)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; NPL; SP; QL (1 pen per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	NF	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	NF	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NPS	PA; NPL; SP; QL (1 injection per 28 days)
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	NPS	PA; NPL; SP
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	PA; SP; N2 (NPS); QL (2 tablets per 1 day)
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; SP; N2 (NPS); QL (1 tablet per 1 day)
LAXATIVES - DRUGS FOR THE STOMACH		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML (<i>sod picosulfate-mag ox-cit acid</i>)	CE	N2 (NP); AL
<i>constulose oral solution 10 gm/15ml</i>	PG	
<i>gavilax oral packet 17 gm</i>	CE	N2 (Not Covered); AL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PG	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit 5-210 Mg-Gm)	CE	N2 (PG); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	PG	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NP	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	NP	QL (60 packets per 30 days)
<i>lactulose oral packet 10 gm</i>	NP	QL (2 packets per 1 day)
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	#; N2 (NP); AL
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (<i>peg 3350-kcl-na bicarb-nacl</i>)	NP	
OSMOPREP ORAL TABLET 1.102-0.398 GM (<i>sod phos mono-sod phos dibasic</i>)	NP	#
PCP 100 COMBINATION KIT (<i>mgcit-bisacod-pet-peg-metoclop</i>)	NP	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit 5-210 Mg-Gm)	CE	N2 (PG); AL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N2 (NP); AL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	CE	#; N2 (PB); AL
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted 420 Gm)	PG	
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	PSP	PA; NPL; SP; QL (15 vials per 30 days)
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG, 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	NPS	PA; SP
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	PSP	PA; NPL; SP
MACROLIDES - DRUGS FOR INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	NP	QL (20 tabs per 1 fill)
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	NP	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NP	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	NP	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
<i>erythromycin stearate oral tablet 250 mg</i>	PG	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	NP	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	NP	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	NP	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NP	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NP	
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	PB	QL (1 kit per 365 days)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK MULTICLIX LANCET DEV KIT (<i>lancets misc.</i>)	PB	QL (1 kit per 365 days)
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	PB	QL (1 kit per 365 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	
<i>alcohol swabs pad</i>	PG	
ASSURE LANCETS (<i>lancets</i>)	NP	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM (<i>insulin pen needle</i>)	PB	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	NP	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	NP	
BD MICROTAINER LANCETS (<i>lancets</i>)	NP	
BD PEN (<i>injection device for insulin</i>)	PB	
BD PEN MINI (<i>injection device for insulin</i>)	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
<i>bullseye mini safety lancets</i>	NP	
BULLSEYE SAFETY LANCETS (<i>lancets</i>)	NP	
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	N2 (NP); QL (1 diaphragm per 300 days)
COAGUCHEK LANCETS (<i>lancets</i>)	PB	
<i>comfort assured lancets 28g</i>	NP	
<i>comfort assured lancets 33g</i>	NP	
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLAT PED RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G4 PLATINUM TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G4 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G5 MOBILE RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G5 MOBILE TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G5 RECEIVER KIT DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LANCETS 21G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	NP	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	NP	
EASY TWIST & CAP LANCETS (<i>lancets</i>)	NP	
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NF	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N2 (Not Covered)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N2 (NP); QL (1 device per 300 days)
FINGERSTIX LANCETS (<i>lancets</i>)	NP	
FREESTYLE LANCETS (<i>lancets</i>)	NP	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	NF	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	NP	
<i>glucose control in vitro solution , normal</i>	PG	
GUARDIAN CONNECT TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	NF	
GUARDIAN REAL-TIME REPLACEMENT DEVICE (<i>continuous blood gluc receiver</i>)	NF	
GUARDIAN REAL-TIME STARTER KIT (<i>continuous glucose monitor</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN REAL-TIME SYSTEM PED KIT (<i>continuous glucose monitor</i>)	NF	
GUARDIAN RT STARTER KIT (<i>continuous glucose monitor</i>)	NF	
GUARDIAN RT SYSTEM KIT (<i>continuous glucose monitor</i>)	NF	
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	NF	
GUARDIAN TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	PG	
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	PG	
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	PG	
<i>lancets</i>	PG	
<i>lancets super thin 28g</i>	NP	
LANCETS ULTRA THIN (<i>lancets</i>)	NP	
<i>lancets ultra thin 30g</i>	NP	
LIFESCAN UNISTIK 2 (<i>lancets</i>)	NP	
LIFESCAN UNISTIK II LANCETS (<i>lancets</i>)	NP	
<i>lite touch lancets</i>	NP	
LITETOUCH LANCETS (<i>lancets</i>)	NP	
MICROLET LANCETS (<i>lancets</i>)	NP	
MINIMED GUARDIAN SENSOR 3 (<i>continuous blood gluc sensor</i>)	NF	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N2 (NP); QL (1 diaphragm per 300 days)
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	NP	
ONETOUCH DELICA LANCETS 30G (<i>lancets</i>)	NP	
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	NP	
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	NP	
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	NP	
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARADIGM REAL-TIME STARTER KIT (<i>continuous glucose monitor</i>)	NF	
<i>pen needles 1/2" 29g x 12mm</i>	PG	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	PG	
<i>pen needles 3/16" 31g x 5 mm</i>	PG	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	PG	
SAFETY LET LANCETS (<i>lancets</i>)	NP	
<i>sapscare twist top lancets</i>	NP	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	NP	
SOF-SENSOR (<i>continuous blood gluc sensor</i>)	NF	
<i>super thin lancets</i>	NP	
TRUEPLUS LANCETS 26G (<i>lancets</i>)	NP	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	NP	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	NP	
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	NP	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N2 (PB); QL (1 diaphragm per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	UF9 (PG); QL (6 tablets per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (<i>naratriptan hcl</i>)	NP	QL (9 tablets per 30 days)
CAFERGOT ORAL TABLET 1-100 MG (<i>ergotamine-caffeine</i>)	NP	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium</i>)	NF	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NP	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	UF9 (PG)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NP	ST; QL (8 ml per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (6 tablets per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NP	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NP	ST; QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (<i>sumatriptan</i>)	NP	QL (6 sprays per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NP	QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL (10 cart/30 days per 48 max in 365 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL (10 cart/30 days per 48 max in 365 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	QL (10 vials/30 days per 48 max in 365 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NP	QL (12 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NP	QL (12 tablets per 30 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NP	ST; QL (1 kit per 30 days)
RELPAK ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NP	ST; QL (6 tablets per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (12 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	PG	QL (6 sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	QL (10 cart/30 day per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (10 vials/30 days per 48 max in 365 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	PG	QL (10 cart/30 day per 48 max in 365 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (8 syringes/1 month per 48 max in 365 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	QL (6 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (6 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	ST; #; QL (6 sprays per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	QL (6 tablets per 30 days)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	QL (6 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	PB	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NP	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (<i>sodium fluoride</i>)	CE	N2 (PB); AL
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	CE	N2 (PG); AL
<i>fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>fluoritab oral tablet chewable 2.2 (1 f) mg</i>	PG	
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (<i>sodium fluoride</i>)	CE	N2 (NP); AL
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	NP	
<i>iodine strong oral solution 5 %</i>	PG	
<i>potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)</i>	PG	
<i>potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)</i>	PG	
<i>potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)</i>	PG	
<i>potassium chloride (Klor-Con Oral Packet 20 Meq)</i>	NP	QL (5 packs per 1 day)
<i>potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)</i>	PG	
<i>potassium chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq)</i>	PG	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	PB	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	NP	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (<i>potassium chloride</i>)	NP	
<i>sodium fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)</i>	CE	N2 (PG); AL
<i>sodium fluoride (Nafrinse Drops Oral Solution 0.275 (0.125 F) Mg/Drop)</i>	CE	N2 (PG); AL
<i>sodium fluoride (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)</i>	PG	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral packet 20 meq</i>	NP	QL (5 packs per 1 day)
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N2 (PG); AL
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
*MISC. ANTIVIRALS*** - DRUGS FOR INFECTIONS		
<i>favipiravir oral tablet 200 mg</i>	NP	
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NP	PA; ST
ORALAIR ADULT SAMPLE KIT SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST
ORALAIR CHILDRENS SAMPLE KIT SUBLINGUAL THERAPY PACK 3 X 100 IR & 6 X 300 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	NP	PA; ST
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NPS	SP; QL (84 mls per 56 days)
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	QL (3 capsules per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	NP	QL (3 capsules per 1 day)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NP	QL (14 tabs per 1 fill)
<i>chlorhexidine gluconate (Paroex Mouth/Throat Solution 0.12 %)</i>	PG	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	NP	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	PSP	PA; NPL; SP
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPS	PA; NPL; SP; QL (4 tablets per 1 day)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPS	PA; NPL; SP; QL (4 tablets per 1 day)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPS	PA; NPL; SP; QL (4 tablets per 1 day)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPS	PA; NPL; SP; QL (4 tablets per 1 day)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPS	PA; NPL; SP; QL (4 tablets per 1 day)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPS	PA; NPL; SP; QL (4 tablets per 1 day)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPS	PA; NPL; SP; QL (4 tablets per 1 day)
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	NP	
MULTIVITAMINS - DRUGS FOR NUTRITION		
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG (<i>prenatal mv & min w/fa-dha</i>)	PG	Select OTC

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG (prenatal w/o a vit-fe cbn-fa)	PG	Select OTC
azeschew prenatal/postnatal oral tablet chewable 13-1 mg	NF	
azesco oral tablet 13-1 mg	NF	
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (prenatal mv-min-fe fum-fa-dha)	PG	Select OTC
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (prenat w/o a-fecbgl-dss-fa-dha)	NP	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (prenat w/o a fecbnfeglu-fa & b6)	NP	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	NF	
CITRANATAL DHA ORAL 27-1 & 250 MG (prenat w/o a-fecbgl-dss-fa-dha)	NP	
CITRANATAL ESSENCE ORAL THERAPY PACK 35-1 & 300 MG (prenat w/o a-fecbgl-fa-dha)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (prenat-fefmcb-dss-fa-dha w/o a)	NF	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	NP	
CITRANATAL RX ORAL TABLET 27-1 MG (prenat w/o a-fecb-fegl-dss-fa)	NP	
CORVITA ORAL TABLET 1.25 MG (multiple vitamins-minerals-fa)	PG	
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg b complex-c-folic acid (Dexifol Oral Tablet 5 Mg)	PG	Select OTC
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	NF	
multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg	NP	
MYNATAL ADVANCE ORAL TABLET (prenatal vit-dss-fe cbn-fa)	PG	
MYNATAL ORAL TABLET 90-1 MG (prenatal vit-dss-fe cbn-fa)	PG	
mynatal plus oral tablet	PG	
mynatal-z oral tablet	PG	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (prenatal vit-fe fum-fe bisg-fa)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat wloa-fefum-methf-omegas</i>)	NF	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NP	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha wlo a</i>)	NF	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-wlo vit a</i>)	NP	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NP	
OCUVEL ORAL CAPSULE 0.5 MG (<i>multiple vitamins-minerals-fa</i>)	NP	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NP	
POLY-VI-FLOR FS ORAL STRIP 1 MG (<i>pediatric multivitamins-fl</i>)	NP	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	PB	
<i>pregenna oral tablet 20-1 mg</i>	NF	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
<i>prenara oral capsule 15-1 mg</i>	NF	
PRENATABS RX ORAL TABLET 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	PG	
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	PG	Select OTC
<i>prenatal adult gummy/dhalfa oral tablet chewable 0.4-25 mg</i>	PG	Select OTC
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	PG	Select OTC
<i>prenatal plus iron oral tablet 29-1 mg</i>	NP	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feasp-gly-methylfol-fa</i>)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
<i>prenatvite complete oral tablet 1 mg</i>	NF	
<i>prenatvite plus oral tablet 1 mg</i>	NF	
<i>prenatvite rx oral tablet 0.8 mg</i>	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NP	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	NP	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NP	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NF	
SYNAGEX ORAL CAPSULE 1.25 MG (<i>multiple vitamins-minerals-fa</i>)	NP	
SYNATEK ORAL CAPSULE 1.25 MG (<i>multiple vitamins-minerals-fa</i>)	NP	
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NP	
THERANATAL ONE ORAL CAPSULE 27-1-300 MG (<i>prenatal-fefum-fa-dha w/o a</i>)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (<i>prenatal-<i>fefum-fa-dss-fish oil</i></i>)	NP	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NP	
<i>trinaz oral tablet 12-1 mg</i>	NF	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	NF	
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG (<i>prenat-febis-fepro-fa-ca-omega</i>)	NP	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	NP	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NP	
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NP	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NP	
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa w/o a</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (<i>prenat-b2-b6-b12-d3-fa</i>)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	NF	
VITATRUE ORAL 30-1.4 & 300 MG (<i>prenat-fechel-fa-dha w/o vit a</i>)	NP	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NP	
<i>vol-tab rx oral tablet 29-1 mg</i>	NP	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZATEAN-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG (<i>prenat w/o a-fe-methf-fa-omega</i>)	NP	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	NP	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	NP	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	NP	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA; NPL; SP
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	NF	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NPS	PA; ST; NPL; SP
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NPS	PA; ST; NPL; SP
<i>chlorzoxazone</i> (Lorzone Oral Tablet 375 Mg, 750 Mg)	NF	
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	PSP	PA; NPL; SP
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	PG	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	PSP	PA; NPL; SP
OZOBAX ORAL SOLUTION 5 MG/5ML (<i>baclofen</i>)	NF	
SKELAXIN ORAL TABLET 800 MG (<i>metaxalone</i>)	NP	
<i>sodium hyaluronate intra-articular solution prefilled syringe 20 mg/2ml</i>	NF	
SOMA ORAL TABLET 250 MG (<i>carisoprodol</i>)	NF	
SOMA ORAL TABLET 350 MG (<i>carisoprodol</i>)	NP	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan</i>)	NPS	PA; ST; NPL; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan</i>)	NPS	PA; ST; NPL; SP
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NF	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	NPL
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP
<i>carisoprodol</i> (Vanadom Oral Tablet 350 Mg)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NPS	PA; ST; NPL; SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine hcl)	NF	
ZANAFLEX ORAL TABLET 4 MG (tizanidine hcl)	NP	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	PB	
azelastine hcl nasal solution 0.1 %	PG	
azelastine hcl nasal solution 0.15 %	NP	
azelastine-fluticasone nasal suspension 137-50 mcg/lact	PG	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (beclomethasone diprop monohyd)	NP	ST
budesonide nasal suspension 32 mcg/lact	PG	Select OTC
cvs budesonide nasal suspension 32 mcg/lact	PG	Select OTC
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (azelastine-fluticasone)	PB	
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (fluticasone propionate)	PG	Select OTC
flunisolide nasal solution 25 mcg/lact (0.025%)	PG	
fluticasone propionate nasal suspension 50 mcg/lact	PG	Select OTC
ipratropium bromide nasal solution 0.03 %, 0.06 %	PG	QL (1 bottle per 1 fill)
mometasone furoate nasal suspension 50 mcg/lact	PG	
NASACORT ALLERGY 24HR CHILDREN NASAL AEROSOL 55 MCG/ACT (triamcinolone acetonide)	PG	Select OTC; QL (1 bottle per 1 month)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (triamcinolone acetonide)	PG	Select OTC; QL (1 bottle per 1 month)
nasal allergy 24 hour nasal aerosol 55 mcg/lact	PG	Select OTC; QL (1 bottle per 1 month)
NASONEX NASAL SUSPENSION 50 MCG/ACT (mometasone furoate)	NP	ST
olopatadine hcl nasal solution 0.6 %	NP	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	NP	ST; #
PATANASE NASAL SOLUTION 0.6 % (olopatadine hcl)	NP	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	NP	ST

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NP	ST
RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT (<i>budesonide</i>)	PG	Select OTC
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	PG	Select OTC; QL (1 bottle per 1 month)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NF	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NP	ST
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	PA; QL (2 tablets per 1 day)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART		
NORTHERA ORAL CAPSULE 100 MG, 200 MG (<i>droxidopa</i>)	NPS	PA; ST; #; SP; QL (3 capsules per 1 day)
NORTHERA ORAL CAPSULE 300 MG (<i>droxidopa</i>)	NPS	PA; ST; #; SP; QL (6 capsules per 1 day)
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	PSP	PA; ST; NPL; SP
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	NPS	PA; NPL; SP
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	NP	PA
<i>riluzole oral tablet 50 mg</i>	PG	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NP	PA; QL (20 ml per 1 day)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>)	NPS	PA; NPL; SP
NUTRIENTS - DRUGS FOR NUTRITION		
<i>glucose oral liquid</i>	NP	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

200

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	NP	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NP	
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
ALAWAY OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
ALOCRIAL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	NP	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	NP	UF9 (PB)
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	NP	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	PB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	PG	
<i>atropine sulfate ophthalmic ointment 1 %</i>	PG	
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NP	#
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	PB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>brolocizumab-dbl</i>)	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NP	#
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NP	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	NP	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NP	
<i>bimatoprost ophthalmic solution 0.03 %</i>	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEPH-10 OPHTHALMIC SOLUTION 10 % (<i>sulfacetamide sodium</i>)	NP	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	NP	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (<i>sulfacetamide-prednisolone</i>)	NP	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	NP	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	PG	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NP	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NP	ST
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NP	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (<i>ciprofloxacin hcl</i>)	NP	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	PB	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (<i>dorzolamide hcl-timolol mal</i>)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NP	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	NP	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	NP	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	PG	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPS	PA; #; SP; QL (4 bottles per 1 month)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

202

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	PB	#
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	
<i>eye itch relief ophthalmic solution 0.025 %</i>	PG	Select OTC
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	NPS	PA; NPL; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	NPS	PA; NPL; SP
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NP	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	NP	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	NP	
FML OPHTHALMIC OINTMENT 0.1 % (<i>fluorometholone</i>)	PB	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
GENTAK OPHTHALMIC OINTMENT 0.3 % (<i>gentamicin sulfate</i>)	NP	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	NP	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NP	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	NP	
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (<i>pilocarpine hcl</i>)	NP	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NP	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	NP	
<i>ketotifen fumarate ophthalmic solution 0.025 %</i>	PG	Select OTC
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LASTACFT OPHTHALMIC SOLUTION 0.25 % (<i>alcaftadine</i>)	NP	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	PB	#
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	PB	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	PB	#
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NPS	PA; NPL; SP
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NF	
MACUGEN INTRAOCULAR SOLUTION 0.3 MG (<i>pegaptanib sodium</i>)	NPS	PA; NPL; SP
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NP	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NP	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NP	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NP	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	NP	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	NP	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NP	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	NP	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	PG	
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	NP	
PAZEO OPHTHALMIC SOLUTION 0.7 % (<i>olopatadine hcl</i>)	NP	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	PB	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (<i>polymyxin b-trimethoprim</i>)	NP	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NP	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NP	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (<i>gentamicin-prednisolone acet</i>)	NP	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (<i>gentamicin-prednisolone acet</i>)	NP	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NP	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NF	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	NP	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic suspension 10-0.2 %</i>	PB	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	NP	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NP	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NP	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.5 % (<i>timolol maleate</i>)	NP	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NP	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NP	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NP	
TOBEX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NP	
TOBEX OPHTHALMIC SOLUTION 0.3 % (<i>tobramycin</i>)	NP	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NP	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	NP	
TRUSOPT OPHTHALMIC SOLUTION 2 % (<i>dorzolamide hcl</i>)	NP	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NP	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPS	PA; #; SP
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NP	PA; ST
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NF	
ZADITOR OPHTHALMIC SOLUTION 0.025 % (<i>ketotifen fumarate</i>)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	PB	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NP	#
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NP	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NP	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NP	
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	NP	ST
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	NP	ST; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NF	
OTIC AGENTS - DRUGS FOR THE EAR		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution 2-1 %)	PG	
<i>acetic acid otic solution 2 %</i>	PG	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	NP	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NP	#
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (<i>ciprofloxacin-dexamethasone</i>)	PB	#
<i>ciprofloxacin hcl otic solution 0.2 %</i>	NP	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	NP	
<i>fluocinolone acetonide otic oil 0.01 %</i>	NP	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ofloxacin otic solution 0.3 %</i>	PG	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (<i>ciprofloxacin</i>)	NP	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NF	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NP	PA; ST; #
OXYTOCICS - HORMONES		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	NP	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	QL (28 tablets per 7 days)
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	NP	
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG (<i>baloxavir marboxil</i>)	NP	QL (4 tablets per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (<i>baloxavir marboxil</i>)	NP	QL (4 tablets per 365 days)
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NPS	PA; NPL; SP
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-sira</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA; NPL; SP
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (<i>immune globulin (human)</i>)	NPS	PA; NPL; SP
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	NF	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NPS	PA; NPL

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

208

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	NF	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>cytomegalovirus immune glob</i>)	PSP	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	NPS	SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA; NPL; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPS	PA; NPL; SP
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA; NPL; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	PSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NF	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	NPS	SP
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (<i>rabies immune globulin</i>)	NPS	SP
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (<i>rabies immune globulin</i>)	NF	
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (<i>rabies immune globulin</i>)	NPS	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	NPS	SP
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML (<i>tetanus immune globulin</i>)	PSP	SP
IMOGAM RABIES-HT INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (<i>rabies immune globulin</i>)	PSP	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPS	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	NPS	SP
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	NPS	SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	PSP	PA; NPL; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	NPS	PA; NPL; SP
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NPS	PA; ST; NPL; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPS	PA; NPL; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPS	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	PSP	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	PSP	PA; NPL; SP
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPS	SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PSP	PA; QL (2 syringes per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	NF	
PENICILLINS - DRUGS FOR INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	PB	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	NP	
AUGMENTIN ORAL TABLET 500-125 MG (<i>amoxicillin-pot clavulanate</i>)	NP	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	PA; SP; N2 (NPS); QL (2 capsules per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	PA; SP; N2 (NF); QL (2 tablets per 1 day)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (2 tablets per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	NF	
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER		
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); NPL; SP; QL (1 pack per 28 days 1 max starter pack per 1 year)
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	NPS	PA; ST; NPL; SP; QL (2 vials per 28 days)
*PLEUROMUTILINS*** - DRUGS FOR INFECTIONS		
XENLETA ORAL TABLET 600 MG (<i>lefamulin acetate</i>)	NF	
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

212

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALZENNA ORAL CAPSULE 0.25 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
TALZENNA ORAL CAPSULE 1 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (3 capsules per 1 day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	PA; SP; N2 (NPS); QL (4 tablets per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (3 capsules per 1 day)
TALZENNA ORAL CAPSULE 1 MG (<i>talazoparib tosylate</i>)	CE	PA; SP; N2 (NPS); QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	CE	PA; SP; UF9 (PSP); N2 (NPS); QL (3 capsules per 1 day)
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (3 tabs per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	PB	#; QL (3 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	PB	#; QL (2 tablets per 1 day)
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension 15 Gm/60Ml)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NP	PA; ST
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension 15 Gm/60Ml)	PG	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	NP	PA; ST; QL (1 packet per 1 day)
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON*** - DRUGS FOR NUTRITION		
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	PG	Select OTC
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
ALIVE PRENATAL ORAL TABLET CHEWABLE 0.4-25 MG (<i>prenatal mv & min w/fa-dha</i>)	PG	Select OTC
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	PG	Select OTC
<i>prenatal adult gummy/dhalfa oral tablet chewable 0.4-25 mg</i>	PG	Select OTC
<i>prenatal gummies/dha & fa oral tablet chewable 0.4-32.5 mg</i>	PG	Select OTC
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PROGESTINS - HORMONES		
AYGESTIN ORAL TABLET 5 MG (<i>norethindrone acetate</i>)	NP	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	PSP	PA; NPL; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML (<i>hydroxyprogesterone caproate</i>)	PSP	PA; NPL; SP
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (<i>hydroxyprogesterone caproate</i>)	PSP	PA; NPL; SP; QL (21 syringes per 365 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N2 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone intramuscular oil 50 mg/ml</i>	PG	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	PG	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone micronized</i>)	NP	QL (2 capsules per 1 day)
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	NP	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	QL (6 tabs per 1 day)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NF	
ANTABUSE ORAL TABLET 250 MG, 500 MG (<i>disulfiram</i>)	NP	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	NP	PA; AL
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	NPS	PA; ST; SP; QL (4 tablets per 1 day)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NF	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; NPL; SP; QL (1 kit per 1 month)
BRISDELLE ORAL CAPSULE 7.5 MG (<i>paroxetine mesylate</i>)	NP	PA; ST; QL (1 capsule per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N2 (PG); QL (168 day supply per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (Not Covered); QL (168 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	CE	#: N2 (Not Covered); QL (168 day supply per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	CE	#: N2 (Not Covered); QL (168 day supply per 365 days)
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	NP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; SP; QL (2 tablets per 1 day)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>disulfiram oral tablet 250 mg, 500 mg</i>	PG	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	PA; AL
<i>donepezil hcl oral tablet 23 mg</i>	NP	PA; AL
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	PA; AL
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NP	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NF	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	PG	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	PA; AL
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	PA; AL
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	PA; AL
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	PSP	PA; NPL; #; SP; QL (1 capsule per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)</i>	PSP	PA; NPL; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)</i>	PSP	PA; NPL; SP; QL (12 syringes per 28 days)
<i>goodsense nicotine mouththroat gum 4 mg</i>	CE	N2 (Not Covered); QL (180 day supply per 365 days)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (1 tab per 1 day)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (3 tabs per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (<i>gabapentin enacarbil</i>)	NP	PA; ST; QL (1 tablet per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (<i>gabapentin enacarbil</i>)	NP	PA; ST; QL (1 tablet per 2 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	NPS	PA; SP; QL (1 capsule per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	NPS	PA; SP; QL (1 capsule per 1 day)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	PSP	PA; NPL; SP; QL (6 ml (5 vials) per 365 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	PB	#; QL (3 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	PB	#; QL (2 tablets per 1 day)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; NPL; SP; QL (5 tablets per 1 day)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	PSP	PA; NPL; SP; QL (1 tablet per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; NPL; SP; QL (5 tablets per 1 day)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA; AL
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	PG	PA; AL
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NP	PA
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NP	PA
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (<i>memantine hcl</i>)	NF	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG (<i>memantine hcl</i>)	NF	#
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	N2 (Not Covered); QL (168 day supply per per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N2 (Not Covered); QL (168 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N2 (Not Covered); QL (168 day supply per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	PB	PA; QL (2 capsules per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	NP	QL (1 tablet per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg</i>	NP	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NP	PA; QL (1 capsule per 1 day)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg</i>	PG	
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NF	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (<i>galantamine hydrobromide</i>)	NP	AL
RAZADYNE ORAL TABLET 4 MG (<i>galantamine hydrobromide</i>)	NP	PA; AL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (12 injections per 28 days)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

218

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; NPL; SP; QL (12 injections per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	PA
SARAFEM ORAL TABLET 10 MG, 20 MG (<i>fluoxetine hcl (pmd)</i>)	NP	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NP	ST; QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NP	ST; QL (2 tablets per 1 day)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG (<i>olanzapine-fluoxetine hcl</i>)	NP	QL (1 cap per 1 day)
SYMBYAX ORAL CAPSULE 3-25 MG (<i>olanzapine-fluoxetine hcl</i>)	NP	
TECFIDERA ORAL 120 & 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; NPL; #; SP; QL (2 caps per 1 day)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	PSP	PA; NPL; #; SP; QL (2 caps per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; SP; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; SP; QL (4 tablets per 1 day)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	NPS	PA; NPL; SP; QL (1 vial per 1 month)
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	PA; NPL; SP; QL (1 pack per 1 month)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	PA; NPL; SP; QL (4 capsules per 1 day)
XENAZINE ORAL TABLET 12.5 MG (<i>tetrabenazine</i>)	NPS	PA; ST; SP; QL (8 tablets per 1 day)
XENAZINE ORAL TABLET 25 MG (<i>tetrabenazine</i>)	NPS	PA; ST; SP; QL (4 tablets per 1 day)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPS	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	NPS	PA; SP; QL (2 capsules per 1 day)
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	NPS	PA; SP; UF9 (PSP); QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	NPS	PA; SP; UF9 (PSP); QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	NPS	PA; SP; UF9 (PSP); QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	NPS	PA; NPL; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	NPS	PA; NPL; SP
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	NPS	PA; NPL; SP
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPS	PA; SP; UF9 (PSP); QL (2 packets per 1 day)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	NPS	PA; SP; UF9 (PSP); QL (2 tablets per 1 day)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	PSP	PA; SP; QL (2 ampules per 1 day)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	NPS	PA; NPL; SP

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

220

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SCLEROSTIN INHIBITORS*** - HORMONES		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR THE NERVOUS SYSTEM		
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	PB	ST; QL (8 tablets per 30 days)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	PB	ST; QL (4 tablets per 30 days)
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	PB	#; QL (1 tab per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	PB	#
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - HORMONES		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metform</i>)	NP	ST; QL (1 tablet per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	QL (1 tablet per 1 day)
QTERN ORAL TABLET 10-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	ST; QL (1 tablet per 1 day)
QTERN ORAL TABLET 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	PB	ST; #; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	PB	
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	PB	QL (2 tablets per 1 day)
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NPS	PA; SP; QL (2 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
SULFONAMIDES - DRUGS FOR INFECTIONS		
<i>sulfadiazine oral tablet 500 mg</i>	NP	
TETRACYCLINES - DRUGS FOR INFECTIONS		
ACTICLATE ORAL TABLET 150 MG, 75 MG (<i>doxycycline hyclate</i>)	NF	
<i>avidoxy oral tablet 100 mg</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	NF	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	NF	#
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG (<i>doxycycline hyclate</i>)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg</i>	PG	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 20 mg</i>	NP	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	NF	
MINOCIN ORAL CAPSULE 100 MG (<i>minocycline hcl</i>)	NP	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NF	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NF	
MORGIDOX COMBINATION KIT 1 X 100 MG, 2 X 100 MG (<i>doxycycline hyclate-cleanser</i>)	NF	
<i>doxycycline hyclate</i> (Morgidox Oral Capsule 100 Mg)	PG	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	NF	
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	NF	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	NP	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	NP	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (<i>doxycycline calcium</i>)	NP	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NF	
THYROID AGENTS - HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	NP	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NP	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	NP	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	PG	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NP	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (<i>methimazole</i>)	NP	

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NP	#
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NP	#
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	PG	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	NP	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 32.5 MG, 65 MG (<i>thyroid</i>)	NP	
*TRANSTHYRETIN STABILIZERS*** - HORMONES		
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NPS	PA; SP; N2 (NF); QL (1 capsule per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH		
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPS	PA; SP; QL (3 tablets per 1 day)
ULCER DRUGS - DRUGS FOR THE STOMACH		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>rabeprazole sodium</i>)	NF	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	NF	#
<i>amoxicill-clarithro-lansopraz oral</i>	PG	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucrafate</i>)	NP	
CARAFATE ORAL TABLET 1 GM (<i>sucrafate</i>)	NP	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NP	#

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NP	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	PB	PA; #; QL (1 capsule per day, 90 day supply per 365 days)
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PG	PA; QL (1 packet per day, 90 day supply per 365 days)
<i>famotidine oral tablet 10 mg, 40 mg</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	UF9 (PG)
<i>heartburn treatment 24 hour oral capsule delayed release 15 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	NF	
<i>lansoprazole oral capsule delayed release 15 mg</i>	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	NF	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	PA; Select OTC; QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (esomeprazole magnesium)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (esomeprazole magnesium)	NP	PA; ST; #; QL (1 packet per day, 90 day supply per 365 days)
nizatidine oral capsule 150 mg, 300 mg	PG	
nizatidine oral solution 15 mg/ml	PG	
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithro-omeprazole)	NP	
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	PG	Select OTC
omeprazole oral capsule delayed release 10 mg, 40 mg	PG	PA; QL (1 capsule per day, 90 day supply per 365 days)
omeprazole oral capsule delayed release 20 mg	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
omeprazole oral tablet delayed release 20 mg	PG	Select OTC
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	NF	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	NF	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
PEPCID ORAL TABLET 40 MG (famotidine)	NP	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (lansoprazole)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (lansoprazole)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (lansoprazole)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (omeprazole magnesium)	NF	#
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (omeprazole magnesium)	PG	Select OTC
propantheline bromide oral tablet 15 mg	PG	

2020 Pharmacy Drug Guide - Value - Value Plus Plan
The formulary is updated the first week of each month
09/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	NP	#
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	PA; ST; N2 (PG); QL (1 capsule per day, 90 day supply per 365 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	PA; QL (1 tablet per day, 90 day supply per 365 days)
<i>sucralfate oral suspension 1 gm/10ml</i>	PG	
<i>sucralfate oral tablet 1 gm</i>	PG	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	NP	
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	PG	PA; Select OTC; QL (1 capsule per day, 90 day supply per 365 days)
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	NP	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NP	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NP	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
MONUROL ORAL PACKET 3 GM (<i>fosfomycin tromethamine</i>)	NP	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NP	ST; QL (1 cap per 1 day)
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	NP	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>oxybutynin chloride</i>)	NP	ST; QL (2 tablets per 1 day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (<i>oxybutynin chloride</i>)	NP	ST; QL (1 tablets per 1 day)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG (<i>darifenacin hydrobromide</i>)	NP	ST; QL (1 tablet per 1 day)
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	PB	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	PG	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	NP	QL (1 cap per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	PB	#; QL (1 tablet per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	QL (1 cap per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	PG	QL (2 tabs per 1 day)
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL PRODUCTS - DRUGS FOR WOMEN		
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NP	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	NP	
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NP	
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	NP	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NP	#
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	NP	
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NP	
ESTRING VAGINAL RING 2 MG (<i>estradiol</i>)	NP	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NP	#; QL (1 ring per 90 days)
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NP	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NP	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	NP	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NP	QL (1 insert per 1 day)
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NP	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	PB	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	NP	
<i>metronidazole (Vandazole Vaginal Gel 0.75 %)</i>	PG	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)

2020 Pharmacy Drug Guide - Value - Value Plus Plan

The formulary is updated the first week of each month

09/01/2020

230

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (<i>nonoxynol-9</i>)	CE	N2 (Not Covered)
<i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)	NP	
VASOPRESSORS - DRUGS FOR THE HEART		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
ADYPHREN II INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
ADYPHREN INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 injections per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	NP	ST; QL (4 injections per 30 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NP	ST; QL (4 injections per 30 days)
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NP	QL (4 injections per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	SP
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 syringes per 30 days)
VITAMINS - DRUGS FOR NUTRITION		
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	NP	
<i>ergocal oral capsule 62.5 mcg (2500 ut)</i>	NP	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PG	
MEPHYTON ORAL TABLET 5 MG (<i>phytonadione</i>)	NP	QL (25 tablets per 30 days)
<i>phytonadione oral tablet 5 mg</i>	PG	QL (25 tablets per 30 days)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	

Index

<i>abacavir sulfate</i>	101	ACIPHEX SPRINKLE.....	225	AEMCOLO.....	81
<i>abacavir sulfate-lamivudine</i>	101	<i>acitretin</i>	133	Afeditab Cr.....	112, 113
<i>abacavir-lamivudine-zidovudine</i>	101	ACTEMRA.....	24	AFINITOR.....	86
ABILIFY.....	96	ACTEMRA ACTPEN.....	24	AFINITOR DISPERZ.....	86
ABILIFY MAINTENA.....	96	ACTHAR.....	157	Afirmelle.....	118
<i>abiraterone acetate</i>	85	ACTICLATE.....	222	AFREZZA.....	61
ABREVA.....	132	ACTIGALL.....	165	AFSTYLA.....	170
ABSORICA.....	133	ACTIMMUNE.....	85	AGAMATRIX AMP TEST..	148
ABSORICA LD.....	132	ACTIQ.....	32	AGAMATRIX JAZZ TEST..	148
<i>acamprosate calcium</i>	215	ACTIVELLA.....	162	AGAMATRIX KEYNOTE TEST.....	148
ACANYA.....	133	ACTONEL.....	157	AGAMATRIX PRESTO TEST.....	148
<i>acarbose</i>	60	ACTOPLUS MET.....	60	AGGRENEX.....	170
ACCOLATE.....	44	ACTOS.....	61	AGRYLIN.....	170
ACCU-CHEK AVIVA PLUS	147	ACULAR.....	201	AIMOVIG.....	112, 118
ACCU-CHEK COMPACT PLUS.....	147	ACULAR LS.....	200	AIRDUO RESPICLICK 113/14.....	45
ACCU-CHEK FASTCLIX LANCET.....	182	ACUVAIL.....	201	AIRDUO RESPICLICK 232/14.....	45
ACCU-CHEK FASTCLIX LANCETS.....	182	<i>acyclovir</i>	101, 133	AIRDUO RESPICLICK 55/14.....	45
ACCU-CHEK GUIDE.....	147	ACZONE.....	133	AJOVY.....	112, 118
ACCU-CHEK MULTICLIX LANCET DEV.....	183	<i>adapalene</i>	133	AKLIEF.....	133
ACCU-CHEK MULTICLIX LANCETS.....	183	<i>adapalene-benzoyl peroxide</i>	133	AKYNZEO.....	69
ACCU-CHEK SAFE-T PRO LANCETS.....	183	ADCIRCA.....	115	ALAVERT.....	71
ACCU-CHEK SMARTVIEW.....	147	ADDERALL.....	20	ALAVERT ALLERGY/SINUS.....	130
ACCU-CHEK SOFTCLIX LANCET DEV.....	183	ADDERALL XR.....	20	ALAWAY.....	201
ACCU-CHEK SOFTCLIX LANCETS.....	183	<i>adefovir dipivoxil</i>	101	ALAWAY CHILDRENS ALLERGY.....	201
ACCUPRIL.....	76	ADEMPAS.....	116	<i>albendazole</i>	42
ACCURETIC.....	76	ADHANSIA XR.....	20	ALBENZA.....	42
ACCUTREND GLUCOSE..	147	ADLYXIN.....	61	<i>albuterol sulfate</i>	45
<i>acebutolol hcl</i>	109	ADLYXIN STARTER PACK.....	61	<i>albuterol sulfate er</i>	45
<i>acetaminophen-codeine</i>	32	ADMELOG.....	61	<i>albuterol sulfate hfa</i>	45
<i>acetaminophen-codeine</i> #2.....	31	ADMELOG SOLOSTAR.....	61	<i>alclometasone dipropionate</i>	133
<i>acetaminophen-codeine</i> #3.....	31	ADRENALIN.....	199	<i>alcohol swabs</i>	183
<i>acetaminophen-codeine</i> #4.....	31	ADVAIR DISKUS.....	45	ALDACTAZIDE.....	156
Acetasol Hc.....	207	ADVAIR HFA.....	45	ALDACTONE.....	156
<i>acetazolamide</i>	156	ADVANCE INTUITION TEST.....	148	ALDARA.....	133
<i>acetazolamide er</i>	156	ADVANCE MICRO-DRAW TEST.....	148	ALDURAZYME.....	157
<i>acetic acid</i>	168, 207	ADVATE.....	170	ALECENSA.....	86
<i>acetylcysteine</i>	130	ADVOCATE REDI-CODE..	148	<i>alendronate sodium</i>	157
ACIPHEX.....	225	ADVOCATE REDI-CODE+ TEST.....	148	ALFERON N.....	86
		ADVOCATE TEST.....	148	<i>alfuzosin hcl er</i>	168
		ADYNOVATE.....	170	ALINIA.....	81
		ADYPHREN.....	231	<i>aliskiren fumarate</i>	76
		ADYPHREN AMP II.....	231	ALIVE PRENATAL.....	192, 214
		ADYPHREN II.....	231		
		ADZENYS ER.....	20		
		ADZENYS XR-ODT.....	20		

ALKERAN.....	86	AMICAR.....	177	APIDRA SOLOSTAR.....	61
ALLEGRA ALLERGY.....	72	<i>amiloride hcl</i>	156	APLENZIN.....	57
ALLEGRA ALLERGY		<i>amiloride-hydrochlorothiazide</i>	156	<i>apraclonidine hcl</i>	201
CHILDRENS.....	71, 72	<i>aminocaproic acid</i>	177	<i>aprepitant</i>	69, 70
ALLEGRA-D ALLERGY &		<i>amiodarone hcl</i>	44	Apri.....	119
CONGESTION.....	130, 131	AMITIZA.....	165	APRISO.....	165
<i>allergy relief</i>	72	<i>amitriptyline hcl</i>	57	APTENSIO XR.....	20
<i>allergy relief loratadine</i>	72	<i>amlodipine besy-benazepril hcl</i>	76	APTIOM.....	51
<i>allopurinol</i>	169	<i>amlodipine besylate</i>	113	APTIVUS.....	101
ALLZITAL.....	30	<i>amlodipine besylate-valsartan</i>	76	ARAKODA.....	82
<i>almotriptan malate</i>	188	<i>amlodipine-atorvastatin</i>	116	ARALAST NP.....	220
ALOCRIL.....	201	<i>amlodipine-olmesartan</i>	76	Aranelle.....	119
<i>alogliptin benzoate</i>	61	<i>amlodipine-valsartan-hctz</i>	76	ARANESP (ALBUMIN	
<i>alogliptin-metformin hcl</i>	61	AMMONUL.....	157	FREE).....	174
<i>alogliptin-pioglitazone</i>	61	Amnesteem.....	133	ARAVA.....	25
ALOMIDE.....	201	<i>amoxapine</i>	57	ARAZLO.....	133
ALORA.....	162	<i>amoxicill-clarithro-lansopraz</i>	225	ARCALYST.....	25
<i>alosetron hcl</i>	165	<i>amoxicillin</i>	211	ARCAPTA NEOHALER.....	45
ALPHAGAN P.....	201	<i>amoxicillin-pot clavulanate</i>	211	ARICEPT.....	215
ALPHANATE/VWF		<i>amoxicillin-pot clavulanate er</i>	211	ARIKAYCE.....	24
COMPLEX/HUMAN.....	170	<i>amphetamine er</i>	20	ARIMIDEX.....	86
ALPHANINE SD.....	170	<i>amphetamine sulfate</i>	20	<i>aripiprazole</i>	96
<i>alprazolam</i>	43	<i>amphetamine-dextroamphet er</i>	20	ARISTADA.....	96
<i>alprazolam er</i>	43	<i>amphetamine-</i>		ARISTADA INITIO.....	96
ALPRAZOLAM INTENSOL	43	<i>dextroamphetamine</i>	20	ARIXTRA.....	49
<i>alprazolam xr</i>	43	<i>ampicillin</i>	211	<i>armodafinil</i>	20
ALPROLIX.....	170	AMPYRA.....	215	ARMOUR THYROID.....	224
ALREX.....	201	AMRIX.....	197	ARNUITY ELLIPTA.....	45
ALTABAX.....	133	AMZEEQ.....	133	AROMASIN.....	86
ALTACE.....	76	ANADROL-50.....	40	ARTHROTEC.....	25
Altavera.....	118	ANAFRANIL.....	57	ARYMO ER.....	32
ALTOPREV.....	73	<i>anagrelide hcl</i>	170	ASACOL HD.....	165
ALTRENO.....	133	ANALPRAM-HC.....	41	ASCENIV.....	208
ALUNBRIG.....	86	ANAPROX DS.....	24	Ascomp-Codeine.....	32
ALVESCO.....	45	<i>anastrozole</i>	86	Ashlyna.....	119
<i>alyacen 1/35</i>	118	ANCOBON.....	70	ASMANEX (120 METERED	
<i>alyacen 7/7/7</i>	118	ANDRODERM.....	40	DOSES).....	45
Alyq.....	116	ANDROGEL.....	40	ASMANEX (14 METERED	
Amabelz.....	163	ANDROGEL PUMP.....	40	DOSES).....	45
<i>amantadine hcl</i>	94	ANGELIQ.....	163	ASMANEX (30 METERED	
AMARYL.....	61	ANNOVERA.....	119	DOSES).....	46
AMBIEN.....	178	ANORO ELLIPTA.....	45	ASMANEX (60 METERED	
AMBIEN CR.....	178	ANTABUSE.....	215	DOSES).....	46
<i>ambrisentan</i>	116	ANTARA.....	73	ASMANEX (7 METERED	
<i>amcinonide</i>	133	ANUSOL-HC.....	41	DOSES).....	46
AMELUZ.....	133	ANZEMET.....	69	ASMANEX HFA.....	46
AMERGE.....	188	APADAZ.....	32	<i>aspirin</i>	30
Amethia.....	118	<i>apap-caff-dihydrocodeine</i>	32	<i>aspirin 81</i>	30
Amethia Lo.....	118	APEXICON E.....	133	<i>aspirin adult low dose</i>	30
Amethyst.....	119	APIDRA.....	61	<i>aspirin childrens</i>	30

<i>aspirin low dose</i>	30	AYGESTIN.....	214	BD PEN.....	183
<i>aspirin-dipyridamole er</i>	170	Ayuna.....	119	BD PEN MINI.....	183
<i>aspirin-omeprazole</i>	170	AYVAKIT.....	86	BD PEN NEEDLE MINI	
ASPIR-LOW.....	30	AZASITE.....	201	U/F.....	183
ASSURE 3 TEST.....	148	<i>azathioprine</i>	107	BD PEN NEEDLE NANO	
ASSURE 4 TEST.....	148	<i>azelaic acid</i>	134	U/F.....	183
ASSURE II.....	148	<i>azelastine hcl</i>	199, 201	BD PEN NEEDLE	
ASSURE II CHECK.....	148	<i>azelastine-fluticasone</i>	199	ORIGINAL U/F.....	183
ASSURE LANCETS.....	183	AZELEX.....	134	BD PEN NEEDLE SHORT	
ASSURE PLATINUM.....	148	<i>azeschew prenatal/postnatal</i>	193	U/F.....	184
ASSURE PRISM MULTI		<i>azesco</i>	193	BD SAFETYGLIDE	
TEST.....	148	AZILECT.....	94	INSULIN SYRINGE.....	184
ASSURE PRO TEST.....	148	<i>azithromycin</i>	181	BD SAFETY-LOK	
ASTAGRAF XL.....	106, 107	AZOPT.....	201	INSULIN SYRINGE.....	184
ATABEX.....	193	AZOR.....	77	BECONASE AQ.....	199
ATACAND.....	77	AZULFIDINE.....	165	Bekyree.....	119
<i>atazanavir sulfate</i>	101	AZULFIDINE EN-TABS....	165	BELBUCA.....	32
AELVIA.....	157	Azurette.....	119	BELSOMRA.....	207
<i>atenolol</i>	109	<i>bacitracin</i>	201	<i>benazepril hcl</i>	77
<i>atenolol-chlorthalidone</i>	77	<i>bacitracin-polymyxin b</i>	201	<i>benazepril-hydrochlorothiazide</i> ..	77
ATGAM.....	107	<i>baclofen</i>	197	BENEFIX.....	170
ATIVAN.....	43	BACTRIM.....	81	BENICAR.....	77
<i>atomoxetine hcl</i>	20	BACTRIM DS.....	81	BENICAR HCT.....	77
<i>atorvastatin calcium</i>	73	BALCOLTRA.....	119	BENLYSTA.....	107
<i>atovaquone</i>	81	<i>balsalazide disodium</i>	165	BENZAACLIN.....	134
<i>atovaquone-proguanil hcl</i>	82	BALVERSA.....	84	BENZAACLIN WITH PUMP	134
ATRALIN.....	133	Balziva.....	119	BENZAMYCIN.....	134
ATRIPLA.....	101	BANZEL.....	51	<i>benzhydrocodone-</i>	
<i>atropine sulfate</i>	201	BAQSIMI ONE PACK.....	61	<i>acetaminophen</i>	32
ATROVENT HFA.....	46	BAQSIMI TWO PACK.....	61	<i>benznidazole</i>	42
AUBAGIO.....	215	BARACLUDGE.....	101	<i>benzonatate</i>	131
Aubra.....	119	BASAGLAR KWIKPEN.....	61	<i>benzoyl peroxide-erythromycin</i>	
Aubra Eq.....	119	BAXDELA.....	164	.....	134
AUGMENTIN.....	211	BAYER LOW DOSE.....	30	<i>benztropine mesylate</i>	94
Aurovela 1.5/30.....	119	BD AUTOSHIELD.....	183	BEOVU.....	201
Aurovela 1/20.....	119	BD INSULIN SYRINGE....	183	BEPREVE.....	201
Aurovela 24 Fe.....	119	BD INSULIN SYRINGE		BERINERT.....	170
Aurovela Fe 1/20.....	119	MICROFINE.....	183	BESIVANCE.....	201
AUSTEDO.....	215	BD INSULIN SYRINGE		<i>betamethasone dipropionate</i>	134
AUVI-Q.....	231	U/F.....	183	<i>betamethasone dipropionate</i>	
AVALIDE.....	77	BD INSULIN SYRINGE U-		<i>aug</i>	134
AVANDIA.....	61	500.....	183	<i>betamethasone valerate</i>	134
AVAPRO.....	77	BD INSULIN SYRINGE		BETAPACE.....	109
Aviane.....	119	ULTRAFINE.....	183	BETAPACE AF.....	109
<i>avidoxy</i>	222	BD LANCET ULTRAFINE		BETASERON.....	215
Avita.....	133, 134	30G.....	183	<i>betaxolol hcl</i>	109, 201
AVODART.....	168	BD LANCET ULTRAFINE		<i>bethanechol chloride</i>	229
AVONEX PEN.....	215	33G.....	183	BETHKIS.....	24
AVONEX PREFILLED.....	215	BD MICROTAINER		BETIMOL.....	201
AVSOLA.....	165	LANCETS.....	183	BETOPTIC-S.....	201

BEVESPI AEROSPHERE.....	46	Bupap.....	30	CARAFATE.....	225
<i>bexarotene</i>	86	BUPHENYL.....	158	CARBAGLU.....	158
BEYAZ.....	119	<i>buprenorphine</i>	33	<i>carbamazepine</i>	51
<i>bicalutamide</i>	86	<i>buprenorphine hcl</i>	33	<i>carbamazepine er</i>	51
BIDIL.....	116	<i>buprenorphine hcl-naloxone hcl</i>	33	CARBATROL.....	51
BIJUVA.....	163	<i>bupropion hcl</i>	57	<i>carbidopa</i>	94
BIKTARVY.....	101	<i>bupropion hcl er (smoking det)</i>	215	<i>carbidopa-levodopa</i>	94
BILTRICIDE.....	42	.....	215	<i>carbidopa-levodopa er</i>	94
<i>bimatoprost</i>	201	<i>bupropion hcl er (sr)</i>	57	<i>carbidopa-levodopa-entacapone</i>	94
BINOSTO.....	157	<i>bupropion hcl er (xl)</i>	57	<i>carbinoxamine maleate</i>	72
BIOSCANNER GLUCOSE		<i>buspirone hcl</i>	43	<i>cardioplegic</i>	116
TEST.....	148	<i>butalbital-acetaminophen</i>	30	CARDIZEM.....	113
<i>bisoprolol fumarate</i>	109	<i>butalbital-apap-caff-cod</i>	33	CARDIZEM CD.....	113
<i>bisoprolol-hydrochlorothiazide</i>	77	<i>butalbital-apap-caffeine</i>	30	CARDIZEM LA.....	113
BIVIGAM.....	208	<i>butalbital-asa-caff-codeine</i>	33	CARDURA.....	77
BLEPH-10.....	202	<i>butalbital-asa-caffeine</i>	30	CARDURA XL.....	168
BLEPHAMIDE.....	202	<i>butorphanol tartrate</i>	33	CARESENS N GLUCOSE	
BLEPHAMIDE S.O.P.....	202	BUTRANS.....	33	TEST.....	148
Blisovi 24 Fe.....	119	BYDUREON.....	61	CARETOUCH TEST.....	148
Blisovi Fe 1.5/30.....	120	BYDUREON BCISE.....	61	CARIMUNE NF.....	208
<i>blood glucose test</i>	148	BYETTA 10 MCG PEN.....	61	<i>carisoprodol</i>	197
BONIVA.....	158	BYETTA 5 MCG PEN.....	62	<i>carisoprodol-aspirin</i>	197
BONJESTA.....	70	BYNFEZIA PEN.....	158	<i>carisoprodol-aspirin-codeine</i> ...	197
<i>bosentan</i>	116	BYSTOLIC.....	109	CARNITOR.....	158
BOSULIF.....	86	<i>cabergoline</i>	158	CARNITOR SF.....	158
BOTOX.....	200	CABLIVI.....	106	CAROSPIR.....	156
BRAFTOVI.....	86	CABOMETYX.....	86	<i>carteolol hcl</i>	202
BREO ELLIPTA.....	46	CADUET.....	116	Cartia Xt.....	113
<i>briellyn</i>	120	CAFERGOT.....	188	<i>carvedilol</i>	109
BRILINTA.....	156, 170	CALAN SR.....	113	<i>carvedilol phosphate er</i>	110
<i>brimonidine tartrate</i>	202	<i>calcipotriene</i>	134	CASODEX.....	87
BRISDELLE.....	215	<i>calcipotriene-betameth diprop</i>	134	CATAPRES.....	77
BRIVIACT.....	51	<i>calcitonin (salmon)</i>	158	CATAPRES-TTS-1.....	77
<i>bromfenac sodium (once-daily)</i>	202	Calcitrene.....	134	CATAPRES-TTS-2.....	77
.....	202	<i>calcitriol</i>	134, 158	CATAPRES-TTS-3.....	77
<i>bromocriptine mesylate</i>	94	CALQUENCE.....	87	CAYA.....	184
<i>brompheniramine tannate</i>	72	CAMBIA.....	188	CAYSTON.....	191
BROMSITE.....	202	Camila.....	120	Caziant.....	120
BROVANA.....	46	Camrese.....	120	<i>cefaclor</i>	117
BRUKINSA.....	86	Camrese Lo.....	120	<i>cefaclor er</i>	117
BRYHALI.....	134	CANASA.....	165	<i>cefadroxil</i>	117
<i>budesonide</i>	46, 129, 199	<i>candesartan cilexetil</i>	77	<i>cefdinir</i>	117
<i>budesonide er</i>	129	<i>candesartan cilexetil-hctz</i>	77	<i>cefditoren pivoxil</i>	117
<i>budesonide-formoterol</i>		<i>capecitabine</i>	87	<i>cefixime</i>	117
<i>fumarate</i>	46	CAPEX.....	134	<i>cefpodoxime proxetil</i>	117
<i>bullseye mini safety lancets</i>	184	CAPLYTA.....	96	<i>cefprozil</i>	117
BULLSEYE SAFETY		CAPRELSA.....	87	<i>cefuroxime axetil</i>	117
LANCETS.....	184	<i>captopril</i>	77	CELEBREX.....	25
<i>bumetanide</i>	156	<i>captopril-hydrochlorothiazide</i> ...	77	<i>celecoxib</i>	25
BUNAVAIL.....	32	CARAC.....	134	CELEXA.....	57

CELLCEPT.....	107	CINRYZE.....	171	<i>clindamycin phos-benzoyl</i>	
CELONTIN.....	51	CIPRO.....	164	<i>perox</i>	135
CENTANY.....	134	CIPRO HC.....	207	<i>clindamycin phosphate</i>	135, 230
CENTRUM SPECIALIST		CIPRODEX.....	207	<i>clindamycin-tretinoin</i>	135
PRENATAL.....	193	<i>ciprofloxacin hcl</i>	165, 207	CLINDESSE.....	230
<i>cephalexin</i>	117	<i>ciprofloxacin-fluocinolone pf.</i>	207	<i>clobazam</i>	51
CEQUA.....	202	<i>cialopram hydrobromide</i>	57	<i>clobetasol prop emollient base</i>	135
CERDELGA.....	174	CITRANATAL 90 DHA.....	193	<i>clobetasol propionate</i>	135, 136
CEREZYME.....	174	CITRANATAL B-CALM....	193	<i>clobetasol propionate e</i>	135
CERVIDIL.....	208	CITRANATAL BLOOM....	193	<i>clobetasol propionate emulsion</i>	135
Cesia.....	120	CITRANATAL DHA.....	193	CLOBEX.....	136
<i>cetirizine hcl</i>	72	CITRANATAL ESSENCE..	193	CLOBEX SPRAY.....	136
<i>cetirizine-pseudoephedrine er.</i>	131	CITRANATAL HARMONY		Clodan.....	136
CETRAXAL.....	207	.....	193	CLODERM.....	136
<i>cevimeline hcl</i>	191	CITRANATAL MEDLEY...	193	<i>clomipramine hcl</i>	57
CHANTIX.....	215	CITRANATAL RX.....	193	<i>clonazepam</i>	51
CHANTIX CONTINUING		Claravis.....	135	<i>clonidine hcl</i>	77
MONTH PAK.....	215	CLARINEX.....	72	<i>clonidine hcl er</i>	20
CHANTIX STARTING		CLARINEX-D 12 HOUR...	131	<i>clopidogrel bisulfate</i>	171
MONTH PAK.....	215	<i>clarithromycin</i>	182	<i>clorazepate dipotassium</i>	43
Chateal.....	120	<i>clarithromycin er</i>	182	<i>clotrimazole</i>	192
Chateal Eq.....	120	CLARITIN.....	72	<i>clotrimazole-betamethasone</i>	136
CHEMET.....	68	CLARITIN CHILDRENS....	72	<i>clozapine</i>	96
CHENODAL.....	165	CLARITIN EYE.....	202	CLOZARIL.....	97
<i>childrens aspirin</i>	31	CLARITIN REDITABS.....	72	COAGADDEX.....	171
<i>childrens aspirin low strength</i>	31	CLARITIN-D 12 HOUR....	131	COAGUCHEK LANCETS..	184
<i>childrens loratadine</i>	72	CLARITIN-D 24 HOUR....	131	<i>coal tar</i>	136
<i>chlordiazepoxide hcl</i>	43	<i>clemastine fumarate</i>	72	COARTEM.....	82
<i>chlordiazepoxide-amitriptyline</i>	215	CLENPIQ.....	180	<i>codeine sulfate</i>	33
<i>chlorhexidine gluconate</i>	192	CLEOCIN.....	81, 230	<i>coditussin ac</i>	131
<i>chloroquine phosphate</i>	82	CLEOCIN-T.....	135	COLAZAL.....	165
<i>chlorpromazine hcl</i>	96	CLEVER CHEK AUTO-		<i>colchicine</i>	169
<i>chlorthalidone</i>	156	CODE TEST.....	148	<i>colchicine-probenecid</i>	169
<i>chlorzoxazone</i>	197	CLEVER CHEK AUTO-		COLCRYS.....	169
CHOLBAM.....	111	CODE VOICE.....	148	<i>colesevelam hcl</i>	74
<i>cholestyramine</i>	74	CLEVER CHEK TEST.....	148	COLESTID.....	74
<i>cholestyramine light</i>	74	CLEVER CHOICE AUTO-		COLESTID FLAVORED.....	74
Ciclodan.....	135	CODE TEST.....	149	<i>colestipol hcl</i>	74
<i>ciclopirox</i>	135	CLEVER CHOICE MICRO		<i>colistimethate sodium (cba)</i>	81
<i>ciclopirox olamine</i>	135	TEST.....	149	COLY-MYCIN M.....	81
<i>cidofovir</i>	101	CLEVER CHOICE NO		COMBIGAN.....	202
<i>cilostazol</i>	171	CODING.....	149	COMBIPATCH.....	163
CILOXAN.....	202	CLEVER CHOICE TALK		COMBIVENT RESPIMAT...	46
CIMDUO.....	101	SYSTEM.....	149	COMBIVIR.....	101
<i>cimetidine</i>	225	CLIMARA.....	163	COMETRIQ (100 MG	
<i>cimetidine hcl</i>	225	CLIMARA PRO.....	163	DAILY DOSE).....	87
CIMZIA.....	165	CLINDAGEL.....	135	COMETRIQ (140 MG	
CIMZIA PREFILLED.....	165	<i>clindamycin hcl</i>	81	DAILY DOSE).....	87
CIMZIA STARTER KIT.....	165	<i>clindamycin palmitate hcl</i>	81	COMETRIQ (60 MG DAILY	
CINQAIR.....	180			DOSE).....	87

<i>comfort assured lancets 28g</i>	184	CUTIVATE.....	137	D-CARE BLOOD
<i>comfort assured lancets 33g</i>	184	CUVITRU.....	208, 209	GLUCOSE.....
COMPLERA.....	101	CUVPOSA.....	225	DDAVP.....
Compro.....	97	<i>cvs budesonide</i>	199	DDAVP RHINAL TUBE.....
COMTAN.....	94	<i>cvs omeprazole-sod</i>		Deblitane.....
CONCERTA.....	20	<i>bicarbonate</i>	226	<i>deferasirox</i>
CONDYLOX.....	136	<i>cvs prenatal gummy</i>	193, 214	<i>deferoxamine mesylate</i>
CONSENSI.....	112	<i>cyanocobalamin</i>	174	DELSTRIGO.....
<i>constulose</i>	180	Cyclafem 1/35.....	120	Delyla.....
CONTOUR NEXT TEST.....	149	Cyclafem 7/7/7.....	120	DELZICOL.....
CONTOUR TEST.....	149	<i>cyclobenzaprine hcl</i>	197	<i>demeclocycline hcl</i>
CONZIP.....	33	<i>cyclobenzaprine hcl er</i>	197	DEM SER.....
COOL BLOOD GLUCOSE		CYCLOGYL.....	202	DENAVIR.....
TEST STRIPS.....	149	CYCLOMYDRIL.....	202	DEPAKOTE.....
COPAXONE.....	215	<i>cyclopentolate hcl</i>	202	DEPAKOTE ER.....
COPIKTRA.....	212	<i>cyclophosphamide</i>	87	DEPAKOTE SPRINKLES....
CORDRAN.....	136	<i>cycloserine</i>	84	DEPEN TITRATABS.....
COREG.....	110	CYCLOSET.....	62	DEPO-PROVERA.....
COREG CR.....	110	<i>cyclosporine</i>	107	DEPO-SUBQ PROVERA
Coremino.....	223	<i>cyclosporine modified</i>	107	104.....
CORGARD.....	110	CYMBALTA.....	57	DEPO-TESTOSTERONE.....
CORIFACT.....	171	<i>cyproheptadine hcl</i>	72	DERMA-SMOOTH/FS
CORLANOR.....	221, 222	Cyred.....	120	BODY.....
CORTEF.....	129	Cyred Eq.....	120	DERMA-SMOOTH/FS
CORTIFOAM.....	41	CYSTADANE.....	158	SCALP.....
<i>cortisone acetate</i>	129	CYSTAGON.....	168	DERMOTIC.....
CORTISPORIN.....	136	CYSTARAN.....	202	DESCOVY.....
CORVITA.....	193	CYTOGAM.....	209	DESFERAL.....
COSENTYX.....	137	CYTOMEL.....	224	68, 69
COSENTYX (300 MG		CYTOTEC.....	226	<i>desipramine hcl</i>
DOSE).....	136	CYTOVENE.....	101	<i>desloratadine</i>
COSENTYX		CYTRA-3.....	168	<i>desmopressin ace spray refrig.</i>
SENSOREADY (300 MG)...	136	<i>cytra-k</i>	168	158
COSENTYX		D.H.E. 45.....	188	<i>desmopressin acetate</i>
SENSOREADY PEN.....	137	<i>dalfampridine er</i>	215	158
COSOPT.....	202	DALIRESP.....	46	<i>desmopressin acetate spray</i>
COSOPT PF.....	202	<i>danazol</i>	40	158
COTELLIC.....	87	DANTRIUM.....	197	<i>desogestrel-ethinyl estradiol</i> ...
COTEMPLA XR-ODT.....	20	<i>dantrolene sodium</i>	197	121
COZAAR.....	77, 78	<i>dapsone</i>	81, 137	DESONATE.....
CREON.....	155	DARAPRIM.....	82	137
CRESEMBA.....	70	<i>darifenacin hydrobromide er</i> ...	229	DESOWEN.....
CRESTOR.....	74	Dasetta 1/35.....	120	137
CRINONE.....	230	Dasetta 7/7/7.....	120	<i>desoximetasone</i>
CRIXIVAN.....	101	DAURISMO.....	87	137
<i>cromolyn sodium</i>	46, 165, 202	DAYPRO.....	25	DESOXYN.....
CROTAN.....	137	Daysee.....	120	21
Crysell-28.....	120	DAYTRANA.....	21	<i>desvenlafaxine er</i>
CUPRIMINE.....	107	DAYVIGO.....	207	57
CUTAQUIG.....	208			<i>desvenlafaxine succinate er</i>
				57
				DETROL.....
				229
				DETROL LA.....
				229
				<i>dexamethasone</i>
				129
				DEXAMETHASONE
				INTENSOL.....
				129
				<i>dexamethasone sodium</i>
				<i>phosphate</i>
				202
				<i>dexchlorpheniramine maleate</i> ...
				72

DEXCOM G4 PLAT PED	<i>diflorasone diacetate</i>	138	DRISDOL.....	231
RCV/SHARE.....	DIFLUCAN.....	70	DRIZALMA SPRINKLE.....	57
DEXCOM G4 PLAT PED	<i>diflunisal</i>	31	<i>dronabinol</i>	70
RECEIVER.....	Digitek.....	115	<i>drospiren-eth estrad-levomefol</i>	121
DEXCOM G4 PLATINUM	Digox.....	115	<i>drospirenone-ethinyl estradiol</i>	121
RCV/SHARE.....	<i>digoxin</i>	115	DUAKLIR PRESSAIR.....	46
DEXCOM G4 PLATINUM	<i>dihydroergotamine mesylate</i> ...	188	DUAVEE.....	164
RECEIVER.....	DILANTIN.....	52	DUETACT.....	62
DEXCOM G4 PLATINUM	DILANTIN INFATABS.....	52	DUEXIS.....	25
TRANSMITTER.....	DILATRATE-SR.....	42	DULERA.....	46, 47
DEXCOM G4 SENSOR.....	DILAUDID.....	33	<i>duloxetine hcl</i>	57
DEXCOM G5 MOB/G4	<i>diltiazem hcl</i>	114	DUOBRII.....	138
PLAT SENSOR.....	<i>diltiazem hcl er</i>	113, 114	DUO-CARE TEST.....	149
DEXCOM G5 MOBILE	<i>diltiazem hcl er beads</i>	113	DUOPA.....	94
RECEIVER.....	<i>diltiazem hcl er coated beads</i> ...	113	DUPIXENT.....	109
DEXCOM G5 MOBILE	<i>dilt-xr</i>	114	DURAGESIC-100.....	34
TRANSMITTER.....	DIOVAN.....	78	DURAGESIC-12.....	34
DEXCOM G5 RECEIVER	DIOVAN HCT.....	78	DURAGESIC-25.....	34
KIT.....	DIPENTUM.....	166	DURAGESIC-50.....	34
DEXCOM G6 RECEIVER..	<i>diphenoxylate-atropine</i>	68	DURAGESIC-75.....	34
DEXCOM G6 SENSOR.....	DIPROLENE.....	138	DUREZOL.....	203
DEXCOM G6	DIPROLENE AF.....	138	DURLAZA.....	171
TRANSMITTER.....	<i>dipyridamole</i>	171	DUROLANE.....	197
DEXEDRINE.....	<i>disopyramide phosphate</i>	44	<i>dutasteride</i>	168
Dexifol.....	<i>disulfiram</i>	216	<i>dutasteride-tamsulosin hcl</i>	168
DEXILANT.....	DITROPAN XL.....	229	DUTOPROL.....	78
<i>dexmethylphenidate hcl</i>	DIURIL.....	156	DXEVO 11-DAY.....	129
<i>dexmethylphenidate hcl er</i>	<i>divalproex sodium</i>	52	DYANAVEL XR.....	21
<i>dextroamphetamine sulfate</i>	<i>divalproex sodium er</i>	52	DYAZIDE.....	156
<i>dextroamphetamine sulfate er</i> ...	DIVIGEL.....	163	DYMISTA.....	199
DIACOMIT.....	<i>docosanol</i>	138	DYRENIUM.....	156
DIASTAT ACUDIAL.....	<i>dofetilide</i>	44	DYSPORT.....	200
DIASTAT PEDIATRIC.....	DOLOPHINE.....	33, 34	E.E.S. 400.....	182
<i>diathrive blood glucose test</i>	<i>donepezil hcl</i>	216	E.E.S. GRANULES.....	182
<i>diatruue plus test</i>	DOPTelet.....	174	<i>easy plus ii glucose test</i>	149
<i>diazepam</i>	DORAL.....	178	EASY STEP TEST.....	149
Diazepam Intensol.....	DORYX.....	223	<i>easy talk blood glucose test</i>	149
<i>diazoxide</i>	DORYX MPC.....	223	EASY TOUCH LANCETS	
DIBENZYLINe.....	<i>dorzolamide hcl</i>	202	21G.....	185
DICLEGIS.....	<i>dorzolamide hcl-timolol mal</i> ...	202	EASY TOUCH LANCETS	
<i>diclofenac epolamine</i>	<i>dorzolamide hcl-timolol mal pf</i>	203	23G.....	185
<i>diclofenac potassium</i>	DOVATO.....	102	EASY TOUCH LANCETS	
<i>diclofenac sodium</i>	DOVONEX.....	138	26G.....	185
<i>diclofenac sodium er</i>	<i>doxazosin mesylate</i>	78	EASY TOUCH LANCETS	
<i>diclofenac-misoprostol</i>	<i>doxepin hcl</i>	57, 138, 178	28G.....	185
<i>dicloxacillin sodium</i>	<i>doxercalciferol</i>	158	EASY TOUCH LANCETS	
<i>dicyclomine hcl</i>	<i>doxycycline</i>	138	28G/TWIST.....	185
<i>didanosine</i>	<i>doxycycline hyclate</i>	223	EASY TOUCH LANCETS	
DIFFERIN.....	<i>doxycycline monohydrate</i>	223	30G.....	185
DIFICID.....	<i>doxylamine-pyridoxine</i>	70		

EASY TOUCH LANCETS 32G.....	185	ELIQUIS DVT/PE STARTER PACK.....	50	EPIDIOLEX.....	52
EASY TOUCH LANCETS 32G/TWIST.....	185	ELIXOPHYLLIN.....	47	EPIDUO.....	138
EASY TOUCH LANCING DEVICE.....	185	ELLA.....	121	EPIDUO FORTE.....	138
EASY TOUCH SAFETY LANCETS 21G.....	185	ELMIRON.....	168	<i>epinastine hcl</i>	203
EASY TOUCH SAFETY LANCETS 23G.....	185	ELOCTATE.....	171	<i>epinephrine</i>	231
EASY TOUCH SAFETY LANCETS 26G.....	185	Eluryng.....	121	EPIPEN 2-PAK.....	231
EASY TOUCH SAFETY LANCETS 28G.....	185	EMBRACE BLOOD GLUCOSE TEST.....	149	EPIPEN JR 2-PAK.....	231
EASY TOUCH TEST.....	149	EMBRACE EVO BLOOD GLUCOSE TEST.....	149	EPISNAP.....	231
<i>easy trak blood glucose test</i>	149	EMBRACE PRO GLUCOSE TEST.....	150	Epitol.....	52
EASY TWIST & CAP LANCETS.....	185	EMBRACE TALK GLUCOSE TEST.....	150	EPIVIR.....	102
EASYGLUCO.....	149	EMCYT.....	87	EPIVIR HBV.....	102
EASYGLUCO PLUS.....	149	EMEND.....	70	<i>eplerenone</i>	78
EASYMAX 15 TEST.....	149	EMFLAZA.....	129	EPOGEN.....	174
EASYMAX TEST.....	149	EMGALITY.....	112, 118	<i>epoprostenol sodium</i>	116
EASYPRO BLOOD GLUCOSE TEST.....	149	EMGALITY (300 MG DOSE).....	112, 118	EPZICOM.....	102
EASYPRO PLUS.....	149	Emoquette.....	121	<i>eq allergy relief</i>	72
<i>econazole nitrate</i>	138	EMSAM.....	58	<i>eq blood glucose test</i>	150
ECOTRIN LOW STRENGTH.....	31	EMTRIVA.....	102	EQUETRO.....	97
ECOZA.....	138	EMVERM.....	42	<i>ergocal</i>	231
EDARBI.....	78	ENABLEX.....	229	<i>ergocalciferol</i>	231
EDARBYCLOR.....	78	<i>enalapril maleate</i>	78	<i>ergoloid mesylates</i>	216
EDECIN.....	156	<i>enalapril-hydrochlorothiazide</i> ...	78	ERGOMAR.....	188
EDLUAR.....	178	ENBRACE HR.....	193	<i>ergotamine-caffeine</i>	188
EDURANT.....	102	ENBREL.....	25	ERIVEDGE.....	87
<i>efavirenz</i>	102	ENBREL MINI.....	25	ERLEADA.....	88
EFFER-K.....	189	ENBREL SURECLICK.....	25	<i>erlotinib hcl</i>	88
EFFEXOR XR.....	58	ENDARI.....	24	Errin.....	121
EFFIENT.....	171	Endocet.....	34	ERTACZO.....	138
EFUDEX.....	138	ENDOMETRIN.....	230	<i>ery</i>	138
ELAPRASE.....	158	ENLITE GLUCOSE SENSOR.....	185	ERYPED 200.....	182
ELELYSO.....	174	<i>enoxaparin sodium</i>	50	ERYPED 400.....	182
<i>element compact test</i>	149	Enpresse-28.....	121	Ery-Tab.....	182
ELEMENT TEST.....	149	Enskyce.....	121	ERYTHROCIN STEARATE	182
ELESTRIN.....	163	ENSTILAR.....	138	<i>erythromycin</i>	138, 203
<i>eletriptan hydrobromide</i>	188	<i>entacapone</i>	94	<i>erythromycin base</i>	182
ELIDEL.....	138	<i>entecavir</i>	102	<i>erythromycin ethylsuccinate</i>	182
ELIGARD.....	87	ENTOCORT EC.....	129	<i>erythromycin stearate</i>	182
ELIMITE.....	138	ENTRESTO.....	200	ESBRIET.....	220
Elinest.....	121	ENTYVIO.....	179	<i>escitalopram oxalate</i>	58
ELIQUIS.....	50	<i>enulose</i>	166	Esgic.....	31
		ENVARUSUS XR.....	107	<i>esomeprazole magnesium</i>	226
		EPANED.....	78	ESPEROCT.....	171
		EPCLUSA.....	177	Estarylla.....	121
				<i>estazolam</i>	178
				ESTRACE.....	163, 230
				<i>estradiol</i>	163, 230
				<i>estradiol valerate</i>	163
				<i>estradiol-norethindrone acet</i> ...	163
				ESTRING.....	230

ESTROGEL.....	163	<i>ezetimibe-simvastatin</i>	74	FIBRYGA.....	171
ESTROSTEP FE.....	121	FA-8.....	174	FIFTY50 GLUCOSE TEST	
<i>eszopiclone</i>	178	FABIOR.....	139	2.0.....	150
<i>ethacrynic acid</i>	156	FABRAZYME.....	158	FINACEA.....	139
<i>ethambutol hcl</i>	84	FALESSA.....	121	<i>finasteride</i>	168
<i>ethosuximide</i>	52	Falmina.....	121	FINGERSTIX LANCETS...	185
<i>ethynodiol diac-eth estradiol</i> ...	121	<i>famciclovir</i>	102	FIORICET.....	31
<i>etodolac</i>	26	<i>famotidine</i>	226	FIORICET/CODEINE.....	34
<i>etodolac er</i>	26	FANAPT.....	97	FIORINAL.....	31
<i>etoposide</i>	88	FANAPT TITRATION		FIORINAL/CODEINE #3....	34
EUCRISA.....	212	PACK.....	97	FIRAZYR.....	171
EUFLEXXA.....	197	FARESTON.....	88	FIRDAPSE.....	83
Euthyrox.....	224	FARXIGA.....	62	FIRMAGON.....	88
EVAMIST.....	163	FARYDAK.....	88	FIRMAGON (240 MG	
EVEKEO.....	21	FASENRA PEN.....	180	DOSE).....	88
EVEKEO ODT.....	21	FASLODEX.....	88	FIRVANQ.....	169
EVENCARE + BLOOD		<i>favipiravir</i>	191	FLAGYL.....	81, 82
GLUCOSE TEST.....	150	Fayosim.....	121	FLAREX.....	203
EVENCARE BLOOD		FC2 FEMALE CONDOM..	185	<i>flavoxate hcl</i>	229
GLUCOSE TEST.....	150	<i>febuxostat</i>	169	FLEBOGAMMA DIF.....	209
EVENCARE G2 TEST.....	150	<i>felbamate</i>	52	<i>flecainide acetate</i>	44
EVENCARE G3 TEST.....	150	FELBATOL.....	52	FLECTOR.....	139
EVENCARE MINI		FELDENE.....	26	FLOLAN.....	116
GLUCOSE TEST.....	150	<i>felodipine er</i>	114	<i>flolipid</i>	74
EVENITY.....	221	FEMARA.....	88	FLOMAX.....	168
<i>everolimus</i>	88, 107	FEMCAP.....	185	FLONASE ALLERGY	
EVISTA.....	158	FEMHRT LOW DOSE.....	163	RELIEF.....	199
EVOCLIN.....	138	FEMRING.....	230	FLORIVA.....	190
EVOLUTION AUTOCODE	150	Femynor.....	121	FLOVENT DISKUS.....	47
EVOTAZ.....	102	<i>fenofibrate</i>	74	FLOVENT HFA.....	47
EVOXAC.....	192	<i>fenofibrate micronized</i>	74	<i>fluconazole</i>	70, 71
EVZIO.....	69	<i>fenofibric acid</i>	74	<i>flucytosine</i>	71
EXACTECH R-S-G TEST..	150	FENOGLIDE.....	74	<i>fludrocortisone acetate</i>	129
EXACTECH TEST.....	150	<i>fenoprofen calcium</i>	26	<i>flunisolide</i>	199
EXELDERM.....	138	FENORTHO.....	26	<i>fluocinolone acetonide</i>	139, 207
EXELON.....	216	<i>fentanyl</i>	34	<i>fluocinolone acetonide body</i>	139
<i>exemestane</i>	88	<i>fentanyl citrate</i>	34	<i>fluocinolone acetonide scalp</i>	139
EXFORGE.....	78	FENTORA.....	34	<i>fluocinonide</i>	139
EXFORGE HCT.....	78	FERRIPROX.....	69	<i>fluocinonide emulsified base</i>	139
EXJADE.....	69	FERRIPROX TWICE-A-		FLUORABON.....	190
EXTAVIA.....	216	DAY.....	69	<i>fluoritab</i>	190
EXTINA.....	139	FERRLECIT.....	174	<i>fluorometholone</i>	203
<i>eye itch relief</i>	203	FETZIMA.....	58	FLUOROPLEX.....	139
EYLEA.....	203	FETZIMA TITRATION.....	58	<i>fluorouracil</i>	139
EZ SMART BLOOD		FEXMID.....	197	<i>fluoxetine hcl</i>	58
GLUCOSE TEST.....	150	<i>fexofenadine hcl</i>	72	<i>fluoxetine hcl (pmdd)</i>	216
EZ SMART PLUS		<i>fexofenadine-pseudoephed er</i> ..	131	<i>fluphenazine decanoate</i>	97
GLUCOSE TEST.....	150	FIASP.....	62	<i>fluphenazine hcl</i>	97
EZALLOR SPRINKLE.....	74	FIASP FLEXTOUCH.....	62	FLURA-DROPS.....	190
<i>ezetimibe</i>	74	FIASP PENFILL.....	62	<i>flurandrenolide</i>	139

<i>flurazepam hcl</i>	178	FORFIVO XL.....	58	<i>gavilax</i>	180
<i>flurbiprofen</i>	26	FORTAMET.....	62	GAVILYTE-C.....	180
<i>flurbiprofen sodium</i>	203	FORTEO.....	158	Gavilyte-H.....	180
<i>flutamide</i>	88	FORTESTA.....	40	Gavilyte-N With Flavor Pack	180
<i>fluticasone propionate</i>	139, 199	FORTISCARE TEST.....	151	<i>ge100 blood glucose test</i>	151
<i>fluticasone-salmeterol</i>	47	FOSAMAX.....	158	GELNIQUE.....	229
<i>fluvastatin sodium</i>	74	FOSAMAX PLUS D.....	159	GEL-ONE.....	197
<i>fluvastatin sodium er</i>	74	<i>fosamprenavir calcium</i>	102	GELSYN-3.....	197
<i>fluvoxamine maleate</i>	58	FOSCAVIR.....	102	<i>gemfibrozil</i>	75
<i>fluvoxamine maleate er</i>	58	<i>fosinopril sodium</i>	78	GENERESS FE.....	121
FML.....	203	<i>fosinopril sodium-hctz</i>	78	<i>generlac</i>	166
FML FORTE.....	203	FOSRENOL.....	166	Gengraf.....	107
FML LIQUIFILM.....	203	FRAGMIN.....	50	GENOTROPIN.....	159
FOCALIN.....	21	FREESTYLE INSULINX		GENOTROPIN	
FOCALIN XR.....	21	TEST.....	151	MINIQUICK.....	159
<i>folate</i>	174	FREESTYLE LANCETS.....	185	GENTAK.....	203
<i>folic acid</i>	174, 175	FREESTYLE LIBRE 14		<i>gentamicin sulfate</i>	139, 203
FOLVITE-FE.....	175	DAY READER.....	185	GENULTIMATE TEST.....	151
<i>fondaparinux sodium</i>	50	FREESTYLE LIBRE 14		GENVOYA.....	102
FORA BLOOD GLUCOSE		DAY SENSOR.....	185	GEODON.....	97
TEST.....	150	FREESTYLE LITE TEST...	151	<i>ght test</i>	151
FORA D15G BLOOD		FREESTYLE PRECISION		Gianvi.....	121
GLUCOSE TEST.....	150	NEO TEST.....	151	GILENYA.....	216
FORA D20 BLOOD		FREESTYLE TEST.....	151	GILOTRIF.....	88
GLUCOSE TEST.....	150	FREESTYLE UNISTICK II		GLASSIA.....	220
FORA D40/G31 BLOOD		LANCETS.....	185	<i>glatiramer acetate</i>	216
GLUCOSE.....	150	FROVA.....	188	Glatopa.....	216
FORA G20 BLOOD		<i>frovatriptan succinate</i>	188	GLEEVEC.....	88
GLUCOSE TEST.....	150	FULPHILA.....	175	GLEOSTINE.....	88
FORA G30/PREM V10		<i>fulvestrant</i>	88	<i>glimepiride</i>	62
GLUCOSE TEST.....	150	<i>furosemide</i>	156	<i>glipizide</i>	62
FORA GD20 TEST.....	150	FUZEON.....	102	<i>glipizide er</i>	62
FORA GD50 BLOOD		Fyavolv.....	163	<i>glipizide xl</i>	62
GLUCOSE TEST.....	150	FYCOMPA.....	52	<i>glipizide-metformin hcl</i>	62
FORA GTEL BLOOD		<i>gabapentin</i>	52	GLOPERBA.....	169
GLUCOSE TEST.....	151	GABITRIL.....	52	GLUCAGEN HYPOKIT.....	62
FORA TN'G/TN'G VOICE..	151	GALAFOLD.....	159	GLUCAGON	
FORA V10 BLOOD		<i>galantamine hydrobromide</i>	216	EMERGENCY.....	62
GLUCOSE TEST.....	151	<i>galantamine hydrobromide er</i> ..	216	GLUCO PERFECT 3 TEST..	151
FORA V12 BLOOD		GALZIN.....	190	GLUCOCARD 01 SENSOR	
GLUCOSE TEST.....	151	GAMASTAN S/D.....	209	PLUS.....	151
FORA V20 BLOOD		GAMMAGARD.....	209	GLUCOCARD	
GLUCOSE TEST.....	151	GAMMAGARD S/D LESS		EXPRESSION TEST.....	151
FORA V30A BLOOD		IGA.....	209	GLUCOCARD SHINE	
GLUCOSE TEST.....	151	GAMMAKED.....	209	TEST.....	151
FORACARE GD40 TEST...	151	GAMMAPLEX.....	209	GLUCOCARD VITAL	
FORACARE PREMIUM		GAMUNEX-C.....	209	TEST.....	151
V10 TEST.....	151	<i>ganciclovir sodium</i>	102	GLUCOCARD X-SENSOR..	152
FORACARE TEST N GO		<i>gatifloxacin</i>	203	GLUCOCOM TEST.....	152
TEST.....	151	GATTEX.....	166		

GLUCONAVII BLOOD	GVOKE HYPOPEN 1- PACK.....	HUMIRA PEN-CD/UC/HS STARTER.....
GLUCOSE TEST..... 152	63	26
<i>glucose</i>.....62, 200	GVOKE HYPOPEN 2- PACK.....	HUMIRA PEN- PS/UV/ADOL HS START.....
<i>glucose control</i> 185	63	26
<i>glucose meter test</i> 152	GVOKE PFS.....63	HUMULIN 70/30..... 64
GLUCOTROL.....62	GYNAZOLE-1..... 230	HUMULIN 70/30
GLUCOTROL XL..... 62	HAEGARDA..... 171	KWIKPEN..... 63
GLUMETZA.....62	Hailey 24 Fe..... 122	HUMULIN N.....64
<i>glyburide</i>.....63	<i>halcinonide</i> 139	HUMULIN N KWIKPEN.....64
<i>glyburide micronized</i> 63	HALCION..... 178	HUMULIN R.....64
<i>glyburide-metformin</i>.....63	HALDOL.....97	HUMULIN R U-500 (CONCENTRATED)..... 64
<i>glycopyrrolate</i> 226	HALDOL DECANOATE..... 97	HUMULIN R U-500 KWIKPEN..... 64
GLYNASE..... 63	<i>halobetasol propionate</i> 139, 140	HW EMBRACE PRO GLUCOSE TEST..... 152
GLYSET.....63	HALOG..... 140	HW EMBRACE TALK GLUCOSE TEST..... 152
GLYXAMBI.....221	<i>haloperidol</i> 97	HYALGAN..... 197
<i>gnp folic acid</i> 175	<i>haloperidol decanoate</i>.....97	HYCAMTIN..... 88
GOCOVRI.....94	<i>haloperidol lactate</i>.....97	<i>hydralazine hcl</i> 78
GOJJI BLOOD GLUCOSE TEST..... 152	HARVONI.....177	HYDREA..... 88
GOLYTELY..... 180	<i>heartburn treatment 24 hour</i> ... 226	<i>hydrochlorothiazide</i> 156
GONITRO.....42	Heather.....122	<i>hydrocod polst-cpm polst er</i> ... 131
<i>goodsense nicotine</i> 216	HELIDAC THERAPY.....226	<i>hydrocodone bitartrate er</i> 34
GRALISE.....213, 216	HEMANGEOL.....110	<i>hydrocodone-acetaminophen</i>....34
<i>granisetron hcl</i> 70	HEMLIBRA..... 71	<i>hydrocodone-homatropine</i>.....131
GRANIX..... 175	HEMOFIL M..... 171	<i>hydrocodone-ibuprofen</i> 34
GRASTEK.....111	HEPAGAM B.....209	<i>hydrocortisone</i> 129, 140
<i>griseofulvin microsize</i> 71	<i>heparin sodium (porcine)</i> 50	<i>hydrocortisone (perianal)</i>.....41
<i>griseofulvin ultramicrosize</i> 71	<i>heparin sodium (porcine) pf</i> 50	<i>hydrocortisone butyr lipo base</i> 140
<i>guanfacine hcl</i> 78	HEPSERA..... 102	<i>hydrocortisone butyrate</i> 140
<i>guanfacine hcl er</i> 21	HETLIOZ..... 178	<i>hydrocortisone valerate</i>.....140
<i>guanidine hcl</i> 83	Hidex 6-Day..... 129	<i>hydrocortisone-acetic acid</i> 207
GUARDIAN CONNECT TRANSMITTER..... 185	HIPREX.....228	<i>hydromorphone hcl</i> 35
GUARDIAN LINK 3 TRANSMITTER..... 185	HIZENTRA.....209	<i>hydromorphone hcl er</i> 35
GUARDIAN REAL-TIME REPLACE PED..... 185	<i>hm folic acid</i> 175	<i>hydroxychloroquine sulfate</i>.....82
GUARDIAN REAL-TIME REPLACEMENT..... 185	HORIZANT..... 216	<i>hydroxyprogesterone caproate</i> 214
GUARDIAN REAL-TIME STARTER..... 185	HUMALOG.....63	<i>hydroxyurea</i>.....88
GUARDIAN REAL-TIME SYSTEM PED..... 186	HUMALOG JUNIOR KWIKPEN..... 63	<i>hydroxyzine hcl</i> 43
GUARDIAN RT STARTER 186	HUMALOG KWIKPEN..... 63	<i>hydroxyzine pamoate</i> 43
GUARDIAN RT SYSTEM..186	HUMALOG MIX 50/50..... 63	HYMOVIS..... 198
GUARDIAN SENSOR (3)... 186	HUMALOG MIX 50/50 KWIKPEN..... 63	HYPERHEP B S/D..... 209
GUARDIAN TRANSMITTER..... 186	HUMALOG MIX 75/25..... 63	HYPERRAB.....209
	HUMALOG MIX 75/25 KWIKPEN..... 63	HYPERRAB S/D..... 209
	HUMATE-P..... 171	HYPERRHO S/D..... 210
	HUMATROPE..... 159	HYPERTET S/D.....210
	HUMIRA.....26, 27	HYQVIA.....208
	HUMIRA PEDIATRIC CROHNS START..... 26	HYSINGLA ER..... 35
	HUMIRA PEN.....26	HYZAAR..... 78

<i>ibandronate sodium</i>	159	INREBIC.....	89	IXINITY.....	172
IBRANCE.....	132	INSPRA.....	78	JADENU.....	69
Ibu.....	27	<i>insulin asp prot & asp flexpen</i> ... 64		JADENU SPRINKLE.....	69
<i>ibuprofen</i>	27	<i>insulin aspart</i>	64	JAKAFI.....	89
<i>icatibant acetate</i>	171	<i>insulin aspart flexpen</i>	64	JALYN.....	168
ICLUSIG.....	88	<i>insulin aspart penfill</i>	64	Jantoven.....	50
IDELVION.....	172	<i>insulin aspart prot & aspart</i>	64	JANUMET.....	64
IDHIFA.....	180	<i>insulin lispro</i>	64	JANUMET XR.....	64
IGLUCOSE TEST STRIPS..	152	<i>insulin lispro (1 unit dial)</i>	64	JANUVIA.....	65
ILARIS.....	27	<i>insulin lispro junior kwikpen</i>	64	JARDIANCE.....	65
ILEVRO.....	203	<i>insulin lispro prot & lispro</i>	64	Jasmiel.....	122
ILUMYA.....	140	<i>insulin syringe</i>	186	JATENZO.....	40
<i>imatinib mesylate</i>	89	<i>insulin syringe/needle</i>	186	Jencycla.....	122
IMBRUVICA.....	89	<i>insulin syringe-needle u-100</i> ... 186		JENTADUETO.....	65
<i>imipramine hcl</i>	58	INTELENCE.....	102	JENTADUETO XR.....	65
<i>imipramine pamoate</i>	58	INTERMEZZO.....	178	Jinteli.....	164
<i>imiquimod</i>	140	INTRAROSA.....	230	JIVI.....	172
<i>imiquimod pump</i>	140	INTRON A.....	89	Jolessa.....	122
IMITREX.....	188	Introvale.....	122	JORNAY PM.....	21
IMITREX STATDOSE		INTUNIV.....	21	JUBLIA.....	140
REFILL.....	188	INVEGA.....	97	Juleber.....	122
IMITREX STATDOSE		INVEGA SUSTENNA.....	98	JULUCA.....	103
SYSTEM.....	188	INVEGA TRINZA.....	98	Junel 1.5/30.....	122
IMOGAM RABIES-HT.....	210	INVELTYS.....	203	Junel 1/20.....	122
IMPAVIDO.....	82	INVIRASE.....	103	Junel Fe 1.5/30.....	122
IMPOYZ.....	140	INVOKAMET.....	222	Junel Fe 1/20.....	122
IMURAN.....	107	INVOKAMET XR.....	222	Junel Fe 24.....	122
IMVEXXY		INVOKANA.....	64	JUXTAPID.....	75
MAINTENANCE PACK.....	230	<i>iodine strong</i>	190	JYNARQUE.....	159
IMVEXXY STARTER		IOPIDINE.....	203	KADIAN.....	35
PACK.....	230	<i>ipratropium bromide</i>	47, 199	Kaitlib Fe.....	122
IN TOUCH BLOOD		<i>ipratropium-albuterol</i>	47	KALBITOR.....	172
GLUCOSE TEST.....	152	<i>irbesartan</i>	78	KALETRA.....	103
INBRIJA.....	94	<i>irbesartan-hydrochlorothiazide</i> .. 79		KALYDECO.....	220
Incassia.....	122	IRESSA.....	89	KANUMA.....	181
INCRELEX.....	159	ISENTRESS.....	103	KAPSPARGO SPRINKLE..	110
INCRUSE ELLIPTA.....	47	ISENTRESS HD.....	103	KAPVAY.....	21
<i>indapamide</i>	156	Isibloom.....	122	KARBINAL ER.....	72
INDERAL LA.....	110	<i>isoniazid</i>	84	Kariva.....	122
INDERAL XL.....	110	ISOPTO CARPINE.....	203	KATERZIA.....	114
INDOCIN.....	27	ISORDIL TITRADOSE.....	42	KAZANO.....	65
<i>indomethacin</i>	27	<i>isosorbide dinitrate</i>	42	KCENTRA.....	172
<i>indomethacin er</i>	27	<i>isosorbide mononitrate</i>	42	<i>kedrab</i>	210
INFINITY BLOOD		<i>isosorbide mononitrate er</i>	42	KEFLEX.....	118
GLUCOSE TEST.....	152	<i>isotretinoin</i>	140	Kelnor 1/35.....	122
INFINITY VOICE.....	152	<i>isradipine</i>	114	Kelnor 1/50.....	122
INFLECTRA.....	166	ISTALOL.....	203	KENALOG.....	140
INGREZZA.....	216, 217	ISTURISA.....	130	KEPPRA.....	52
INLYTA.....	89	<i>itraconazole</i>	71	KEPPRA XR.....	53
INNOPRAN XL.....	110	<i>ivermectin</i>	42	KERYDIN.....	208

<i>ketoconazole</i>	71, 140	LACRISERT.....	203	LENVIMA (24 MG DAILY DOSE).....	90
<i>ketone test</i>	152	<i>lactulose</i>	180	LENVIMA (4 MG DAILY DOSE).....	90
<i>ketoprofen</i>	27	<i>lactulose encephalopathy</i>	166	LENVIMA (8 MG DAILY DOSE).....	90
<i>ketoprofen er</i>	27	LAMICTAL.....	53	LESCOL XL.....	75
<i>ketorolac tromethamine</i>	27, 203	LAMICTAL ODT.....	53	Lessina.....	123
<i>ketotifen fumarate</i>	203	LAMICTAL STARTER.....	53	LETAIRIS.....	116
KEVEYIS.....	156	LAMICTAL XR.....	53	<i>letrozole</i>	90
KEVZARA.....	27	LAMISIL.....	71	<i>leucovorin calcium</i>	90
KINERET.....	27	<i>lamivudine</i>	103	LEUKERAN.....	90
Kionex.....	107, 213	<i>lamivudine-zidovudine</i>	103	<i>leuprolide acetate</i>	90
KISQALI (200 MG DOSE)..	132	<i>lamotrigine</i>	53	<i>levabuterol hcl</i>	47
KISQALI (400 MG DOSE)..	132	<i>lamotrigine er</i>	53	LEVAQUIN.....	165
KISQALI (600 MG DOSE)..	132	<i>lamotrigine starter kit-blue</i>	53	LEVEMIR.....	65
KISQALI FEMARA (400 MG DOSE).....	89	<i>lamotrigine starter kit-green</i>	53	LEVEMIR FLEXTOUCH....	65
KISQALI FEMARA (600 MG DOSE).....	89	<i>lamotrigine starter kit-orange</i> ...	53	<i>levetiracetam</i>	53, 54
KISQALI FEMARA(200 MG DOSE).....	89	<i>lancets</i>	186	<i>levetiracetam er</i>	53
KITABIS PAK.....	24	<i>lancets super thin 28g</i>	186	<i>levobunolol hcl</i>	204
KLARON.....	140	LANCETS ULTRA THIN... 186		<i>levocarnitine</i>	159
KLONOPIN.....	53	<i>lancets ultra thin 30g</i>	186	<i>levocetirizine dihydrochloride</i> ... 73	
Klor-Con.....	190	LANOXIN.....	115	<i>levofloxacin</i>	165, 204
Klor-Con 10.....	190	<i>lansoprazole</i>	226	Levonest.....	123
Klor-Con M10.....	190	<i>lanthanum carbonate</i>	166	<i>levonorgest-eth est & eth est</i> ... 123	
Klor-Con M20.....	190	LANTUS.....	65	<i>levonorgest-eth estrad 91-day</i> . 123	
Klor-Con Sprinkle.....	190	LANTUS SOLOSTAR.....	65	<i>levonorgestrel</i>	123
KLS ALLERCLEAR.....	72	Larin 1.5/30.....	122	<i>levonorgestrel-ethinyl estrad</i> ... 123	
KOATE.....	172	Larin 1/20.....	123	<i>levonorg-eth estrad triphasic</i> ... 123	
KOATE-DVI.....	172	Larin 24 Fe.....	123	Levora 0.15/30 (28).....	123
KOGENATE FS.....	172	Larin Fe 1.5/30.....	123	<i>levorphanol tartrate</i>	35
KOMBIGLYZE XR.....	65	Larin Fe 1/20.....	123	Levo-T.....	224
KORLYM.....	65	Larissia.....	123	<i>levothyroxine sodium</i>	224
KOSELUGO.....	89	LASIX.....	156	Levoxyl.....	224
KOVALTRY.....	172	LASTACRAFT.....	204	LEVULAN KERASTICK... 140	
<i>kp folic acid</i>	175	<i>latanoprost</i>	204	LEXAPRO.....	58
<i>kp loratadine</i>	73	LATUDA.....	98	LEXETTE.....	140
K-PHOS.....	190	Layolis Fe.....	123	LEXIVA.....	103
K-PHOS-NEUTRAL.....	190	LAZANDA.....	35	LIALDA.....	166
KRINTAFEL.....	82	<i>ledipasvir-sofosbuvir</i>	177	LIBERTY NEXT GENERATION TEST.....	152
KRISTALOSE.....	180	Leena.....	123	<i>liberty test</i>	152
<i>croger blood glucose test</i>	152	<i>leflunomide</i>	27	LICART.....	140
<i>croger premium glucose test</i> ... 152		LEMTRADA.....	217	<i>lidocaine</i>	141
<i>croger test</i>	152	LENVIMA (10 MG DAILY DOSE).....	90	<i>lidocaine hcl</i>	141
KRYSTEXXA.....	169	LENVIMA (12 MG DAILY DOSE).....	90	<i>lidocaine-prilocaine</i>	141
K-TAB.....	190	LENVIMA (14 MG DAILY DOSE).....	90	<i>lidocaine-tetracaine</i>	141
Kurvelo.....	122	LENVIMA (18 MG DAILY DOSE).....	90	LIDODERM.....	141
KUVAN.....	159	LENVIMA (20 MG DAILY DOSE).....	90	LIFESCAN UNISTIK 2.....	186
KYLEENA.....	122				
<i>labetalol hcl</i>	110				

LIFESCAN UNISTIK II	LORTAB.....	35	MACRODANTIN.....	228
LANCETS.....	Loryna.....	124	MACUGEN.....	204
LILETTA (52 MG).....	Lorzone.....	198	MAKENA.....	214
Lillow.....	<i>losartan potassium</i>	79	MALARONE.....	83
<i>lindane</i>	<i>losartan potassium-hetz</i>	79	<i>malathion</i>	141
<i>linezolid</i>	LOSEASONIQUE.....	124	<i>maprotiline hcl</i>	58, 59
LINZESS.....	LOTEMAX.....	204	<i>marlissa</i>	124
<i>liothyronine sodium</i>	LOTEMAX SM.....	204	MARPLAN.....	59
LIPITOR.....	LOTENSIN.....	79	MATULANE.....	91
LIPOFEN.....	<i>loteprednol etabonate</i>	204	Matzim La.....	114
<i>lisinopril</i>	LOTREL.....	79	MAVENCLAD (10 TABS).....	192
<i>lisinopril-hydrochlorothiazide</i>	LOTRONEX.....	166	MAVENCLAD (4 TABS).....	192
<i>lite touch lancets</i>	<i>lovastatin</i>	75	MAVENCLAD (5 TABS).....	192
LITETOUCH LANCETS.....	LOVAZA.....	75	MAVENCLAD (6 TABS).....	192
<i>lithium</i>	LOVENOX.....	50	MAVENCLAD (7 TABS).....	192
<i>lithium carbonate</i>	Low-Ogestrel.....	124	MAVENCLAD (8 TABS).....	192
<i>lithium carbonate er</i>	<i>loxapine succinate</i>	98	MAVENCLAD (9 TABS).....	192
LITHOBID.....	Lo-Zumandimine.....	124	MAVIK.....	79
LITHOSTAT.....	LUCEMYRA.....	23, 24	MAVYRET.....	177
LIVALO.....	LUCENTIS.....	204	MAXALT.....	188
LO LOESTRIN FE.....	Ludent.....	190	MAXALT-MLT.....	188
LOCOID.....	<i>luliconazole</i>	141	MAXIDEX.....	204
LOCOID LIPOCREAM.....	LUMIGAN.....	204	MAXITROL.....	204
LODINE.....	LUMIZYME.....	159	MAXZIDE.....	156
LODOSYN.....	LUNESTA.....	178	MAXZIDE-25.....	156
LOESTRIN 1.5/30 (21).....	LUPANETA PACK.....	181	MAYZENT.....	217
LOESTRIN 1/20 (21).....	LUPRON DEPOT (1- MONTH).....	90	MAYZENT STARTER PACK.....	217
LOESTRIN FE 1.5/30.....	LUPRON DEPOT (3- MONTH).....	91	<i>meclofenamate sodium</i>	27
LOESTRIN FE 1/20.....	LUPRON DEPOT (4- MONTH).....	91	MEDROL.....	129
LOKELMA.....	LUPRON DEPOT (6- MONTH).....	91	<i>medroxyprogesterone acetate</i>	124, 214
LOMOTIL.....	LUPRON DEPOT-PED (1- MONTH).....	159	<i>mefenamic acid</i>	27
LONHALA MAGNAIR REFILL KIT.....	LUPRON DEPOT-PED (3- MONTH).....	159	<i>mefloquine hcl</i>	83
LONHALA MAGNAIR STARTER KIT.....	Lutera.....	124	<i>megestrol acetate</i>	91, 214
LONSURF.....	LUXIQ.....	141	<i>meijer blood glucose test</i>	152
LOPID.....	LUZU.....	141	<i>meijer essential glucose test</i>	152
<i>lopinavir-ritonavir</i>	LYNPARZA.....	212, 213	MEIJER TRUETEST TEST	152
Lopreeza.....	LYRICA.....	54	MEIJER TRUETRACK TEST.....	152
LOPRESSOR HCT.....	LYRICA CR.....	213, 217	MEKINIST.....	91
LOPROX.....	LYSODREN.....	91	MEKTOVI.....	91
<i>loradamed</i>	LYSTEDA.....	177	Melodetta 24 Fe.....	124
<i>loratadine</i>	LYUMJEV.....	65	<i>meloxicam</i>	27
<i>loratadine childrens</i>	LYUMJEV KWIKPEN.....	65	<i>melphalan</i>	91
<i>loratadine-d 12hr</i>	Lyza.....	124	<i>memantine hcl</i>	217
<i>loratadine-d 24hr</i>	MACROBID.....	228	<i>memantine hcl er</i>	217
<i>lorazepam</i>			MENEST.....	164
LORBRENA.....			MENOSTAR.....	164
Lorcet.....			<i>meperidine hcl</i>	35
Lorcet Hd.....				

MEPHYTON.....	231	METROGEL.....	141	<i>modafinil</i>	22
<i>meprobamate</i>	44	METROLOTION.....	141	<i>moexipril hcl</i>	79
MEPRON.....	82	<i>metronidazole</i>	82, 141, 230	<i>mometasone furoate</i>	141, 199
<i>mercaptapurine</i>	91	<i>mexiletine hcl</i>	44	Mono-Linyah.....	125
<i>mesalamine</i>	166	MIACALCIN.....	159	Mononessa.....	125
<i>mesalamine er</i>	166	Mibelas 24 Fe.....	124	MONONINE.....	172
MESNEX.....	91	MICARDIS.....	79	MONOVISC.....	198
MESTINON.....	83	MICARDIS HCT.....	79	<i>montelukast sodium</i>	47
Metadate Er.....	21	<i>miconazole 3</i>	230	MONUROL.....	228
<i>metaproterenol sulfate</i>	47	<i>miconazole-zinc oxide-petrolat</i>	141	MORGIDOX.....	223
<i>metaxalone</i>	198	MICRHOGAM ULTRA-		Morgidox.....	223
<i>metformin hcl</i>	65	FILTERED PLUS.....	210	<i>morphine sulfate</i>	37
<i>metformin hcl er</i>	65	MICRODOT TEST.....	152	<i>morphine sulfate (concentrate)</i>	37
<i>metformin hcl er (mod)</i>	65	Microgestin 1.5/30.....	124	<i>morphine sulfate er</i>	37
<i>metformin hcl er (osm)</i>	65	Microgestin 1/20.....	124	<i>morphine sulfate er beads</i>	37
<i>methadone hcl</i>	36	Microgestin Fe 1.5/30.....	124	MOTEGRITY.....	19
Methadone Hcl Intensol.....	35	Microgestin Fe 1/20.....	124	MOTOFEN.....	68
METHADOSE.....	36	MICROLET LANCETS.....	186	MOVANTIK.....	166
Methadose.....	36	<i>midodrine hcl</i>	231	MOVIPREP.....	181
METHADOSE SUGAR-		MIGERGOT.....	189	MOXEZA.....	204
FREE.....	37	<i>miglitol</i>	65	<i>moxifloxacin hcl</i>	165, 204
<i>methamphetamine hcl</i>	21	<i>miglustat</i>	175	<i>moxifloxacin hcl (2x day)</i>	204
<i>methazolamide</i>	157	MIGRANAL.....	189	MS CONTIN.....	37
<i>methenamine hippurate</i>	228	Mili.....	124	MULPLETA.....	175
<i>methenamine mandelate</i>	228	MILLIPRED.....	130	MULTAQ.....	44
Methergine.....	208	Mimvey.....	164	<i>multivitamin/fluoride</i>	193
<i>methimazole</i>	224	MINASTRIN 24 FE.....	124	<i>mupirocin</i>	142
<i>methitest</i>	41	MINIMED GUARDIAN		<i>mupirocin calcium</i>	141
<i>methocarbamol</i>	198	SENSOR 3.....	186	MYALEPT.....	181
<i>methotrexate</i>	91	MINIPRESS.....	79	MYAMBUTOL.....	84
<i>methotrexate sodium</i>	91	MINIPRIN LOW DOSE.....	31	MYCOBUTIN.....	84
<i>methotrexate sodium (pf)</i>	91	Minitran.....	42	<i>mycophenolate mofetil</i>	108
<i>methoxsalen rapid</i>	141	MINIVELLE.....	164	<i>mycophenolate sodium</i>	108
<i>methyldopa</i>	79	MINOCIN.....	223	MYDAYIS.....	22
<i>methyldopa-</i>		<i>minocycline hcl</i>	223	MYDRIACYL.....	204
<i>hydrochlorothiazide</i>	79	<i>minocycline hcl er</i>	223	MYFORTIC.....	108
METHYLIN.....	21, 22	MINOLIRA.....	223	MYGLUCOHEALTH TEST	
<i>methylphenidate hcl</i>	22	<i>minoxidil</i>	79	.....	152
<i>methylphenidate hcl er</i>	22	MIRAPEX.....	94	MYLERAN.....	91
<i>methylphenidate hcl er (cd)</i>	22	MIRAPEX ER.....	94	MYNATAL.....	193
<i>methylphenidate hcl er (la)</i>	22	MIRCERA.....	175	MYNATAL ADVANCE.....	193
<i>methylphenidate hcl er (xr)</i>	22	MIRCETTE.....	124	<i>mynatal plus</i>	193
<i>methylprednisolone</i>	130	MIRENA (52 MG).....	125	<i>mynatal-z</i>	193
<i>methyltestosterone</i>	41	<i>mirtazapine</i>	59	Myorisan.....	142
<i>metoclopramide hcl</i>	166	MIRVASO.....	141	MYRBETRIQ.....	229
<i>metolazone</i>	157	<i>misoprostol</i>	226	MYSOLINE.....	54
<i>metoprolol succinate er</i>	110	MITIGARE.....	169	MYTESI.....	68
<i>metoprolol tartrate</i>	110	MM EASY TOUCH		<i>na ferric gluc cplx in sucrose</i> ...	175
<i>metoprolol-hydrochlorothiazide</i>	79	GLUCOSE.....	152	NABI-HB.....	210
METROCREAM.....	141	MOBIC.....	27	<i>nabumetone</i>	27

<i>nadolol</i>	110	<i>neomycin sulfate</i>	24	<i>nisoldipine er</i>	114
Nafrinse.....	190	<i>neomycin-polymyxin-dexameth</i>		<i>nitisinone</i>	160
Nafrinse Drops.....	190	.....	204	NITRO-BID.....	42
<i>naftifine hcl</i>	142	<i>neomycin-polymyxin-hc</i>	207	NITRO-DUR.....	42
NAFTIN.....	142	NEORAL.....	108	<i>nitrofurantoin</i>	228
NAGLAZYME.....	159	NEO-SYNALAR.....	142	<i>nitrofurantoin macrocrystal</i> ...	228
NALFON.....	27	NEPHPLEX RX.....	194	<i>nitrofurantoin monohyd macro</i>	228
<i>nalocet</i>	37	NERLYNX.....	91	<i>nitroglycerin</i>	42, 43
<i>naloxone hcl</i>	69	NESINA.....	66	NITROLINGUAL.....	43
<i>naltrexone hcl</i>	69	NESTABS.....	194	NITROMIST.....	43
NAMENDA.....	217	NESTABS ONE.....	194	NITROSTAT.....	43
NAMENDA TITRATION		Neuac.....	142	NITYR.....	160
PAK.....	217	NEULASTA.....	175	NIVESTYM.....	175, 176
NAMENDA XR.....	217	NEULASTA ONPRO.....	175	<i>nizatidine</i>	227
NAMENDA XR		NEUPOGEN.....	175	NOC DURNA.....	160
TITRATION PACK.....	217	NEUPRO.....	95	Nolix.....	142
NAMZARIC.....	56	NEURONTIN.....	54	Nora-Be.....	125
NAPRELAN.....	27	NEUTEK 2TEK TEST.....	153	NORCO.....	37
NAPROSYN.....	27	NEVANAC.....	205	NORDITROPIN FLEXPRO	160
<i>naproxen</i>	27	<i>nevirapine</i>	103	<i>norethin ace-eth estrad-fe</i>	125
<i>naproxen dr</i>	27	<i>nevirapine er</i>	103	<i>norethindrone</i>	125
<i>naproxen sodium</i>	28	NEXAVAR.....	91	<i>norethindrone acetate</i>	214
<i>naproxen sodium er</i>	28	NEXIUM.....	227	<i>norethindrone acet-ethinyl est.</i>	125
<i>naproxen-esomeprazole</i>	28	NEXIUM 24HR.....	226	<i>norethindrone-eth estradiol</i>	164
<i>naratriptan hcl</i>	189	NEXIUM 24HR CLEAR		<i>norethin-eth estradiol-fe</i>	125
NARCAN.....	69	MINIS.....	226	<i>norgesic forte</i>	198
NARDIL.....	59	NEXLETOL.....	19	<i>norgestimate-eth estradiol</i>	125
NASACORT ALLERGY		NEXLIZET.....	19	<i>norgestim-eth estrad triphasic.</i>	125
24HR.....	199	NEXPLANON.....	125	NORITATE.....	142
NASACORT ALLERGY		<i>niacin (antihyperlipidemic)</i>	75	Norlyda.....	125
24HR CHILDREN.....	199	<i>niacin er (antihyperlipidemic)</i> ..	75	Norlyroc.....	125
<i>nasal allergy 24 hour</i>	199	NIACOR.....	75	NORPACE.....	44
NASCOBAL.....	175	NIASPAN.....	75	NORPACE CR.....	44
NASONEX.....	199	<i>nicardipine hcl</i>	114	NORPRAMIN.....	59
NATACHEW.....	193	NICOMIDE.....	194	NORTHERA.....	200
NATACYN.....	204	<i>nicotine</i>	217, 218	Nortrel 0.5/35 (28).....	125
NATAZIA.....	125	<i>nicotine polacrilex</i>	217	Nortrel 1/35 (21).....	125
<i>nateglinide</i>	66	<i>nicotine step 1</i>	217	Nortrel 1/35 (28).....	125
NATESTO.....	41	<i>nicotine step 2</i>	217	Nortrel 7/7/7.....	125
NATPARA.....	160	<i>nicotine step 3</i>	217	<i>nortriptyline hcl</i>	59
NATROBA.....	142	NICOTROL.....	218	NORVASC.....	114
NATURE-THROID.....	224	NICOTROL NS.....	218	NORVIR.....	103
NAYZILAM.....	54	<i>nifedipine</i>	114	NOURIANZ.....	19
NEBUPENT.....	82	<i>nifedipine er</i>	114	NOVA MAX GLUCOSE	
Nebusal.....	131	<i>nifedipine er osmotic release</i> ...	114	TEST.....	153
NEBUSAL.....	131	Nikki.....	125	NOVOEIGHT.....	172
Necon 0.5/35 (28).....	125	NILANDRON.....	91	NOVOLIN 70/30.....	66
Necon 1/35 (28).....	125	<i>nilutamide</i>	91	NOVOLIN 70/30 FLEXPEN..	66
NEEVO DHA.....	194	<i>nimodipine</i>	114	NOVOLIN 70/30 FLEXPEN	
<i>nefazodone hcl</i>	59, 221	NINLARO.....	91	RELION.....	66

NOVOLIN 70/30 RELION.....66	OCTAGAM.....210	ONEXTON.....142
NOVOLIN N.....66	<i>octreotide acetate</i>.....160	ONFI.....54
NOVOLIN N FLEXPEN.....66	OCUFLOX.....205	ONGLYZA.....67
NOVOLIN N FLEXPEN	OCUVEL.....194	ONZETRA XSAIL.....189
RELION.....66	ODACTRA.....191	OPANA.....38
NOVOLIN N RELION.....66	ODEFSEY.....103	OPSUMIT.....116
NOVOLIN R.....66	ODOMZO.....92	OPTION 2.....126
NOVOLIN R FLEXPEN.....66	OFEV.....220	OPTIUM TEST.....153
NOVOLIN R FLEXPEN	<i>ofloxacin</i>.....165, 205, 208	OPTIUMEZ TEST.....153
RELION.....66	<i>olanzapine</i>.....98	OPTUMRX BLOOD
NOVOLIN R RELION.....66	<i>olanzapine-fluoxetine hcl</i>.....218	GLUCOSE TEST.....153
NOVOLOG.....67	<i>olmesartan medoxomil</i>.....79	ORACEA.....142
NOVOLOG FLEXPEN.....66	<i>olmesartan medoxomil-hctz</i>.....79	ORALAIR.....191
NOVOLOG MIX 70/30.....67	<i>olmesartan-amlodipine-hctz</i>.....79	ORALAIR ADULT
NOVOLOG MIX 70/30	<i>olopatadine hcl</i>.....199, 205	SAMPLE KIT.....191
FLEXPEN.....66	OLUMIANT.....28	ORALAIR ADULT
NOVOLOG PENFILL.....67	OLUX.....142	STARTER PACK.....191
NOVOSEVEN RT.....172	OLUX-E.....142	ORALAIR CHILDRENS
NOXAFIL.....71	OMECLAMOX-PAK.....227	SAMPLE KIT.....191
<i>np thyroid</i>.....224	<i>omega-3-acid ethyl esters</i>.....75	ORALAIR CHILDRENS
NPLATE.....176	<i>omeprazole</i>.....227	STARTER PACK.....191
NUBEQA.....91	<i>omeprazole magnesium</i>.....227	ORAPRED ODT.....130
NUCALA.....180	<i>omeprazole-sodium</i>	ORAVIG.....192
NUCYNTA.....38	<i>bicarbonate</i>.....227	ORENCIA.....28
NUCYNTA ER.....37	OMNARIS.....199	ORENCIA CLICKJECT.....28
NUEDEXTA.....218	OMNIFLEX DIAPHRAGM.....186	ORENITRAM.....116
NULOJIX.....108	OMNITROPE.....160	ORFADIN.....160
NULYTELY WITH	ON CALL EXPRESS	ORILISSA.....160
FLAVOR PACKS.....181	BLOOD GLUCOSE.....153	ORKAMBI.....132
NUPLAZID.....98	ON CALL PLUS BLOOD	<i>orphenadrine citrate er</i>.....198
NURTEC.....112	GLUCOSE.....153	<i>orphenadrine-asa-caffeine</i>.....198
NUTROPIN AQ NUSPIN 10	ON CALL VIVID BLOOD	Orphengesic Forte.....198
.....160	GLUCOSE.....153	Orsythia.....126
NUTROPIN AQ NUSPIN 20	<i>ondansetron</i>.....70	ORTHO MICRONOR.....126
.....160	<i>ondansetron hcl</i>.....70	ORTHO TRI-CYCLEN LO.....126
NUTROPIN AQ NUSPIN 5.....160	<i>one drop test</i>.....153	ORTHOVISC.....198
NUVARING.....126	ONETOUCH CLUB	<i>oseltamivir phosphate</i>.....103
NUVESSA.....230	LANCETS FINE PT.....186	OSENI.....67
NUVIGIL.....22	ONETOUCH DELICA	OSMOLEX ER.....95
NUWIQ.....172, 173	LANCETS 30G.....186	OSMOPREP.....181
NUZYRA.....24	ONETOUCH DELICA	OSPHENA.....160
NYMALIZE.....114	LANCETS 33G.....186	OTEZLA.....212
<i>nystatin</i>.....71, 142, 192	ONETOUCH DELICA	OTIPRIO.....208
<i>nystatin-triamcinolone</i>.....142	LANCING DEV.....186	OTOVEL.....208
OB COMPLETE ONE.....194	ONETOUCH FINEPOINT	OTREXUP.....28
OB COMPLETE PETITE....194	LANCETS.....186	OVIDE.....142
OB COMPLETE PREMIER.....194	ONETOUCH ULTRA.....153	<i>oxandrolone</i>.....41
O-CAL PRENATAL.....194	ONETOUCH ULTRASOFT	<i>oxaprozin</i>.....28
OCALIVA.....164	LANCETS.....186	OXAYDO.....38
Ocella.....126	ONETOUCH VERIO.....153	<i>oxazepam</i>.....44

OXBRYTA.....	177	PANDEL.....	142	PEXEVA.....	59
<i>oxcarbazepine</i>	54	PANRETIN.....	142	PHARMACIST CHOICE	
<i>oxiconazole nitrate</i>	142	<i>pantoprazole sodium</i>	227	AUTOCODE.....	153
OXISTAT.....	142	PANZYGA.....	210	<i>pharmacist choice no coding</i> ...	153
OXSORALEN ULTRA.....	142	PARADIGM REAL-TIME		<i>phenelzine sulfate</i>	59
OXTELLAR XR.....	54	STARTER.....	187	<i>phenobarbital</i>	178
<i>oxybutynin chloride</i>	229	PARAGARD		<i>phenoxybenzamine hcl</i>	80
<i>oxybutynin chloride er</i>	229	INTRAUTERINE COPPER	126	PHENYTEK.....	54
<i>oxycodone hcl</i>	38	<i>paricalcitol</i>	160	<i>phenytoin</i>	54
<i>oxycodone hcl er</i>	38	PARLODEL.....	95	Phenytoin Infatabs.....	54
<i>oxycodone-acetaminophen</i>	38	PARNATE.....	59	<i>phenytoin sodium extended</i>	54
<i>oxycodone-aspirin</i>	38	Paroex.....	192	Philith.....	126
OXYCONTIN.....	38	<i>paromomycin sulfate</i>	24	PHOSLO.....	167
<i>oxymorphone hcl</i>	38	<i>paroxetine hcl</i>	59	PHOSPHOLINE IODIDE...205	
<i>oxymorphone hcl er</i>	38	<i>paroxetine hcl er</i>	59	<i>phytonadione</i>	231
OZEMPIC (0.25 OR 0.5		<i>paroxetine mesylate</i>	218	PICATO.....	143
MG/DOSE).....	67	PASER.....	84	PIFELTRO.....	104
OZEMPIC (1 MG/DOSE).....	67	PATADAY.....	205	<i>pilocarpine hcl</i>	205
OZOBAX.....	198	PATANASE.....	199	<i>pimecrolimus</i>	143
PALFORZIA (12 MG		PAXIL.....	59	<i>pimozide</i>	218
DAILY DOSE).....	111	PAXIL CR.....	59	Pimtrex.....	126
PALFORZIA (120 MG		PAZEO.....	205	<i>pindolol</i>	110
DAILY DOSE).....	111	PCP 100.....	181	<i>pioglitazone hcl</i>	67
PALFORZIA (160 MG		<i>peg 3350-kcl-na bicarb-nacl</i> ... 181		<i>pioglitazone hcl-glimepiride</i>	67
DAILY DOSE).....	111	<i>peg-3350/electrolytes</i>	181	<i>pioglitazone hcl-metformin hcl</i> ..67	
PALFORZIA (20 MG		PEGANONE.....	54	PIQRAY (200 MG DAILY	
DAILY DOSE).....	111	PEGASYS.....	104	DOSE).....	212
PALFORZIA (200 MG		PEGASYS PROCLICK.....	104	PIQRAY (250 MG DAILY	
DAILY DOSE).....	111	Peg-Prep.....	181	DOSE).....	212
PALFORZIA (240 MG		PEMAZYRE.....	85	PIQRAY (300 MG DAILY	
DAILY DOSE).....	111	<i>pen needles</i>	187	DOSE).....	212
PALFORZIA (3 MG DAILY		<i>pen needles 1/2"</i>	187	Pirmella 1/35.....	126
DOSE).....	111	<i>pen needles 3/16"</i>	187	Pirmella 7/7/7.....	126
PALFORZIA (300 MG		<i>pen needles 5/16"</i>	187	<i>piroxicam</i>	28
MAINTENANCE).....	111	<i>penicillamine</i>	108	PLAN B ONE-STEP.....	126
PALFORZIA (300 MG		<i>penicillin v potassium</i>	211	PLAQUENIL.....	83
TITRATION).....	111	PENNSAID.....	143	PLAVIX.....	173
PALFORZIA (40 MG		<i>pentamidine isethionate</i>	82	PLEGRIDY.....	218
DAILY DOSE).....	111	PENTASA.....	166, 167	PLEGRIDY STARTER	
PALFORZIA (6 MG DAILY		<i>pentazocine-naloxone hcl</i>	38	PACK.....	218
DOSE).....	112	<i>pentoxifylline er</i>	173	PLENVU.....	181
PALFORZIA (80 MG		PEPCID.....	227	PLIAGLIS.....	143
DAILY DOSE).....	112	PERCOCET.....	38	<i>pnv-omega</i>	194
PALFORZIA INITIAL		PERFOROMIST.....	47	POCKETCHEM EZ TEST...153	
ESCALATION.....	112	<i>perindopril erbumine</i>	79	<i>podofilox</i>	143
<i>paliperidone er</i>	98	<i>permethrin</i>	143	<i>polymyxin b-trimethoprim</i>	205
PALYNZIQ.....	160	<i>perphenazine</i>	98	POLYTRIM.....	205
PAMELOR.....	59	<i>perphenazine-amitriptyline</i>	218	POLY-VI-FLOR.....	194
<i>pamidronate disodium</i>	160	PERSERIS.....	98	POLY-VI-FLOR FS.....	194
PANCREAZE.....	155	PERTZYE.....	155	POMALYST.....	92

Portia-28.....	126	<i>prenatal adult gummy/dhalfa</i>	PROCRIT.....	176
<i>posaconazole</i>	71	.....	PROCTOCORT.....	41
<i>potassium chloride</i>	191	<i>prenatal gummies/dha & fa</i>	PROCTOFOAM HC.....	41
<i>potassium chloride crys er</i>	190	.....	Procto-Pak.....	42
<i>potassium chloride er</i>	190, 191	<i>prenatal plus iron</i>	Proctozone-Hc.....	42
<i>potassium citrate er</i>	168	PRENATE.....	PROCYSBI.....	168
PRADAXA.....	50	PRENATE AM.....	PRODIGY NO CODING	
PRALUENT.....	211	PRENATE DHA.....	BLOOD GLUC.....	153
<i>pramipexole dihydrochloride</i>	95	PRENATE ELITE.....	PROFILNINE.....	173
<i>pramipexole dihydrochloride er</i>	95	PRENATE ENHANCE.....	PROFILNINE SD.....	173
PRAMOSONE.....	143	PRENATE ESSENTIAL.....	<i>progesterone</i>	214
<i>prasugrel hcl</i>	173	PRENATE MINI.....	<i>progesterone micronized</i>	214
PRAVACHOL.....	75	PRENATE PIXIE.....	PROGLYCEM.....	67
<i>pravastatin sodium</i>	75	PRENATE RESTORE.....	PROGRAF.....	108
<i>praziquantel</i>	42	<i>prenatvite complete</i>	PROLASTIN-C.....	220
<i>prazosin hcl</i>	80	<i>prenatvite plus</i>	PROLATE.....	39
PRECISION PCX.....	153	<i>prenatvite rx</i>	PROLENSA.....	205
PRECISION PCX PLUS		PREPIDIL.....	PROMACTA.....	176
TEST.....	153	PRESTALIA.....	<i>promethazine hcl</i>	73
PRECISION POINT OF		<i>pretomanid</i>	<i>promethazine vc</i>	131
CARE TEST.....	153	PREVACID.....	<i>promethazine vclcodeine</i>	131
PRECISION QID TEST.....	153	PREVACID 24HR.....	<i>promethazine-dm</i>	131
PRECISION SOF-TACT		PREVACID SOLUTAB.....	Promethegan.....	73
TEST.....	153	Prevalite.....	PROMETHEGAN.....	73
PRECISION XTRA BLOOD		Previfem.....	PROMETRIUM.....	214
GLUCOSE.....	153	PREVYMIS.....	<i>propafenone hcl</i>	44
PRECOSE.....	67	PREZCOBIX.....	<i>propafenone hcl er</i>	44
PRED FORTE.....	205	PREZISTA.....	<i>propantheline bromide</i>	227
PRED MILD.....	205	PRIALT.....	<i>propranolol hcl</i>	110
PRED-G.....	205	PRIFTIN.....	<i>propranolol hcl er</i>	110
PRED-G S.O.P.....	205	PRILOSEC.....	<i>propranolol-hctz</i>	80
<i>prednicarbate</i>	143	PRILOSEC OTC.....	<i>propylthiouracil</i>	224
<i>prednisolone</i>	130	PRIMACARE.....	PROSCAR.....	168
<i>prednisolone acetate</i>	205	<i>primaquine phosphate</i>	PROTONIX.....	228
<i>prednisolone sodium phosphate</i>		<i>primidone</i>	PROTOPIC.....	143
.....	130, 205	PRIMLEV.....	<i>protriptyline hcl</i>	59
<i>prednisone</i>	130	PRINIVIL.....	PROVENTIL HFA.....	48
PREDNISONE INTENSOL	130	PRISTIQ.....	PROVERA.....	214
PREFEST.....	164	PRIVIGEN.....	PROVIGIL.....	23
<i>pregabalin</i>	54, 55	<i>pro voice v8/v9 glucose</i>	PROZAC.....	59
<i>pregenna</i>	194	PROAIR DIGIHALER.....	PRUDOXIN.....	143
PREMARIN.....	164, 230	PROAIR HFA.....	<i>psorcon</i>	143
PREMESISRX.....	194	PROAIR RESPICLICK.....	PTS PANELS GLUCOSE	
PREMPHASE.....	164	<i>probenecid</i>	TEST.....	153
PREMPRO.....	164	PROCARDIA.....	PULMICORT.....	48
<i>prenara</i>	194	PROCARDIA XL.....	PULMICORT	
PRENATABS RX.....	194	Procentra.....	FLEXHALER.....	48
<i>prenatal + complete multi</i>	194, 214	<i>prochlorperazine</i>	PULMOZYME.....	220
		<i>prochlorperazine edisylate</i>	PURIXAN.....	92
		<i>prochlorperazine maleate</i>	<i>px folic acid</i>	176

PYLERA.....	228	RASUVO.....	28	RETIN-A MICRO PUMP....	143
<i>pyrazinamide</i>	84	RAVICTI.....	161	RETROVIR.....	104
<i>pyridostigmine bromide</i>	83, 84	RAYALDEE.....	161	REVATIO.....	116
<i>pyridostigmine bromide er</i>	83	RAYOS.....	130	REVEAL BLOOD	
<i>pyrimethamine</i>	83	RAZADYNE.....	218	GLUCOSE TEST.....	154
QBRELIS.....	80	RAZADYNE ER.....	218	REVLIMID.....	108
QBREXZA.....	143	REBIF.....	219	REXULTI.....	99
QINLOCK.....	92	REBIF REBIDOSE.....	218	REYATAZ.....	104
QMIIZ ODT.....	28	REBIF REBIDOSE		REYVOW.....	221
QNASL.....	200	TITRATION PACK.....	218	RHINOCORT ALLERGY..	200
QNASL CHILDRENS.....	199	REBIF TITRATION PACK	219	RHOFADE.....	143
QTERN.....	221	REBINYN.....	173	RHOGAM ULTRA-	
QUALAQUIN.....	83	RECLAST.....	161	FILTERED PLUS.....	210
QUARTETTE.....	126	Reclipsen.....	126	RHOPHYLAC.....	210
<i>quazepam</i>	178	RECOMBINATE.....	173	RHOPRESSA.....	207
QUDEXY XR.....	55	RECTIV.....	42	RIASTAP.....	173
QUESTRAN.....	75	REFUAH PLUS BLOOD		<i>ribavirin</i>	104
QUESTRAN LIGHT.....	75	GLUCOSE TEST.....	154	RIDAURA.....	28
<i>quetiapine fumarate</i>	99	REGLAN.....	167	<i>rifabutin</i>	84
<i>quetiapine fumarate er</i>	99	REGRANEX.....	143	RIFADIN.....	84
QUFLORA FE.....	192	RELAFEN DS.....	28	<i>rifampin</i>	84
QUFLORA FE PEDIATRIC		RELENZA DISKHALER ...	104	RIGHTEST GS100 BLOOD	
.....	195	RELEXXII.....	23	GLUCOSE.....	154
QUFLORA PEDIATRIC....	195	RELION BLOOD		RIGHTEST GS300 BLOOD	
QUICKTEK TEST.....	153	GLUCOSE TEST.....	154	GLUCOSE.....	154
QUILLICHEW ER.....	23	RELION		RIGHTEST GS550 BLOOD	
QUILLIVANT XR.....	23	CONFIRM/MICRO TEST ...	154	GLUCOSE.....	154
<i>quinapril hcl</i>	80	RELION PRIME TEST.....	154	RILUTEK.....	200
<i>quinapril-hydrochlorothiazide</i> ...	80	RELION ULTIMA TEST ...	154	<i>riluzole</i>	200
<i>quinidine gluconate er</i>	44	RELISTOR.....	167	<i>rimantadine hcl</i>	104
<i>quinidine sulfate</i>	44	RELPAK.....	189	RINVOQ.....	29
<i>quinine sulfate</i>	83	REMERON.....	59	RIOMET.....	67
QUINTET AC BLOOD		REMERON SOLTAB.....	59	RIOMET ER.....	67
GLUCOSE TEST.....	154	REMICADE.....	167	<i>risedronate sodium</i>	161
QUINTET BLOOD		RENACIDIN.....	168	RISPERDAL.....	99
GLUCOSE TEST.....	154	RENAGEL.....	167	RISPERDAL CONSTA.....	99
QVAR REDIHALER.....	48	RENFLEXIS.....	167	<i>risperidone</i>	99
<i>ra folic acid</i>	176	REVELA.....	167	RITALIN.....	23
RA TRUETEST TEST.....	154	<i>repaglinide</i>	67	RITALIN LA.....	23
<i>rabeprazole sodium</i>	228	REPATHA.....	211	<i>ritonavir</i>	104
RADIOGARDASE.....	68, 69	REPATHA PUSHTRONEX		<i>rivastigmine</i>	219
RAGWITEK.....	112	SYSTEM.....	211	<i>rivastigmine tartrate</i>	219
<i>raloxifene hcl</i>	161	REPATHA SURECLICK ...	211	Rivelsa.....	126
<i>ramelteon</i>	178	RESTASIS.....	205	RIXUBIS.....	173
<i>ramipril</i>	80	RESTASIS MULTIDOSE ...	205	<i>rizatriptan benzoate</i>	189
RANEXA.....	43	RESTORIL.....	178	ROCALTROL.....	161
<i>ranolazine er</i>	43	RETACRIT.....	176	ROCKLATAN.....	207
RAPAFLO.....	168	RETEVMO.....	92	<i>ropinirole hcl</i>	95
RAPAMUNE.....	108	RETIN-A.....	143	<i>ropinirole hcl er</i>	95
<i>rasagiline mesylate</i>	95	RETIN-A MICRO.....	143	Rosadan.....	143

<i>rosuvastatin calcium</i>	75	<i>sevelamer carbonate</i>	167	Solia.....	127
ROXICODONE.....	39	<i>sevelamer hcl</i>	167	<i>solifenacin succinate</i>	229
ROZEREM.....	178	SEYSARA.....	223	SOLIQUA.....	179
ROZLYTREK.....	85	SFROWASA.....	167	SOLODYN.....	223
RUBRACA.....	212, 213	Sharobel.....	127	SOLOSEC.....	24
RUCONEST.....	173	SIGNIFOR.....	161	SOLTAMOX.....	92
RUZURGI.....	83, 84	SIGNIFOR LAR.....	161	SOLUS V2 TEST.....	154
RYBELSUS.....	67	SIKLOS.....	176	SOMA.....	198
RYDAPT.....	92	<i>sildenafil citrate</i>	116	SOMATULINE DEPOT.....	162
RYTARY.....	95	SILENOR.....	178	SOMAVERT.....	162
RYTHMOL SR.....	44	SILIQ.....	144	SOOLANTRA.....	144
RYVENT.....	73	<i>silodosin</i>	168	SORIATANE.....	144
SABRIL.....	55	SILVADENE.....	144	SORILUX.....	144
SAFETY LET LANCETS....	187	<i>silver sulfadiazine</i>	144	<i>sotalol hcl</i>	111
SAFYRAL.....	126	SIMBRINZA.....	205	<i>sotalol hcl (af)</i>	111
SAIZEN.....	161	Simliya.....	127	SOTYLIZE.....	111
SAIZENPREP.....	161	Simpesse.....	127	SOVALDI.....	104, 105
SALAGEN.....	192	SIMPLE DIAGNOSTICS		<i>spinosad</i>	144
SAMSCA.....	161	LANCING DEV.....	187	SPIRIVA HANDIHALER....	48
SANCUSO.....	70	SIMPONI.....	29	SPIRIVA RESPIMAT.....	48
SANDIMMUNE.....	108	SIMPONI ARIA.....	29	<i>spironolactone</i>	157
SANDOSTATIN.....	161	SIMULECT.....	108	<i>spironolactone-hctz</i>	157
SANDOSTATIN LAR		<i>simvastatin</i>	75, 76	SPORANOX.....	71
DEPOT.....	161	SINEMET.....	95	SPORANOX PULSEPAK....	71
SANTYL.....	143	SINGULAIR.....	48	Sprintec 28.....	127
SAPHRIS.....	99	<i>sirolimus</i>	109	SPRIX.....	29
<i>sapsicare twist top lancets</i>	187	SIRTURO.....	84	SPRYCEL.....	92
SARAFEM.....	219	SITAVIG.....	104	Sps.....	109, 214
SAVAYSA.....	50	SIVEXTRO.....	82	Sronyx.....	127
SAVELLA.....	219	SKELAXIN.....	198	SSKI.....	131
SAVELLA TITRATION		SKLICE.....	144	ST JOSEPH LOW DOSE.....	31
PACK.....	219	SKYLA.....	127	STALEVO 100.....	95
SEASONIQUE.....	126	SKYRIZI (150 MG DOSE)..	144	STALEVO 125.....	95
SECUADO.....	99	SLYND.....	127	STALEVO 150.....	95
SEEBRI NEOHALER.....	48	<i>sm loratadine</i>	73	STALEVO 200.....	95
SEGLUROMET.....	222	SMART SENSE PREMIUM		STALEVO 50.....	95
SELECT-OB.....	195	TEST.....	154	STALEVO 75.....	95
<i>selegiline hcl</i>	95	SMART SENSE VALUE		STARLIX.....	67
<i>selenium sulfide</i>	143	TEST.....	154	<i>stavudine</i>	105
SELRX.....	143	SMARTEST BLOOD		STEGLATRO.....	67
SELZENTRY.....	104	GLUCOSE TEST.....	154	STEGLUJAN.....	221
SEMPREX-D.....	131	<i>sod benz-sod phenylacet</i>	161	STELARA.....	144, 179
SENSIPAR.....	161	<i>sodium chloride</i>	131	STIMATE.....	162
SEREVENT DISKUS.....	48	<i>sodium fluoride</i>	191	STIOLTO RESPIMAT.....	48
SERNIVO.....	144	<i>sodium hyaluronate</i>	198	STIVARGA.....	92
SEROQUEL.....	99, 100	<i>sodium phenylbutyrate</i>	161, 162	STRATTERA.....	23
SEROQUEL XR.....	100	<i>sodium polystyrene sulfonate</i>		STRENSIQ.....	179
SEROSTIM.....	161	.....	109, 213	STRIBILD.....	105
<i>sertraline hcl</i>	60	<i>sofosbuvir-velpatasvir</i>	177	STRIVERDI RESPIMAT....	48
Setlakin.....	126	SOF-SENSOR.....	187	STROMECTOL.....	42

SUBLOCADE.....	39	SYNERA.....	145	<i>telmisartan</i>	80
SUBOXONE.....	39	SYNJARDY.....	222	<i>telmisartan-amlodipine</i>	80
SUBSYS.....	39	SYNJARDY XR.....	222	<i>telmisartan-hetz</i>	80
SUCRAID.....	155	SYNTHROID.....	224	<i>temazepam</i>	178, 179
<i>sucralfate</i>	228	SYNVISC.....	198	TEMIXYS.....	105
SULAR.....	115	SYNVISC ONE.....	198	TEMODAR.....	92
<i>sulconazole nitrate</i>	144	SYPRINE.....	109	TEMOVATE.....	145
<i>sulfacetamide sodium</i>	205	TABLOID.....	92	<i>temozolomide</i>	93
<i>sulfacetamide-prednisolone</i>	205	TABRECTA.....	92	<i>tenofovir disoproxil fumarate</i> ..	105
<i>sulfadiazine</i>	222	TACLONEX.....	145	TENORETIC 100.....	80
<i>sulfamethoxazole-trimethoprim</i>	82	<i>tacrolimus</i>	109, 145	TENORETIC 50.....	80
SULFAMYLON.....	145	<i>tadalafil</i>	116	TENORMIN.....	111
<i>sulfasalazine</i>	167	<i>tadalafil (pah)</i>	116	<i>terazosin hcl</i>	80
Sulfatrim Pediatric.....	82	TAFINLAR.....	92	<i>terbinafine hcl</i>	71
<i>sulindac</i>	29	TAGRISSO.....	92	<i>terbutaline sulfate</i>	48
<i>sumatriptan</i>	189	TAKE ACTION.....	127	<i>terconazole</i>	230
<i>sumatriptan succinate</i>	189	TAKHZYRO.....	212	<i>teriparatide (recombinant)</i>	162
<i>sumatriptan succinate refill</i>	189	TALICIA.....	228	TESSALON PERLES.....	132
<i>sumatriptan-naproxen sodium</i>	189	TALTZ.....	145	TESTIM.....	41
SUNOSI.....	157	TALZENNA.....	213	<i>testosterone</i>	41
<i>super thin lancets</i>	187	TAMIFLU.....	105	<i>testosterone cypionate</i>	41
SUPRAX.....	118	<i>tamoxifen citrate</i>	92	<i>testosterone enanthate</i>	41
SUPREME TEST.....	154	<i>tamsulosin hcl</i>	168	<i>tetrabenazine</i>	219
SUPREP BOWEL PREP KIT		TAPAZOLE.....	224	<i>tetracycline hcl</i>	224
.....	181	TAPERDEX 12-DAY.....	130	TEXACORT.....	145
SURE EDGE TEST.....	154	TAPERDEX 7-DAY.....	130	THALOMID.....	109
SURECHEK BLOOD		TARCEVA.....	92	THEO-24.....	48
GLUCOSE TEST.....	154	TARGADOX.....	223	<i>theophylline</i>	49
SURE-TEST EASYPLUS		TARGRETIN.....	92, 145	<i>theophylline er</i>	49
MINI TEST.....	154	Tarina 24 Fe.....	127	THERANATAL ONE.....	195
SUSTIVA.....	105	Tarina Fe 1/20.....	127	THIOLA.....	169
SUTENT.....	92	Tarina Fe 1/20 Eq.....	127	THIOLA EC.....	169
Syeda.....	127	TARKA.....	80	<i>thioridazine hcl</i>	100
SYMBICORT.....	48	TARON-C DHA.....	195	<i>thiothixene</i>	100
SYMBYAX.....	219	TASIGNA.....	92	THYMOGLOBULIN.....	109
SYMDEKO.....	132	TASMAR.....	96	THYROGEN.....	154
SYMFI.....	105	TAVALISSE.....	222	<i>tiagabine hcl</i>	55
SYMFI LO.....	105	TAYTULLA.....	127	TIAZAC.....	115
SYMJEPI.....	231	<i>tazarotene</i>	145	TIBSOVO.....	180
SYMLINPEN 120.....	67	TAZORAC.....	145	TIGAN.....	70
SYMLINPEN 60.....	67	Tazia Xt.....	115	TIGLUTIK.....	200
SYMPAZAN.....	55	TAZVERIK.....	85	TIKOSYN.....	44
SYMPROIC.....	167	TECFIDERA.....	219	Tilia Fe.....	127
SYMTUZA.....	105	TEGRETOL.....	55	<i>timolol maleate</i>	111, 206
SYNAGEX.....	195	TEGRETOL-XR.....	55	TIMOPTIC.....	206
SYNAGIS.....	210	TEGSEDI.....	101	TIMOPTIC OCUDOSE.....	206
SYNALAR.....	145	TEKTRUNA.....	80	TIMOPTIC-XE.....	206
SYNAREL.....	162	TEKTRUNA HCT.....	80	<i>tinidazole</i>	82
SYNATEK.....	195	TELCARE BLOOD		TIROSINT.....	225
SYNDROS.....	70	GLUCOSE TEST.....	154	TIROSINT-SOL.....	225

TIVICAY.....	105	<i>treprostinil</i>	117	TRIPTODUR.....	162
TIVICAY PD.....	105	TRESIBA.....	68	Tri-Sprintec.....	128
<i>tizanidine hcl</i>	198	TRESIBA FLEXTOUCH.....	68	<i>tristart dha</i>	196
TOBI.....	24	<i>tretinoin</i>	93, 146	TRISTART ONE.....	196
TOBI PODHALER.....	24	<i>tretinoin microsphere</i>	146	TRIUMEQ.....	105
TOBRADEX.....	206	<i>tretinoin microsphere pump</i>	146	TRIVEEN-DUO DHA.....	196
TOBRADEX ST.....	206	TRETTEN.....	173	TRI-VI-FLOR.....	196
<i>tobramycin</i>	24	TREXALL.....	93	TRIVISC.....	198
TOBEX.....	206	TREXIMET.....	189	Trivora (28).....	128
TODAY SPONGE.....	230	TREZIX.....	39	Tri-Vylibra.....	128
TOLAK.....	146	Tri Femynor.....	127	Tri-Vylibra Lo.....	128
<i>tolbutamide</i>	67	<i>triamcinolone acetonide</i>		TRIZIVIR.....	105
<i>tolcapone</i>	96	.....	146, 192, 200, 222	TROKENDI XR.....	55
<i>tolmetin sodium</i>	29	TRIAMINIC		<i>tropicamide</i>	206
<i>tolsura</i>	71	ALLERCHEWS.....	73	<i>tropium chloride</i>	229
<i>tolterodine tartrate</i>	229	<i>triamterene</i>	157	<i>tropium chloride er</i>	229
<i>tolterodine tartrate er</i>	229	<i>triamterene-hctz</i>	157	<i>true focus blood glucose strip</i> ..	155
<i>tolvaptan</i>	162	<i>triazolam</i>	179	TRUE METRIX BLOOD	
TOPAMAX.....	55	TRIBENZOR.....	80	GLUCOSE TEST.....	155
TOPAMAX SPRINKLE.....	55	TRICARE PRENATAL		TRUEPLUS LANCETS 26G187	
TOPICORT.....	146	DHA ONE.....	196	TRUEPLUS LANCETS 30G187	
TOPICORT SPRAY.....	146	<i>tricitrates</i>	169	TRUEPLUS SAFETY	
<i>topiramate</i>	55	TRICOR.....	76	LANCETS 28G.....	187
TOPROL XL.....	111	Triderm.....	146	TRUETEST TEST.....	155
<i>toremifene citrate</i>	93	TRIDESILON.....	146	TRUETRACK TEST.....	155
<i>torseamide</i>	157	<i>trientine hcl</i>	109	TRULANCE.....	118
TOSYMRA.....	189	Tri-Estarylla.....	127	TRULICITY.....	68
TOUJEO MAX SOLOSTAR.....	67	<i>trifluoperazine hcl</i>	100	TRUSOPT.....	206
TOUJEO SOLOSTAR.....	68	<i>trifluridine</i>	206	TRUVADA.....	105
TOVIAZ.....	229	<i>trihexyphenidyl hcl</i>	96	TUDORZA PRESSAIR.....	49
TRACLEER.....	116	TRIJARDY XR.....	221	TUKYSA.....	93
TRADJENTA.....	68	TRIKAFTA.....	132	Tulana.....	128
<i>tramadol hcl</i>	39	Tri-Legest Fe.....	127	TURALIO.....	93
<i>tramadol hcl er</i>	39	TRILEPTAL.....	55	TUSSICAPS.....	132
<i>tramadol hcl er (biphasic)</i>	39	Tri-Linyah.....	127	TUXARIN ER.....	132
<i>tramadol-acetaminophen</i>	39	TRILIPIX.....	76	TWIRLA.....	128
<i>trandolapril</i>	80	Tri-Lo-Estarylla.....	127	TWYNSTA.....	80
<i>trandolapril-verapamil hcl er</i>	80	Tri-Lo-Marzia.....	127	TYBOST.....	100
<i>tranexamic acid</i>	177	Tri-Lo-Sprintec.....	128	Tydemy.....	128
TRANSDERM-SCOP (1.5		TRILURON.....	198	TYKERB.....	93
MG).....	70	Trilyte.....	181	TYMLOS.....	162
TRANXENE-T.....	44	<i>trimethobenzamide hcl</i>	70	TYSABRI.....	219
<i>tranylcypromine sulfate</i>	60	<i>trimethoprim</i>	82	TYVASO.....	117
TRAVATAN Z.....	206	Tri-Mili.....	128	TYVASO REFILL.....	117
<i>travoprost (bak free)</i>	206	<i>trimipramine maleate</i>	60	TYVASO STARTER.....	117
<i>trazodone hcl</i>	60, 221	TRINATE.....	196	UBRELVY.....	112
TRECTOR.....	84	<i>trinaz</i>	196	UCERIS.....	42, 130
TRELEGY ELLIPTA.....	49	Trinessa (28).....	128	UDENYCA.....	176
TRELSTAR MIXJECT.....	93	TRINTELLIX.....	60, 221	ULORIC.....	169
TREMFYA.....	146	Tri-Previfem.....	128	ULTIMA TEST.....	155

ULTRACET.....	39	VELETRI.....	117	VISTOGARD.....	68, 69
ULTRAM.....	39	Velivet.....	128	VISUDYNE.....	206
ULTRATRAK PRO TEST..	155	VELPHORO.....	167	VITAFOL FE+.....	196
ULTRATRAK ULTIMATE		VELTASSA.....	109, 214	VITAFOL GUMMIES.....	196
TEST.....	155	VELTIN.....	147	VITAFOL STRIPS.....	196
ULTRAVATE.....	146	VEMLIDY.....	106	VITAFOL ULTRA.....	196
UNISTRIP1 GENERIC.....	155	VENCLEXTA.....	84	VITAFOL-NANO.....	196
Unithroid.....	225	VENCLEXTA STARTING		VITAFOL-OB.....	196
UPTRAVI.....	220	PACK.....	84	VITAFOL-ONE.....	196
UROCIT-K 10.....	169	<i>venlafaxine hcl</i>	60	VITAMEDMD REDICHEW	
UROCIT-K 15.....	169	<i>venlafaxine hcl er</i>	60	RX.....	196
UROCIT-K 5.....	169	VENOFER.....	176	<i>vitamin d (ergocalciferol)</i>	231
UROXATRAL.....	169	VENTAVIS.....	117	VITAPEARL.....	196
URSO 250.....	167	VENTOLIN HFA.....	49	VITATRUE.....	196
URSO FORTE.....	167	<i>verapamil hcl</i>	115	VITRAKVI.....	85
<i>ursodiol</i>	167	<i>verapamil hcl er</i>	115	VIVA DHA.....	196
UTIBRON NEOHALER.....	49	<i>verasens blood glucose test</i>	155	VIVAGUARD INO TEST	
VAGIFEM.....	230	VERDESO.....	147	STRIPS.....	155
<i>valacyclovir hcl</i>	105	VEREGEN.....	147	VIVELLE-DOT.....	164
VALCHLOR.....	146	VERELAN.....	115	VIVITROL.....	69
VALCYTE.....	105	VERELAN PM.....	115	VIVLODEX.....	29
<i>valganciclovir hcl</i>	106	VERSACLOZ.....	100	VIZIMPRO.....	93
VALIUM.....	44	VERZENIO.....	132	VOCAL POINT BLOOD	
<i>valproic acid</i>	55	VESICARE.....	229	GLUCOSE TEST.....	155
<i>valsartan</i>	80	VFEND.....	71	VOGELXO.....	41
<i>valsartan-hydrochlorothiazide</i> ..	81	VIBERZI.....	179	VOGELXO PUMP.....	41
VALTOCO 10 MG DOSE.....	55	VIBRAMYCIN.....	224	<i>vol-tab rx</i>	196
VALTOCO 15 MG DOSE.....	56	VICTORY AGM-4000 TEST	155	VONVENDI.....	173
VALTOCO 20 MG DOSE.....	56	VICTOZA.....	68	<i>voriconazole</i>	71
VALTOCO 5 MG DOSE.....	56	VIEKIRA PAK.....	177	VOSEVI.....	177
VALTRESX.....	106	Vienna.....	128	VOTRIENT.....	93
Vanadom.....	198	<i>vigabatrin</i>	56	VPRIV.....	176
Vanatol Lq.....	31	Vigadrone.....	56	VRAYLAR.....	100
Vanatol S.....	31	VIGAMOX.....	206	Vtol Lq.....	31
VANCOGIN.....	169	VIIBRYD.....	60, 221	VUMERITY.....	219
VANCOGIN HCL.....	169	VIIBRYD STARTER PACK		VUMERITY (STARTER)....	219
<i>vancomycin hcl</i>	169	.....	60, 221	VUSION.....	147
Vandazole.....	230	VIMIZIM.....	192	Vyfemla.....	128
VANISHPOINT INSULIN		VIMOVO.....	29	VYLEESI.....	188
SYRINGE.....	187	VIMPAT.....	56	Vylibra.....	128
VANOS.....	146	VINATE DHA RF.....	196	VYNDAMAX.....	225
Vanoxide-Hc.....	146	VIOKACE.....	155	VYNDAQEL.....	225
VARUBI (180 MG DOSE)....	70	<i>viorele</i>	128	VYTORIN.....	76
VASCEPA.....	76	VIRACEPT.....	106	VYVANSE.....	23
VASERETIC.....	81	VIRAMUNE.....	106	VYZULTA.....	206
VASOTEC.....	81	VIRAMUNE XR.....	106	WAKIX.....	178
VCF VAGINAL		VIREAD.....	106	<i>warfarin sodium</i>	50
CONTRACEPTIVE.....	230, 231	<i>virt-pn dha</i>	196	WELCHOL.....	76
VECAMYL.....	81	VISCO-3.....	198	WELLBUTRIN SR.....	60
VECTICAL.....	147	VISTARIL.....	44	WELLBUTRIN XL.....	60

Wera.....	128	XHANCE.....	200	<i>zaleplon</i>	179
WESTHROID.....	225	XIAFLEX.....	109	ZANAFLEX.....	199
WIDE-SEAL DIAPHRAGM		XIFAXAN.....	82	Zarah.....	129
60.....	187	XIGDUO XR.....	222	ZARONTIN.....	56
WIDE-SEAL DIAPHRAGM		XIIDRA.....	181	ZARXIO.....	176
65.....	187	XIMINO.....	224	ZATEAN-PN DHA.....	196
WIDE-SEAL DIAPHRAGM		XODOL.....	39	ZATEAN-PN PLUS.....	197
70.....	187	XOFLUZA (40 MG DOSE).	208	ZAVESCA.....	176
WIDE-SEAL DIAPHRAGM		XOFLUZA (80 MG DOSE).	208	Zebutal.....	31
75.....	187	XOLAIR.....	49	ZEGERID.....	228
WIDE-SEAL DIAPHRAGM		XOLEGEL.....	147	ZEGERID OTC.....	228
80.....	187	XOPENEX.....	49	ZEJULA.....	213
WIDE-SEAL DIAPHRAGM		XOPENEX		ZELAPAR.....	96
85.....	187	CONCENTRATE.....	49	ZELBORAF.....	93
WIDE-SEAL DIAPHRAGM		XOPENEX HFA.....	49	ZELNORM.....	179
90.....	187	XOSPATA.....	93	ZEMAIRA.....	220
WIDE-SEAL DIAPHRAGM		XPOVIO (100 MG ONCE		ZEMBRACE SYMTOUCH.	189
95.....	187	WEEKLY).....	85	ZEMPLAR.....	162
WILATE.....	173	XPOVIO (40 MG ONCE		Zenatane.....	147
WINRHO SDF.....	210	WEEKLY).....	85	ZENPEP.....	155
Wixela Inhub.....	49	XPOVIO (40 MG TWICE		Zenzedi.....	23
WP THYROID.....	225	WEEKLY).....	85	ZENZEDI.....	23
Wymzya Fe.....	128	XPOVIO (60 MG ONCE		ZEPATIER.....	177
XADAGO.....	96	WEEKLY).....	85	ZERIT.....	106
XALATAN.....	206	XPOVIO (60 MG TWICE		ZERViate.....	207
XALKORI.....	93	WEEKLY).....	85	ZESTORETIC.....	81
XANAX.....	44	XPOVIO (80 MG ONCE		ZESTRIL.....	81
XANAX XR.....	44	WEEKLY).....	85	ZETIA.....	76
XARELTO.....	50	XPOVIO (80 MG TWICE		ZETONNA.....	200
XARELTO STARTER		WEEKLY).....	85	ZIAC.....	81
PACK.....	50	XTAMPZA ER.....	39	ZIAGEN.....	106
XATMEP.....	93	XTANDI.....	93	ZIANA.....	147
XCOPRI.....	56	XULANE.....	128	<i>zidovudine</i>	106
XCOPRI (250 MG DAILY		XULTOPHY.....	179	ZIEXTENZO.....	176
DOSE).....	56	XURIDEN.....	178	<i>zileuton er</i>	49
XCOPRI (350 MG DAILY		XYNTHA.....	173	ZIOPTAN.....	207
DOSE).....	56	XYNTHA SOLOFUSE.....	174	<i>ziprasidone hcl</i>	100
XELJANZ.....	29	XYOSTED.....	41	<i>ziprasidone mesylate</i>	100
XELJANZ XR.....	29	XYREM.....	219	ZIPSOR.....	29
XELODA.....	93	XYZAL ALLERGY 24HR....	73	ZIRGAN.....	207
XELPROS.....	206	XYZAL ALLERGY 24HR		ZITHROMAX.....	182
XEMBIFY.....	210	CHILDRENS.....	73	ZITHROMAX TRI-PAK....	182
XENAZINE.....	219	YASMIN 28.....	128	ZITHROMAX Z-PAK.....	182
XENLETA.....	212	YAZ.....	129	ZOCOR.....	76
XEOMIN.....	200	YONSA.....	93	ZOFRAN.....	70
XEPI.....	147	YOSPRALA.....	174	ZOHYDRO ER.....	40
XERAC AC.....	147	YUPELRI.....	49	<i>zoledronic acid</i>	162
XERESE.....	147	Yuvaferm.....	231	ZOLINZA.....	93
XERMELO.....	225	ZADITOR.....	206	<i>zolmitriptan</i>	189
XGEVA.....	162	<i>zafirlukast</i>	49	ZOLOFT.....	60

<i>zolpidem tartrate</i>	179
<i>zolpidem tartrate er</i>	179
ZOMACTON.....	162
ZOMACTON (FOR ZOMA- JET 10).....	162
ZOMIG	189
ZOMIG ZMT	189
ZONALON.....	147
ZONEGRAN	56
<i>zonisamide</i>	56
ZONTIVITY	214
ZORBTIVE.....	162
ZORTRESS.....	109
ZORVOLEX.....	29
Zovia 1/35E (28).....	129
ZOVIRAX.....	106, 147
ZUBSOLV	40
Zumandimine.....	129
ZUPLENZ.....	70
ZYCLARA.....	147
ZYCLARA PUMP	147
ZYDELIG.....	212
ZYFLO.....	49
ZYKADIA.....	93
ZYLET	207
ZYLOPRIM.....	169
ZYMAXID	207
ZYPITAMAG.....	76
ZYPREXA.....	100
ZYPREXA RELPREVV	100
ZYPREXA ZYDIS.....	100
ZYRTEC ALLERGY	73
ZYRTEC CHILDRENS ALLERGY	73
ZYRTEC-D ALLERGY & CONGESTION.....	132
ZYTIGA.....	93, 94
ZYVOX.....	82