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

Prime 4-Tier Formulary
Alphabetical Index
Last Updated 1/2/2017

Drug Name	Special Code	Tier	Category
8-MOP CAP	-	2	DERMATOLOGICALS
abacavir tab (ZIAGEN equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
abacavir/ lamivudine/ zidovudine tab (TRIZIVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ACANYA/ONEXTON GEL (QL= 50gm/fill)	QL	2	DERMATOLOGICALS
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCOLATE TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK NANO SMARTVIEW METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCUNEB NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCUPRIL TAB	-	3	ANTIHYPERTENSIVES
ACCURETIC TAB	-	3	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACEON TAB	-	3	ANTIHYPERTENSIVES
acetaminophen/caffeine/dihydrocodeine cap (TREZIX equiv)	-	2	ANALGESICS - OPIOID
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	3	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	1	DIURETICS
ACETAZOLAMIDE TAB 125MG	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetic acid/hydrocoritisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX TAB	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACLOVATE CREAM	-	3	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ACLOVATE OINT	-	3	DERMATOLOGICALS
ACTEMRA IV INJ	M-PA	M	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB	-	NC	TETRACYCLINES
ACTIGALL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3	ANALGESICS - OPIOID
ACTIVELLA TAB	-	3	ESTROGENS
ACTONEL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	3	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACTOS TAB	-	3	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	NC	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	$0	TOXOIDS
ADAGEN INJ	-	NC	BIOLOGICALS MISC
ADALAT CC TAB	-	3	CALCIUM CHANNEL BLOCKERS
adapalene cream (DIFFERIN equiv)	-	2	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv)	-	2	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	-	2	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADCIRCA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADOXA PAK	-	NC	TETRACYCLINES
ADOXA TAB	-	3	TETRACYCLINES
ADRENACLICK/EPINEPHRINE INJ (QL= 2 inj/fill; Step Therapy requires trial o EPINEPHRINE PEN (MYLAN))	QL-ST	3	VASOPRESSORS
ADVAIR DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	2	MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	$0	VACCINES
AFLURIA/FLUZONE INJ	VAC	$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AGGRENOX/ASPIRIN-DIPYRIDAMOLE CAP	-	2	HEMATOLOGICAL AGENTS - MISC.
AGRYLIN CAP	-	3	HEMATOLOGICAL AGENTS - MISC.
AKNE-MYCIN OINT	-	3	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALAMAST OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
ALBATUSSIN LIQUID	-	3	COUGH/COLD/ALLERGY
ALBENZA TAB	-	3	ANTHELMINTICS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ALDACTAZIDE TAB	-	3	DIURETICS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS
ALDACTONE TAB	-	3	DIURETICS
ALDARA CREAM	-	3	DERMATOLOGICALS
ALDURAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
ALKERAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
ALOMIDE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
ALOXI INJ	M	M	ANTIEMETICS
ALPHAGAN P OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ALPHAGAN P OPHTH SOLN 0.1% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	2	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANXIETY AGENTS
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ALSUMA INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ALTABAX OINT	-	3	DERMATOLOGICALS
ALTACE CAP	-	3	ANTIHYPERTENSIVES
ALTACE TAB	-	3	ANTIHYPERTENSIVES
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
aluminum chloride soln (DRYSOL equiv)	-	1	DERMATOLOGICALS
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine tab	-	2	ANTIPARKINSON AGENTS
AMARYL TAB	-	3	ANTIDIABETICS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMBIEN TAB 10MG (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMBIEN TAB 5MG (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	PA	3	DERMATOLOGICALS
AMCINONIDE OINT	PA	3	DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	ACA	$0	CONTRACEPTIVES
AMICAR SOLN	-	NC	HEMOSTATICS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
AMICAR SYRUP	-	3	HEMOSTATICS
AMICAR TAB	-	3	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	1	HEMOSTATICS
AMINOCAPROIC ACID TAB	-	3	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	PA	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/ valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/atorvastatin tab (CADUET equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES
AMMONIUM CHLORIDE INJ	M	NC	MINERALS & ELECTROLYTES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	2	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
AMPYRA TAB	PA	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
ANADROL TAB	-	3	ANDROGENS-ANABOLIC
ANAFRANIL CAP	-	3	ANTIDEPRESSANTS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS
ANAPROX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ANASPAZ ODT	-	3	ULCER DRUGS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON CAP	-	3	ANTIFUNGALS
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROID/TESTRED CAP	PA	3	ANDROGENS-ANABOLIC
ANDROXY TAB	-	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	3	ESTROGENS
ANORO ELLIPTA INHALER	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP	-	3	ANTIHYPERLIPIDEMICS
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVERT TAB	-	1	ANTIEMETICS
ANUSOL-HC CREAM	-	3	ANORECTAL AGENTS
ANUSOL-HC SUPP	-	NC	ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	4	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
apri tab (DESOGEN equiv)	ACA	$0	CONTRACEPTIVES
APRISO CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
APTIOM TAB	PA	3	ANTICONVULSANTS
APTIVUS CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
APTIVUS SOLN	-	4	ANTIVIRALS
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M	RESPIRATORY AGENTS - MISC.
ARALEN TAB	-	3	ANTIMALARIALS
aranelle tab (TRI-NORINYL equiv)	ACA	$0	CONTRACEPTIVES
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	SP-ST	4	HEMATOPOIETIC AGENTS
ARAVA TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ARCALYST INJ	M	M	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER (Step Therapy requires trial of Foradil or Serevent)	ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARICEPT ODT (QL= 1 tab/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB (QL= 2 tabs/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIMIDEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	PA	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	TS	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ARIXTRA INJ	PA	3	ANTICOAGULANTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
ARNUITY ELLIPTA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AROMASIN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ASACOL HD/MESALAMINE TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER (QL= 2 inhalers/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 2 inhalers/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG (Covered for males age 45-79 and females age 55-79)	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
ASPIRIN TAB 81MG	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ASTELIN/ASTEPRO NASAL SPRAY (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
ATACAND HCT TAB	-	3	ANTIHYPERTENSIVES
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
ATIVAN TAB	-	3	ANTIANXIETY AGENTS
atorvastatin tab (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	2	ANTIMALARIALS
ATRIPLA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
atropine ophth oint (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATROVENT NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
AUBAGIO TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN ES-600 SUSP	-	3	PENICILLINS
AUGMENTIN SUSP	-	3	PENICILLINS
AUGMENTIN TAB	-	3	PENICILLINS
AUGMENTIN XR TAB	-	3	PENICILLINS
AURALGAN OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
AUVI-Q INJ (QL= 2 inj/fill; Step Therapy requires trial of EPINEPHRINE PEN (MYLAN))	QL-ST	3	VASOPRESSORS
AVALIDE TAB	-	3	ANTIHYPERTENSIVES
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	2	ANTIDIABETICS
AVAPRO TAB	-	3	ANTIHYPERTENSIVES
AVAR AEROSOL FOAM	-	3	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVASTIN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
AVELOX TAB	-	3	FLUOROQUINOLONES
aviane tab (ALESSE equiv)	ACA	$0	CONTRACEPTIVES
AVINZA CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
AVODART CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
AXID CAP	-	3	ULCER DRUGS
AXID SOLN	-	3	ULCER DRUGS
AXIRON SOLN	-	NC	ANDROGENS-ANABOLIC
AYGESTIN TAB	-	3	PROGESTINS
AZASAN TAB	-	3	ASSORTED CLASSES
AZASITE SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelastine nasal spray (ASTELIN/ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAI
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
AZELEX CREAM	-	2	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAI
AZILECT TAB	TS	2	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
AZOR TAB	-	3	ANTIHYPERTENSIVES
AZULFIDINE EN-TABS	-	3	GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
BACITRACIN OPHTH OINT (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen tab	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACTRIM DS TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
BACTROBAN CREAM	-	3	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
BACTROBAN OINT	-	3	DERMATOLOGICALS
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
BANZEL SUSP	-	2	ANTICONVULSANTS
BANZEL TAB	-	2	ANTICONVULSANTS
BARACLUDE TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
BASAGLAR INJ	-	NC	ANTIDIABETICS
B-D INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
BELVIQ XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENICAR TAB	-	3	ANTIHYPERTENSIVES
BENTYL CAP	-	3	ULCER DRUGS
BENTYL SYRUP	-	3	ULCER DRUGS
BENTYL TAB	-	3	ULCER DRUGS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZACLIN GEL (QL= 50gm/fill)	QL	2	DERMATOLOGICALS
BENZAMYCIN GEL	-	2	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	2	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
BENZONATATE CAP	-	3	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
benztropine tab	-	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	2	OPHTHALMIC AGENTS
BESIVANCE OPHTH SUSP (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3	OPHTHALMIC AGENTS
BETAGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel (DIPROLENE GEL equiv)	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate lotion	-	1	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETAPACE AF TAB	-	3	BETA BLOCKERS
BETAPACE TAB	-	3	BETA BLOCKERS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bexarotene cap (TARGRETIN equiv) (Restricted to Oncology or Dermatology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-RS-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	VAC	$0	VACCINES
BEYAZ TAB	ACA	$0	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
BIAXIN SUSP	-	3	MACROLIDES
BIAXIN TAB	-	3	MACROLIDES
BIAXIN XL TAB	-	3	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BILTRICIDE TAB	-	2	ANTHELMINTICS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPH-10 OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BONIVA TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
BOSULIF TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRETHINE TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln (ALPHAGAN P equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BRONCOPECTOL SYRUP	-	3	COUGH/COLD/ALLERGY
BROVANA NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL SL FILM	-	NC	ANALGESICS - OPIOID

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
BUPHENYL POWDER	PA-SP	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	PA-SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine SL tab (SUBUTEX equiv)	PA	2	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
BUSPAR TAB	-	3	ANTIANXIETY AGENTS
buspirone tab (BUSPAR equiv)	-	1	ANTIANXIETY AGENTS
buspirone tab 30mg (BUSPAR equiv)	-	NC	ANTIANXIETY AGENTS
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
BUTISOL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2	ANALGESICS - OPIOID
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
BYDUREON INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYETTA INJ	-	3	ANTIDIABETICS
BYSTOLIC TAB	TS	2	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CADUET TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
CAFCIT SOLN	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
CALAN SR TAB	-	3	CALCIUM CHANNEL BLOCKERS
CALAN TAB	-	3	CALCIUM CHANNEL BLOCKERS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	DERMATOLOGICALS
calcipotriene/ betamethasone oint (TACLONEX equiv)	-	2	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
calcium acetate tab (ELIPHOS equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALOMIST NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS
CAMPRAL TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CANASA SUPP	-	2	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	2	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
CAPASTAT INJ	-	NC	ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3	ANALGESICS - OPIOID
CAPOTEN TAB	-	3	ANTIHYPERTENSIVES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin-menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1	ANTIHYPERTENSIVES
CARAC CREAM	-	2	DERMATOLOGICALS
CARAFATE SUSP	-	1	ULCER DRUGS
CARAFATE TAB	-	3	ULCER DRUGS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
CARBATROL CAP	-	3	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
carbinoxamine soln (PALGIC equiv)	-	2	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	2	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM CD CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	3	ANTIHYPERTENSIVES
CARDURA XL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
CARMOL-HC CREAM	-	3	DERMATOLOGICALS
CARNITOR SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARNITOR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CASODEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CATAFLAM TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
CATAPRES TAB	-	3	ANTIHYPERTENSIVES
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	4	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	3	CEPHALOSPORINS
CEENU CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	2	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	2	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	2	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	2	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
CEFTIN SUSP	-	3	CEPHALOSPORINS
CEFTIN TAB	-	3	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP (QL= 2 caps/day)	PA-QL	3	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
CELEXA SOLN	-	3	ANTIDEPRESSANTS
CELEXA TAB	-	3	ANTIDEPRESSANTS
CELLCEPT CAP	-	4	ASSORTED CLASSES
CELLCEPT SUSP	-	4	ASSORTED CLASSES
CELLCEPT TAB	-	4	ASSORTED CLASSES
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	1	CEPHALOSPORINS
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	$0	VACCINES
CERVICAL CAP	ACA	$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
cesia tab (CYCLESSA equiv)	ACA	$0	CONTRACEPTIVES
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORPROPAMIDE TAB	-	1	ANTIDIABETICS
chlorpropamide tab (DIABINESE equiv)	-	1	ANTIDIABETICS
CHLORTHALIDONE TAB	-	1	DIURETICS
chlorzoxazone tab (PARAFON FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	OTC	1	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CHROMAGEN FA TAB	-	3	HEMATOPOIETIC AGENTS
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG (Prior Authorization for BPH)	PA	3	CARDIOVASCULAR AGENTS - MISC.
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
CILOXAN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
cimetidine soln (TAGAMET equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	PA-QL-SP	4	GASTROINTESTINAL AGENTS - MISC.
CINRYZE INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CIPRO SUSP	-	3	FLUOROQUINOLONES
CIPRO TAB	-	3	FLUOROQUINOLONES
CIPRO XR TAB	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ER tab (CIPRO XR equiv)	-	2	FLUOROQUINOLONES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CLARIFOAM EF FOAM	-	3	DERMATOLOGICALS
CLARINEX REDITAB	-	NC	ANTIHISTAMINES
CLARINEX SYRUP	-	NC	ANTIHISTAMINES
CLARINEX TAB	-	NC	ANTIHISTAMINES
CLARINEX-D TAB	-	NC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	2	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
clemastine syrup (TAVIST equiv)	-	3	ANTIHISTAMINES
CLEMASTINE TAB	-	3	ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	3	ANTIHISTAMINES
CLEOCIN CAP	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	3	DERMATOLOGICALS
CLEOCIN-T LOTION	-	3	DERMATOLOGICALS
CLEOCIN-T PAD	-	3	DERMATOLOGICALS
CLEOCIN-T SOLN	-	3	DERMATOLOGICALS
CLIMARA PATCH	-	3	ESTROGENS
CLIMARA PRO PATCH	-	3	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
CLINDAGEL	-	3	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/ benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (QL= 50gm/fill)	QL	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	2	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
CLINORIL TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX FOAM equiv)	PA	2	DERMATOLOGICALS
clobetasol lotion (CLOBEX LOTION equiv)	PA	2	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	PA	2	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv) (Restricted to Dermatology Specialist)	RS	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	PA	2	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
clobetasol propionate soln (TEMOVATE equiv)	PA	2	DERMATOLOGICALS
clobetasol shampoo (CLOBEX SHAMPOO equiv)	PA	2	DERMATOLOGICALS
clobetasol spray (CLOBEX SPRAY equiv)	PA	2	DERMATOLOGICALS
CLOBEX LOTION	PA	3	DERMATOLOGICALS
CLOBEX SHAMPOO	PA	3	DERMATOLOGICALS
CLOBEX SPRAY	PA	3	DERMATOLOGICALS
CLODERM CREAM/ CLOCORTOLONE CREAM	-	3	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	2	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	2	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	1	ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
clozapine ODT 25mg, 100mg (CLOZAPINE/FAZACLO equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT/FAZACLO ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COARTEM TAB	-	3	ANTIMALARIALS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
COLAZAL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS/COLCHICINE TAB	-	NC	GOUT AGENTS
COLESTID GRANULE	-	3	ANTIHYPERLIPIDEMICS
COLESTID POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
COLESTID TAB	-	3	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol powder (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
COMBIGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT INHALER (QL= 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
COMTAN TAB	-	3	ANTIPARKINSON AGENTS
CONCEPTROL GEL	ACA-OTC	$0	VAGINAL PRODUCTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
CONCERTA TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONDYLOX SOLN	-	3	DERMATOLOGICALS
CONTRACEPTIVE FILM	ACA-OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	ACA-OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	ACA-OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	ACA-OTC	$0	VAGINAL PRODUCTS
COPAXONE INJ 20MG/ML (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPAXONE INJ 40MG/ML (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPEGUS TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
CORDARONE TAB	-	3	ANTIARRHYTHMICS
CORDRAN CREAM	-	3	DERMATOLOGICALS
CORDRAN LOTION	-	3	DERMATOLOGICALS
CORDRAN TAPE	-	3	DERMATOLOGICALS
COREG CR CAP	-	3	BETA BLOCKERS
COREG TAB	-	3	BETA BLOCKERS
CORGARD TAB	-	3	BETA BLOCKERS
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CORTANE-B OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CORTEF TAB	-	1	CORTICOSTEROIDS
CORTENEMA	-	3	ANORECTAL AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTISPORIN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
CORTISPORIN OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CORZIDE TAB	-	3	ANTIHYPERTENSIVES
COSENTYX INJ (QL= 2 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	DERMATOLOGICALS
COSOPT OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
COSOPT PF OPHTH SOLN (QL= 60 units/30 days)	QL	2	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COUMADIN TAB	-	3	ANTICOAGULANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
COZAAR TAB	-	3	ANTIHYPERTENSIVES
CPM CAP	-	3	ANTIHISTAMINES
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG	-	NC	ANTIHYPERLIPIDEMICS
CRESYLATE OTIC SOLN	-	3	OTIC AGENTS
CRINONE GEL	-	2	VAGINAL PRODUCTS
CRIXIVAN CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
CROLOM OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CROMOLYN NEB SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
cryselle tab (OGESTREL equiv)	ACA	$0	CONTRACEPTIVES
CUPRIMINE CAP	-	NC	ASSORTED CLASSES
CUTIVATE CREAM	-	3	DERMATOLOGICALS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUTIVATE OINT	-	3	DERMATOLOGICALS
CUVPOSA SOLN	-	3	ULCER DRUGS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLESSA TAB	-	3	CONTRACEPTIVES
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	PA	3	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	4	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	4	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	4	ASSORTED CLASSES
CYKLOKAPRON INJ	M	NC	HEMOSTATICS
CYMBALTA CAP (QL= 2 caps/day)	QL	3	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTAGON CAP (Only available through Pharmacare 800-238-7828)	LD-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	OPHTHALMIC AGENTS
CYTOGAM INJ	M-PA	M	PASSIVE IMMUNIZING AGENTS
CYTOMEL TAB	-	3	THYROID AGENTS
CYTOTEC TAB	-	3	ULCER DRUGS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	3	MIGRAINE PRODUCTS
DAKLINZA TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTIVIRALS
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
DANTRIUM CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	PA	2	URINARY ANTISPASMODICS
DAYPRO TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DAZIDOX TAB	-	3	ANALGESICS - OPIOID
DDAVP INJ	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECLOMYCIN TAB	-	3	TETRACYCLINES
DECON-A ELIXIR	-	3	COUGH/COLD/ALLERGY
DELZICOL CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
DEMADEX TAB	-	3	DIURETICS
demeclocycline tab (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DEMEROL TAB	-	3	ANALGESICS - OPIOID
DENAVIR CREAM	-	2	DERMATOLOGICALS
DEPAKENE CAP	-	3	ANTICONVULSANTS
DEPAKENE SYRUP	-	3	ANTICONVULSANTS
DEPAKOTE ER TAB	-	3	ANTICONVULSANTS
DEPAKOTE SPRINKLE CAP	-	3	ANTICONVULSANTS
DEPAKOTE TAB	-	3	ANTICONVULSANTS
DEPEN TITRATAB	-	2	ASSORTED CLASSES
DEPLIN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	$0	CONTRACEPTIVES
DEPO-TESTOSTERONE INJ	-	3	ANDROGENS-ANABOLIC
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	2	DERMATOLOGICALS
DERMATOP CREAM	-	3	DERMATOLOGICALS
DERMATOP OINT	-	3	DERMATOLOGICALS
DERMOTIC OIL (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
DESCOVY TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DESLORATADINE ODT	PA	3	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	PA	3	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESOGEN TAB	-	3	CONTRACEPTIVES
desonide cream	-	NC	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	NC	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	1	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint 0.25% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXYN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
DETROL LA CAP	-	3	URINARY ANTISPASMODICS
DETROL TAB	-	3	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
DEXAMETHASONE OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
dexamethasone soln	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXEDRINE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole)	QL-ST	3	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DEXPAK TAB	-	3	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DIABETA TAB	-	3	ANTIDIABETICS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAMOX SEQUEL CAP	-	3	DIURETICS
DIAPHRAGM	ACA	$0	MEDICAL DEVICES AND SUPPLIES
DIATZ ZN TAB	-	3	MULTIVITAMINS
diazepam conc (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
DIAZEPAM SOLN	-	1	ANTIANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
DIAZEPAM/DIASTAT RECTAL GEL (Restricted to Neurology Specialist)	RS	2	ANTICONVULSANTS
DIBENZYLINE CAP	-	3	ANTIHYPERTENSIVES
diclofenac gel (SOLARAZE equiv)	PA	2	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
DIFFERIN CREAM	PA	3	DERMATOLOGICALS
DIFFERIN GEL 0.1%	PA	3	DERMATOLOGICALS
DIFFERIN GEL 0.3%	-	2	DERMATOLOGICALS
DIFFERIN LOTION	-	3	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	1	DERMATOLOGICALS
DIFLORASONE OINT (PSORCON equiv)	-	NC	DERMATOLOGICALS
DIFLUCAN SUSP	-	3	ANTIFUNGALS
DIFLUCAN TAB	-	3	ANTIFUNGALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	2	MIGRAINE PRODUCTS
DILACOR XR CAP	-	3	CALCIUM CHANNEL BLOCKERS
DILANTIN CAP 100MG	-	3	ANTICONVULSANTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
DILANTIN INFATABS	-	3	ANTICONVULSANTS
DILANTIN SUSP	-	3	ANTICONVULSANTS
DILATRATE SR CAP	-	3	ANTIANGINAL AGENTS
DILAUDID TAB	-	3	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
DIOVAN HCT TAB	-	3	ANTIHYPERTENSIVES
DIOVAN TAB	-	3	ANTIHYPERTENSIVES
DIPENTUM CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPROLENE AF CREAM	-	3	DERMATOLOGICALS
DIPROLENE LOTION	-	3	DERMATOLOGICALS
DIPROLENE OINT	-	3	DERMATOLOGICALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITROPAN XL TAB	-	3	URINARY ANTISPASMODICS
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL/ELESTRIN GEL	-	3	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOPHINE TAB	-	3	ANALGESICS - OPIOID
DOMETUSS-DMX LIQ	-	NC	COUGH/COLD/ALLERGY
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	3	TETRACYCLINES
DORYX TAB 200MG	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
dorzolamide/ timolol ophth soln (COSOPT equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
DOVONEX CREAM	-	3	DERMATOLOGICALS
DOVONEX SOLN	-	3	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CAP 75MG	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN/PRUDOXIN/ZONALON CREAM	-	3	DERMATOLOGICALS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
DOXYCYCLINE HYCLATE DR CAP	-	3	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	2	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
DOXYCYCLINE/ORACEA CAP	-	NC	DERMATOLOGICALS
DRISDOL CAP	-	3	VITAMINS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
DRITHO-SCALP CREAM	-	3	DERMATOLOGICALS
dronabinol cap (MARINOL equiv)	PA	2	ANTIEMETICS
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DUAC CS KIT	-	3	DERMATOLOGICALS
DUAC GEL	-	3	DERMATOLOGICALS
DUETACT TAB	-	3	ANTIDIABETICS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	2	ANTIDEPRESSANTS
DUONEB NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DURAGESIC PATCH	-	3	ANALGESICS - OPIOID
DUREZOL OPHTH EMULSION (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	2	ANTIHYPERTENSIVES
DYAZIDE CAP	-	3	DIURETICS
DYMISTA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAI
DYNACIN TAB	-	3	TETRACYCLINES
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	2	DIURETICS
econazole cream (SPECTAZOLE equiv)	-	2	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB (Step therapy requires trial of losartan (hctz))	ST	3	ANTIHYPERTENSIVES
EDARBYCLOR TAB (Step Therapy requires trial of losartan (hctz))	ST	3	ANTIHYPERTENSIVES
EDECRIN TAB	-	3	DIURETICS
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
EDURANT TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
EFFEXOR TAB	-	3	ANTIDEPRESSANTS
EFFEXOR XR CAP	-	3	ANTIDEPRESSANTS
EFFIENT TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	3	DERMATOLOGICALS
EFUDEX SOLN	-	3	DERMATOLOGICALS
EGRIFTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELDEPYRL CAP	-	3	ANTIPARKINSON AGENTS
ELESTAT OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ELIDEL CREAM	-	2	DERMATOLOGICALS
ELIGEN B12 TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	2	DERMATOLOGICALS
ELIPHOS TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS TAB	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	ACA	$0	CONTRACEPTIVES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCON CREAM	-	3	DERMATOLOGICALS
ELOCON OINT	-	3	DERMATOLOGICALS
ELOCON SOLN	-	3	DERMATOLOGICALS
EMADINE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	3	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND CAP (QL= 3 caps/fill; Restricted to Oncology or Anesthesiology Specialist)	QL-RS	2	ANTIEMETICS
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Anesthesiology Specialist)	QL-RS	2	ANTIEMETICS
EMEND SUSP	-	NC	ANTIEMETICS
EMLA CREAM	-	3	DERMATOLOGICALS
EMSAM PATCH	-	3	ANTIDEPRESSANTS
EMTRIVA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
EMTRIVA SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	PA	3	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Product is mandated through Dean Clinic Specialty)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	-	2	VAGINAL PRODUCTS
ENGERIX-B INJ	VAC	$0	VACCINES
ENGERIX-B/RECOMBIVAX-HB	VAC	$0	VACCINES
ENJUVIA TAB	-	3	ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	ACA	$0	CONTRACEPTIVES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-SP-TS	4	ANTIVIRALS
ENTOCORT EC CAP	-	2	CORTICOSTEROIDS
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ	M-PA	M	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	-	NC	ANTIHYPERTENSIVES
EPANED SOLN	PA	3	ANTIHYPERTENSIVES
EPCLUSA TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty)	MSP-PA-QL	4	ANTIVIRALS
EPIDUO (FORTE) GEL	-	2	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine opthth soln (ELESTAT equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2	VASOPRESSORS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN-JR INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIVIR HBV SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
EPIVIR HBV TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
EPIVIR SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
EPIVIR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	2	ANTIHYPERTENSIVES
EPOGEN INJ (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	4	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	3	ANTIHYPERTENSIVES
EPZICOM TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ergoloid mesylates tab (HYDERGINE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOLOID MESYLATES TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	3	MIGRAINE PRODUCTS
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	2	MIGRAINE PRODUCTS
ERIVEDGE CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	3	DERMATOLOGICALS
ERYPED SUSP	-	2	MACROLIDES
ERYPED SUSP 200MG/5ML	-	3	MACROLIDES
ERY-TAB	-	1	MACROLIDES
ERYTHROMYCIN CAP	-	1	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	1	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2	MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	2	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	1	MACROLIDES
ERYTHROMYCIN TAB (all forms except PCE)	-	3	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
esomeprazole cap (NEXIUM equiv)	PA	2	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE TAB	-	3	ESTROGENS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ESTRACE VAGINAL CREAM	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	2	ESTROGENS
ESTRASORB EMULSION	-	3	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
ESTROSTEP FE TAB	-	3	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ethacrynic tab (EDECRIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ETIDRONATE DISODIUM TAB 400MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	SP	4	ANTINEOPLASTICS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	3	DERMATOLOGICALS
EVAMIST SPRAY	-	3	ESTROGENS
EVISTA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
EVOXAC CAP	-	3	MOUTH/THROAT/DENTAL AGENTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM	-	3	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELON CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXELON PATCH	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXELON SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB	-	3	ANTIHYPERTENSIVES
EXFORGE TAB	-	3	ANTIHYPERTENSIVES
EXJADE TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIDOTES
EXTAVIA INJ (Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ezetimibe tab (ZETIA equiv)	-	NC	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
FABRAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	3	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	2	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FAMVIR TAB	-	3	ANTIVIRALS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	3	ANTIMALARIALS
FARESTON TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FAZACLO ODT 25MG, 100MG	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL SUSP	-	3	ANTICONVULSANTS
FELBATOL TAB	-	2	ANTICONVULSANTS
FELDENE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	2	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	ACA-OTC	$0	MEDICAL DEVICES AND SUPPLIES
FEMARA TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMCON FE CHEW TAB	-	3	CONTRACEPTIVES
FEMHRT TAB	-	3	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap (ANTARA equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate tab (TRICOR equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	NC	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB/FIBRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
FENOGLIDE/TRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
fenoprofen calcium tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	QL	2	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
FENTORA TAB (QL= 120 tabs/30 days)	QL	3	ANALGESICS - OPIOID
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	3	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
ferrous sulfate elixir (Covered for members 1 year or younger)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FEXMID TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA GEL	-	2	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	NC	DERMATOLOGICALS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET-CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	M	M	HEMATOLOGICAL AGENTS - MISC.
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FIRST DUKES MOUTHWASH	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST MARYS MOUTHWASH	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP (Covered for members 7 years or younger)	-	2	ULCER DRUGS
FLAGYL CAP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
FLEXERIL TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLAN INJ	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
FLOMAX CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER (QL= 2 inhalers/fill)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	$0	VACCINES
FLUBLOK INJ	VAC	$0	VACCINES
FLUCELVAX INJ	VAC	$0	VACCINES
FLUCELVAX QUAD INJ	VAC	$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS
fludarabine inj	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLUMADINE TAB	-	3	ANTIVIRALS
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAI
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
fluocinonide cream 0.05% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	3	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	2	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
fluorouracil soln (EFUDEX SOLN equiv)	-	2	DERMATOLOGICALS
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide Cream (CORDRAN equiv)	-	2	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	2	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
flurbiprofen ophth soln (OCUFEN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAI
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	2	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	$0	VACCINES
FLUVIRIN PF INJ	VAC	$0	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	VAC	$0	VACCINES
FLUZONE INTRADERMAL	VAC	$0	VACCINES
FLUZONE QUADRIVALENT INJ	VAC	$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	$0	VACCINES
FLUZONE/FLULAVAL QUAD INJ	VAC	$0	VACCINES
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
FML LIQUIFLIM OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
FOCALIN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
FOCALIN XR CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
FOCALIN XR CAP 25MG, 35MG	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	ACA	$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	PA	2	ANTICOAGULANTS
FORADIL AEROLIZER (QL= 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTAVIT CAP	-	3	MULTIVITAMINS
FORTEO INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL/ TESTOSTERONE GEL	-	NC	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
FULYZAQ TAB	-	NC	ANTIDIARRHEALS
FURADANTIN SUSP	-	2	URINARY ANTI-INFECTIVES
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
FYCOMPA TAB	PA	3	ANTICONVULSANTS
FYCOMPA SUSP	PA	3	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	2	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
GABITRIL TAB	-	3	ANTICONVULSANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
GABITRIL TAB 12MG, 16MG	-	2	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	TS	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GAMASTAN S/D INJ	M-PA	M	PASSIVE IMMUNIZING AGENTS
GAMMAGARD SD/ CARIMUNE SF INJ	M-PA	M	PASSIVE IMMUNIZING AGENTS
GAMUNEX/ OCTAGAM/ PRIVIGEN/ FLEBOGAMMA/ BIVIGAM INJ	M-PA	M	PASSIVE IMMUNIZING AGENTS
GANCICLOVIR CAP (Restricted to Infectious Disease, Optometry or Ophthalmology Specialist)	RS	2	ANTIVIRALS
GARDASIL 9 INJ	VAC	$0	VACCINES
GARDASIL INJ	VAC	$0	VACCINES
GASTROCROM CONC	-	2	GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill; Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	QL-ST	2	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	NC	LAXATIVES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	3	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS
GENOTROPIN/HUMATROPE/ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
gentamicin ophth oint (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
GEODON CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	NC	CONTRACEPTIVES
GILENYA CAP (QL= 1 tab/day; Product mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GILTUSS LIQUID	-	3	COUGH/COLD/ALLERGY
GILTUSS TR TAB	-	3	COUGH/COLD/ALLERGY
glatopa inj 20mg/ml (COPAXONE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	2	ANTIDIABETICS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
GLUCOPHAGE TAB	-	3	ANTIDIABETICS
GLUCOPHAGE XR TAB	-	3	ANTIDIABETICS
GLUCOTROL TAB	-	3	ANTIDIABETICS
GLUCOTROL XL TAB	-	3	ANTIDIABETICS
GLUCOVANCE TAB	-	3	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB 1.5MG	-	NC	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYNASE TAB	-	3	ANTIDIABETICS
GLYSET TAB	-	3	ANTIDIABETICS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOLYTELY SOLN	-	NC	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	3	BIOLOGICALS MISC
GRIFULVIN V TAB	-	3	ANTIFUNGALS
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GRIS-PEG TAB	-	3	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GYNAZOLE CREAM	-	3	VAGINAL PRODUCTS
HALCION TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HALFLYTELY BOWEL PREP KIT	-	NC	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
HALOG CREAM	-	3	DERMATOLOGICALS
HALOG OINT	-	3	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy.)	MSP-PA-QL	4	ANTIVIRALS
HAVRIX/VAQTA INJ	VAC	$0	VACCINES
HECTOROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEPAGAM-B INJ	M-PA	M	PASSIVE IMMUNIZING AGENTS
HEPARIN PORCINE INJ	M	M	ANTICOAGULANTS
HEPSERA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
HERCEPTIN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIPREX TAB	-	3	URINARY ANTI-INFECTIVES
HIZENTRA INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMALOG PEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3	ANTIDIABETICS
HUMIRA INJ (QL= 2 inj/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist; Mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ KIT 10MG/0.2ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist; Mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HYCAMTIN CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYCET SOLN	-	3	ANALGESICS - OPIOID
HYCODAN SYRUP	-	3	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
HYDREA CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv)	-	1	ANALGESICS - OPIOID

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	2	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv)	-	NC	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hyophen tab (PROSED DS equiv)	-	2	URINARY ANTI-INFECTIVES
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	URINARY ANTISPASMODICS
HYPER-SAL NEB SOLN	-	3	COUGH/COLD/ALLERGY
HYQVIA INJ	M	M	PASSIVE IMMUNIZING AGENTS
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
HYTONE LOTION	-	3	DERMATOLOGICALS
HYTRIN CAP	-	3	ANTIHYPERTENSIVES
HYZAAR TAB	-	3	ANTIHYPERTENSIVES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMDUR TAB	-	3	ANTIANGINAL AGENTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	2	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON/NEXPLANON IMPLANT	ACA	$0	CONTRACEPTIVES
IMURAN TAB	-	3	ASSORTED CLASSES
INCIVEK TAB	PA-SF-SP	4	ANTIVIRALS
INCRELEX INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL LA CAP	-	3	BETA BLOCKERS
INDOCIN SUPP	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ (Product is mandated through Dean Clinic Specialty Pharmacy	MSP	4	ANTIVIRALS
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INLYTA TAB (QL= 8 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	3	BETA BLOCKERS
INSPRA TAB	-	3	ANTIHYPERTENSIVES
INSULIN SYRINGE	OTC	3	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
INTRON-A INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
INVEGA SUSTENNA/TRINZ INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
INVIRASE CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
INVIRASE TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
INVOKAMET TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
IODOFLEX PAD	-	2	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	2	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
IOPIDINE OPHTH SOLN 1% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAI
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	TS	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Restricted to Oncology Specialist; Only available through Diplomat Pharmacy 877-977-9118)	LD-RS	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1	HEMATOPOIETIC AGENTS
IRON SUSP (Covered for members 1 year or younger)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
ISENTRESS CHEW TAB	-	4	ANTIVIRALS
ISENTRESS POWDER PACK (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
ISENTRESS TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO ATROPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ISOPTO CARBACHOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISOPTO CARPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5% (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB	-	3	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE ER TAB	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap (ACCUTANE equiv)	-	2	DERMATOLOGICALS
isoxsuprine tab	-	2	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	2	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	2	ANTHELMINTICS
JADENU TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
JALYN CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-TS	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	ACA	$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
junel FE tab (LOESTRIN FE equiv)	ACA	$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	ACA	$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
KADIAN CAP	-	3	ANALGESICS - OPIOID
KALETRA SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
KALETRA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	ACA	$0	CONTRACEPTIVES
KAYEXALATE POWDER	-	3	ASSORTED CLASSES
KAZANO/ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
KEFLEX CAP	-	3	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	ACA	$0	CONTRACEPTIVES
KENALOG SPRAY	-	3	DERMATOLOGICALS
KEPPRA SOLN	-	3	ANTICONVULSANTS
KEPPRA TAB	-	3	ANTICONVULSANTS
KEPPRA XR TAB	-	3	ANTICONVULSANTS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERLONE TAB	-	3	BETA BLOCKERS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KETEK TAB (Restricted to Allergy, Infectious Disease or Otolaryngology Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
ketoprofen cap (ORUDIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill)	QL	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KHEDEZLA ER TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARON LOTION	-	3	DERMATOLOGICALS
KLONOPIN TAB	-	3	ANTICONVULSANTS
KLOR-CON M15 TAB	-	2	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET	-	3	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES
KLOR-CON TAB	-	3	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	4	ANTIDIABETICS
K-PHOS NEUTRAL TAB	-	3	MINERALS & ELECTROLYTES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	3	LAXATIVES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
KYTRIL TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LAC-HYDRIN CREAM	-	2	DERMATOLOGICALS
LAC-HYDRIN LOTION	-	3	DERMATOLOGICALS
LACRISERT OPHTH INSERT (QL= 60 units/fill)	QL	2	OPHTHALMIC AGENTS
lactulose soln	-	1	LAXATIVES
LAMICTAL CHEW TAB	-	3	ANTICONVULSANTS
LAMICTAL CHEW TAB 2MG	-	2	ANTICONVULSANTS
LAMICTAL ODT	-	3	ANTICONVULSANTS
LAMICTAL ODT KIT	-	3	ANTICONVULSANTS
LAMICTAL TAB	-	3	ANTICONVULSANTS
LAMICTAL XR KIT	-	3	ANTICONVULSANTS
LAMICTAL XR TAB	-	3	ANTICONVULSANTS
LAMISIL TAB	-	3	ANTIFUNGALS
lamivudine soln (EPIVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	2	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	2	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	2	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
LANCET DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB	-	3	CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	1	ULCER DRUGS
LANSOPRAZOLE SUSP (Covered for members 7 years or younger)	-	2	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	2	ULCER DRUGS
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
LARIAM TAB	-	3	ANTIMALARIALS
LASIX TAB	-	3	DIURETICS
LASTACAFT OPHTH SOLN (QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LEMTRADA INJ	M-PA	M	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL CAP	-	3	ANTIHYPERLIPIDEMICS
LESCOL XL TAB	-	3	ANTIHYPERLIPIDEMICS
LETAIRIS TAB (QL= 1 tab/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN TAB	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	INF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levalbuterol neb soln (XOPENEX equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVALBUTEROL/XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN SOLN	-	3	FLUOROQUINOLONES
LEVAQUIN TAB	-	3	FLUOROQUINOLONES
LEVATOL TAB	-	2	BETA BLOCKERS
LEVBID TAB	-	3	ULCER DRUGS
LEVEMIR FLEXPEN/FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	2	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	ACA-OTC	$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	ACA	$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	2	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEVSIN INJ	-	3	ULCER DRUGS
LEVSIN SOLN	-	3	ULCER DRUGS
LEVSIN TAB	-	3	ULCER DRUGS
LEVSIN/SL TAB	-	3	ULCER DRUGS
LEVSINEX CAP	-	3	ULCER DRUGS
LEXAPRO SOLN	-	3	ANTIDEPRESSANTS
LEXAPRO TAB	-	3	ANTIDEPRESSANTS
LEXIVA SUSP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
LEXIVA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
LIALDA TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
LIBRAX CAP	-	NC	ULCER DRUGS
LIBRIUM CAP	-	3	ANTIANXIETY AGENTS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint	-	2	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	2	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine viscous soln	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIMBITROL TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
lindane lotion	-	2	DERMATOLOGICALS
LINDANE LOTION	-	3	DERMATOLOGICALS
lindane shampoo	-	2	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	PA	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPITOR TAB	-	3	ANTIHYPERLIPIDEMICS
LIPOFEN CAP/FENOFIBRATE CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
LIPTRUZET TAB	-	3	ANTIHYPERLIPIDEMICS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOBID TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	3	ANTIHYPERLIPIDEMICS
L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	3	CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	3	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOSYN TAB	-	3	ANTIPARKINSON AGENTS
LOESTRIN 24 FE TAB	-	3	CONTRACEPTIVES
LOESTRIN FE TAB	-	3	CONTRACEPTIVES
LOESTRIN TAB	-	3	CONTRACEPTIVES
LOFIBRA CAP/ANTARA CAP 30MG, 90MG	-	NC	ANTIHYPERLIPIDEMICS
LOFIBRA/TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
LOMOTIL LIQUID	-	3	ANTIDIARRHEALS
LOMOTIL TAB	-	3	ANTIDIARRHEALS
LONSURF TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv) (Rx Only)	-	1	ANTIDIARRHEALS
LOPID TAB	-	3	ANTIHYPERLIPIDEMICS
LOPRESSOR HCT TAB	-	3	ANTIHYPERTENSIVES
LOPRESSOR TAB	-	3	BETA BLOCKERS
LOPROX CREAM	-	3	DERMATOLOGICALS
LOPROX GEL	-	3	DERMATOLOGICALS
LOPROX SHAMPOO	-	3	DERMATOLOGICALS
lorazepam conc (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
LORTAB	-	3	ANALGESICS - OPIOID
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS
LOTENSIN HCT TAB	-	3	ANTIHYPERTENSIVES
LOTENSIN TAB	-	3	ANTIHYPERTENSIVES
LOTREL CAP	-	3	ANTIHYPERTENSIVES
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRISONE CREAM	-	3	DERMATOLOGICALS
LOTRISONE LOTION	-	3	DERMATOLOGICALS
LOTRONEX TAB	-	3	GASTROINTESTINAL AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
lovastatin tab (MEVACOR equiv)	-	1	ANTIHYPERLIPIDEMICS
LOVAZA CAP	-	3	ANTIHYPERLIPIDEMICS
LOVENOX INJ (QL= 17 days supply)	QL	3	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LOXITANE CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LTA 360 KIT	-	3	MOUTH/THROAT/DENTAL AGENTS
LUCENTIS INJ (Restricted to Retinal Specialist)	M-RS	M	OPHTHALMIC AGENTS
LUFYLLIN TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUNESTA TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
LUPANETA PACK	PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ	INF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	INF	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	INF	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
LURIDE CHEW TAB (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)	ACA	$0	MINERALS & ELECTROLYTES
LURIDE SOLN (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)	ACA	$0	MINERALS & ELECTROLYTES
LUVOX CR CAP (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3	ANTIDEPRESSANTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LUZU CREAM	-	NC	DERMATOLOGICALS
LYNPARZA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	PA	2	ANTICONVULSANTS
LYRICA SOLN	PA	2	ANTICONVULSANTS
LYSODREN TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	3	HEMOSTATICS
MACROBID CAP	-	3	URINARY ANTI-INFECTIVES
MACRODANTIN CAP	-	3	URINARY ANTI-INFECTIVES
MACUGEN INJ (Restricted to Retinal Specialist)	M-RS	M	OPHTHALMIC AGENTS
magnesium sulfate inj	M	NC	MINERALS & ELECTROLYTES
MAKENA INJ	-	M	PROGESTINS
MALARONE TAB	-	2	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	2	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
MARINOL CAP	PA	3	ANTIEMETICS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVIK TAB	-	3	ANTIHYPERTENSIVES
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
MAXITROL OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
MAXITROL OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
MAXZIDE TAB	-	3	DIURETICS
mebendazole chew tab (VERMOX equiv)	-	1	ANTHELMINTICS
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
MEDROL DOSE PACK	-	NC	CORTICOSTEROIDS
MEDROL TAB	-	1	CORTICOSTEROIDS
MEDROL TAB	-	3	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
MEGACE ES SUSP	-	3	PROGESTINS
MEGACE SUSP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol ES susp (MEGACE ES equiv)	-	2	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB (Product is mandated through Dean Clinic Specialty Pharmacy	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan inj (ALKERAN equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine sol (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	$0	VACCINES
MENEST TAB	-	3	ESTROGENS
MENHIBRIX INJ	VAC	$0	VACCINES
MENOMUNE INJ	VAC	$0	VACCINES
MENOSTAR PATCH	-	3	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
MENVEO INJ	VAC	$0	VACCINES
meperidine tab (DEMEROL equiv)	-	1	ANALGESICS - OPIOID
MEPHYTON TAB	-	2	VITAMINS
meprobamate tab (MILTOWN equiv)	-	1	ANTIANXIETY AGENTS
MEPRON SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
mercaptopurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON SYRUP	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
MESTINON TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
MESTINON TIMESPAN TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
METADATE CD CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
METAGLIP TAB	-	3	ANTIDIABETICS
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
METHADOSE CONC	-	3	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	1	URINARY ANTI-INFECTIVES
METHENAMINE MANDELATE TAB	-	3	URINARY ANTI-INFECTIVES
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	PA	3	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE INJ	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	2	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
METHYLIN CHEW TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
METHYLIN SOLN	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
methylphenidate ER tab 10mg, 20mg	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap (ANDROID/TESTRED equiv)	PA	2	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
METROCREAM	-	3	DERMATOLOGICALS
METROGEL 1% (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
METROGEL VAGINAL GEL	-	3	VAGINAL PRODUCTS
METROLOTION	-	3	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	2	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
MEVACOR TAB	-	3	ANTIHYPERLIPIDEMICS
mexiletine cap (MEXITIL equiv)	-	2	ANTIARRHYTHMICS
MIACALCIN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIACALCIN NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICARDIS TAB	-	3	ANTIHYPERTENSIVES
MICONAZOLE 3 SUPP 200MG	-	3	VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICRO-K CAP	-	3	MINERALS & ELECTROLYTES
MICROZIDE CAP	-	3	DIURETICS
MIDAMOR TAB	-	3	DIURETICS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIDRIN CAP	-	NC	MIGRAINE PRODUCTS
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	2	ANTIDIABETICS
MIGRANAL/ DIHYDROERGOTAMINE SPRAY (QL= 8 sprays/fill)	QL	3	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	3	CORTICOSTEROIDS
MILLIPRED TAB	-	3	CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	3	CONTRACEPTIVES
MINIPRESS CAP	-	3	ANTIHYPERTENSIVES
MINOCIN CAP	-	3	TETRACYCLINES
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIOSTAT INJ	-	NC	OPHTHALMIC AGENTS
MIRALAX PACKET	-	NC	LAXATIVES
MIRALAX POWDER	-	NC	LAXATIVES
MIRAPEX ER TAB	-	3	ANTIPARKINSON AGENTS
MIRAPEX TAB	-	3	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	3	CONTRACEPTIVES
MIRENA IUD	ACA	$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	2	GOUT AGENTS
M-M-R II INJ	VAC	$0	VACCINES
MOBIC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAI
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONODOX CAP	-	3	TETRACYCLINES
mononessa tab (ORTHO-CYCLEN equiv)	ACA	$0	CONTRACEPTIVES
MONOPRIL HCT TAB	-	3	ANTIHYPERTENSIVES
MONOPRIL TAB	-	3	ANTIHYPERTENSIVES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	URINARY ANTI-INFECTIVES
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	3	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
morphine sulfate supp	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTOFEN TAB	-	3	ANTIDIARRHEALS
MOTRIN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
MOVANTIK TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	2	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MOZOBIL INJ	M	NC	HEMATOPOIETIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
MS CONTIN TAB	-	3	ANALGESICS - OPIOID
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	2	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	1	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	1	HEMATOPOIETIC AGENTS
multivitamin tab	-	2	HEMATOPOIETIC AGENTS
MULTIVITAMIN TAB	-	3	HEMATOPOIETIC AGENTS
multivitamin w/ minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	2	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYAMBUTOL TAB	-	3	ANTIMYCOBACTERIAL AGENTS
MYCELEX TROCHES	-	3	MOUTH/THROAT/DENTAL AGENTS
MYCOBUTIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	4	ASSORTED CLASSES
MYDFRIN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
MYDRIACYL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
MYFORTIC TAB	-	4	ASSORTED CLASSES
MYLERAN TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
MYSOLINE TAB	-	3	ANTICONVULSANTS
MYTELASE TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	2	ANTIHYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	2	DERMATOLOGICALS
NAFTIN CREAM	-	3	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	M	NC	ANALGESICS - OPIOID
NALFON CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
NALOXONE INJ	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	3	ANTIDOTES
naltrexone tab (REVIA equiv)	-	2	ANTIDOTES
NAMENDA SOL	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
naphazoline ophth soln	-	3	OPHTHALMIC AGENTS
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY (QL= 2 packages/year)	QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB	-	2	ANTIDEPRESSANTS
NASACORT AQ NASAL SPRAY (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAI
NASCOBAL NASAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY (QL= 2 bottles/fill)	PA-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAI
NATACYN OPHTH SUSP	-	3	OPHTHALMIC AGENTS
NATAZIA TAB	-	3	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATPARA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NATURE THROID/ARMOUR THYROID TAB	-	1	THYROID AGENTS
NAVANE CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NEBUPENT NEB SOLN	-	2	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	ACA	$0	CONTRACEPTIVES
necon tab 1/50 (NORYNIL equiv)	ACA	$0	CONTRACEPTIVES
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
NEORAL CAP	-	4	ASSORTED CLASSES
NEORAL SOLN	-	4	ASSORTED CLASSES
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSPORIN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS-D LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHROCAP	-	3	MULTIVITAMINS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEPHRO-VITE TAB	-	3	MULTIVITAMINS
NEPTAZANE TAB	-	3	DIURETICS
NESINA/ALOGLIPTIN TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
NEULASTA INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	HEMATOPOIETIC AGENTS
NEUMEGA INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEURONTIN CAP	-	3	ANTICONVULSANTS
NEURONTIN SOLN	-	3	ANTICONVULSANTS
NEURONTIN TAB	-	3	ANTICONVULSANTS
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4	ANTIVIRALS
NEVIRAPINE SUSP (VIRAMUNE equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
NEXAVAR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	3	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	PA	3	ULCER DRUGS
NEXIUM OTC CAP	OTC	NC	ULCER DRUGS
niacin cap	OTC	NC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	NC	VITAMINS
niacin ER tab (NIASPAN equiv)	-	NC	ANTIHYPERLIPIDEMICS
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	NC	VITAMINS
niacinamide tab	OTC	NC	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NICORETTE CQ (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (Product is mandated through Dean Clinic Specialty)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NIMOTOP CAP	-	3	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIRAVAM ODT	-	3	ANTIANXIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	2	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	2	URINARY ANTI-INFECTIVES
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin SR cap	-	1	ANTIANGINAL AGENTS
NITROLINGUAL PUMP SPRAY	-	3	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	3	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NIZATIDINE SOLN	-	2	ULCER DRUGS
nizatidine soln (AXID equiv)	-	2	ULCER DRUGS
NIZORAL SHAMPOO	-	3	DERMATOLOGICALS
NORDITROPIN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	ACA	$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	ACA--	1	PROGESTINS
NORINYL TAB 1/50	-	3	CONTRACEPTIVES
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CAP	-	3	ANTIARRHYTHMICS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORPRAMIN TAB	-	3	ANTIDEPRESSANTS
NOR-QD TAB	-	3	CONTRACEPTIVES
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	ACA	$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	1	ANTIDEPRESSANTS
NORVASC TAB	-	3	CALCIUM CHANNEL BLOCKERS
NORVIR CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
NORVIR SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
NORVIR TAB	-	4	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN INJ	OTC	2	ANTIDIABETICS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	-	2	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	1	THYROID AGENTS
NUCALA INJ	M-PA	M	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCORT LOTION	-	3	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
NUEDEXTA CAP (QL= 2 caps/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	NC	LAXATIVES
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUTROPIN AQ/OMNITROPE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUVARING	ACA	$0	CONTRACEPTIVES
NUVIGIL TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
NYATA KIT	-	NC	DERMATOLOGICALS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	2	DERMATOLOGICALS
nystatin/triamcinolone oint	-	2	DERMATOLOGICALS
OCALIVA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUFEN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
OCUFLOX OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ODEFSEY TAB (Product is mandated through Dean Clinic Specialty)	MSP	4	ANTIVIRALS
ODOMZO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGESTREL TAB	-	3	CONTRACEPTIVES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/ fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	3	ANTIDEPRESSANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
OLLIZAC POWDER	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	2	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	2	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	NC	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAI
olopatadine ophth soln (PATANOL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLUX FOAM	PA	3	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
omedia otic soln (AMERICAINE equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
OMEPRAZOLE TAB	OTC	NC	ULCER DRUGS
omeprazole/bicarbonate powder pack (ZEGERID equiv) (Prior Authorization Required for members 13 or older)	PA	2	ULCER DRUGS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
OMNICEF SUSP	-	3	CEPHALOSPORINS
ondansetron ODT (ZOFRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFRAN equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	1	ANTIEMETICS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	PA	2	ANTICONVULSANTS
ONGLYZA TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB	-	NC	ANALGESICS - OPIOID
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	2	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
OPTIVAR OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	3	BIOLOGICALS MISC
ORAP TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT	-	2	CORTICOSTEROIDS
ORAPRED ODT	-	3	CORTICOSTEROIDS
ORAPRED SOLN	-	3	CORTICOSTEROIDS
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORAXYL CAP	-	3	TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days; Product is mandated through Dean Clinic Specialty)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA INJ	M-PA	M	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ (QL= 4 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC (FORTE) equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN (LO) TAB	-	3	CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	3	CONTRACEPTIVES
ORTHO-EVRA PATCH	-	3	CONTRACEPTIVES
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2	ANTIVIRALS
OSENI/ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
OSMOPREP TAB	-	3	LAXATIVES
OSPHENA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
OTOVEL OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS GEL	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	3	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVACE WASH	-	3	DERMATOLOGICALS
OVCON 35 TAB	-	3	CONTRACEPTIVES
OVIDE LOTION (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
OXANDRIN TAB	-	3	ANDROGENS-ANABOLIC
oxandrolone tab (OXANDRIN equiv)	-	1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	1	ANTIANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	2	DERMATOLOGICALS
OXISTAT CREAM	-	3	DERMATOLOGICALS
OXISTAT LOTION	-	3	DERMATOLOGICALS
OXSORALEN ULTRA CAP	-	3	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day)	QL	2	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone ER tab (OXYCONTIN equiv)	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	2	ANALGESICS - OPIOID

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
OXYCONTIN CR TAB (QL= 120 tabs/30 days)	QL	2	ANALGESICS - OPIOID
OXYIR CAP	-	2	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	2	ANALGESICS - OPIOID
OXYTROL PATCH	PA	3	URINARY ANTISPASMODICS
PALGIC SOLN	-	3	ANTIHISTAMINES
PALGIC TAB	-	3	ANTIHISTAMINES
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine)	ST	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PAMELOR CAP	-	3	ANTIDEPRESSANTS
pamidronate inj	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMINE TAB	-	3	ULCER DRUGS
PANCREAZE CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
PANCRELIPASE CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
PANRETIN GEL	PA-SP	4	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
PAPAVERINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PAPAVERINE/PHENTOLAMINE INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
PARAFON FORTE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
PARAGARD IUD	ACA	$0	CONTRACEPTIVES
PARCOPA ODT	-	3	ANTIPARKINSON AGENTS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARLODEL CAP	-	3	ANTIPARKINSON AGENTS
PARLODEL TAB	-	3	ANTIPARKINSON AGENTS
PARNATE TAB	-	3	ANTIDEPRESSANTS
paromomycin cap (HUMATIN equiv)	-	2	AMINOGLYCOSIDES
paroxetine ER tab (PAXIL CR equiv)	-	2	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PASER GRANULE	PA	3	ANTIMYCOBACTERIAL AGENTS
PATADAY OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
PATANOL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
PAXIL CR TAB	-	3	ANTIDEPRESSANTS
PAXIL SUSP	-	3	ANTIDEPRESSANTS
PAXIL TAB	-	3	ANTIDEPRESSANTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
PCE TAB	-	2	MACROLIDES
PEAK FLOW METER	-	NC	MEDICAL DEVICES AND SUPPLIES
PEDIATEX TDM SUSP	-	3	COUGH/COLD/ALLERGY
pediatric multiple vitamins/fluoride chew tab	-	2	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
PEGASYS INJ (Step Therapy requires trial of PEG-INTRON; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4	ANTIVIRALS
PEGASYS INJ KIT (Step Therapy requires trial of PEG-INTRON; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4	ANTIVIRALS
PEG-INTRON INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
PEN NEEDLE	OTC	3	MEDICAL DEVICES AND SUPPLIES
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN 1.5%	-	NC	DERMATOLOGICALS
PENTASA CAP (Step Therapy requires trial of ASACOL (HD), DELZICOL, or LIALDA)	ST	3	GASTROINTESTINAL AGENTS - MISC.
pentazocine/ naloxone tab (TALWIN NX equiv)	-	2	ANALGESICS - OPIOID
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	2	ULCER DRUGS
PEPCID TAB	-	3	ULCER DRUGS
PERCOCET TAB	-	3	ANALGESICS - OPIOID
PERCODAN TAB	-	3	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERIDEX SOLN	-	3	MOUTH/THROAT/DENTAL AGENTS
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSANTINE TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PERTZYE CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
PEXEVA TAB (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
PHENTOLAMINE/ALPROSTADIL INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLO CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
pimozide tab	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	2	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	2	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	ACA-OTC	$0	CONTRACEPTIVES
PLAQUENIL TAB	-	3	ANTIMALARIALS
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENDIL TAB	-	3	CALCIUM CHANNEL BLOCKERS
PLETAL TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEXION LOTION	-	3	DERMATOLOGICALS
PLEXION SCT CREAM	-	3	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	$0	VACCINES
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POLYCITRA CRYSTAL PACK	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
POLYCITRA-LC SOLN	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
POLYTRIM OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
POTABA CAP	-	3	VITAMINS
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride soln	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONVULSANTS
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2	ANTICONVULSANTS
PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ	-	NC	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	2	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	2	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRANDIN TAB	-	3	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
PRAVACHOL TAB	-	3	ANTIHYPERLIPIDEMICS
pravastatin tab (PRAVACHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION INSULIN SYRINGE	OTC	1	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
PRECOSE TAB	-	3	ANTIDIABETICS
PRED FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
prednicarbate cream (DERMATOP equiv)	-	1	DERMATOLOGICALS
prednicarbate oint (DERMATOP equiv)	-	1	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISONE PAK	-	2	CORTICOSTEROIDS
PREDNISONE SOLN	-	1	CORTICOSTEROIDS
PREDNISONE TAB	-	1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
PRELONE SYRUP	-	3	CORTICOSTEROIDS
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE/PREMPRO TAB	-	2	ESTROGENS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENAPLUS)	-	1	MULTIVITAMINS
PREPOPIK PAK (Step Therapy requires trial of MOVIPREP)	ST	3	LAXATIVES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PREVACID CAP	-	NC	ULCER DRUGS
PREVACID OTC CAP	OTC	1	ULCER DRUGS
PREVACID SOLUTAB	-	2	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT RINSE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	$0	VACCINES
PREVPAC KIT	-	3	ULCER DRUGS
PREZCOBIX TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
PREZISTA SUSP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
PREZISTA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	-	NC	ULCER DRUGS
PRIMAQUINE TAB	-	2	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRINIVIL TAB/ ZESTRIL TAB	-	3	ANTIHYPERTENSIVES
PRISTIQ TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
PROAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAMATINE TAB	-	3	VASOPRESSORS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
PROCAINAMIDE INJ	-	NC	ANTIARRHYTHMICS
PROCARDIA CAP	-	3	CALCIUM CHANNEL BLOCKERS
PROCENTRA SOLN	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	4	HEMATOPOIETIC AGENTS
PROCTOCORT CREAM	-	3	DERMATOLOGICALS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	NC	PROGESTINS
PROGESTERONE SUPP	-	2	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3	ANTIDIABETICS
PROGRAF CAP	-	4	ASSORTED CLASSES
PROLENSA OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
PROLIA/XGEVA INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	2	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETRIUM CAP	-	3	PROGESTINS
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSCAR TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
PROSED DS TAB	-	3	URINARY ANTI-INFECTIVES
PROSOM TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX EC TAB	-	NC	ULCER DRUGS
PROTONIX PAK	-	NC	ULCER DRUGS
PROTOPIC OINT	-	3	DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	2	ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVERA TAB	-	3	PROGESTINS
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
PROZAC CAP	-	3	ANTIDEPRESSANTS
PROZAC SOLN	-	3	ANTIDEPRESSANTS
PROZAC TAB	-	3	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURINETHOL TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	3	ULCER DRUGS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
PYRIDIUM TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
QBRELIS SOLN	-	NC	ANTIHYPERTENSIVES
QNASL NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
QUALAQUIN CAP	-	3	ANTIMALARIALS
QUARTETTE TAB	-	NC	CONTRACEPTIVES
QUDEXY XR/TOPIRAMATE ER CAP	-	NC	ANTICONVULSANTS
QUESTRAN LITE POWDER	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN LITE POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	3	MULTIVITAMINS
QUFLORA PEDIATRIC DROP	-	3	MULTIVITAMINS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	1	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	1	ANTIMALARIALS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
RAGWITEK SL TAB	-	3	BIOLOGICALS MISC
rajani tab (BEYAZ equiv)	-	NC	CONTRACEPTIVES
raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RANEXA TAB	-	2	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1	ULCER DRUGS
RAPAFLO CAP (Restricted to Urology Specialist)	RS	2	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	4	ASSORTED CLASSES
RAPAMUNE TAB	-	4	ASSORTED CLASSES
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	VITAMINS
RAYOS TAB	-	NC	CORTICOSTEROIDS
RAZADYNE ER CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
RAZADYNE SOLN	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL CAP (Product is mandated through Dean Clinic Specialty Pharmacy	MSP	4	ANTIVIRALS
REBETOL SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
REBIF INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RECTIV OINT	-	3	ANORECTAL AGENTS
REGLAN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELISTOR INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
REMERON SOLUTAB	-	3	ANTIDEPRESSANTS
REMERON TAB	-	3	ANTIDEPRESSANTS
REMICADE INJ (Restricted to Gastroenterology or Rheumatology Specialist)	M-PA-RS	M	GASTROINTESTINAL AGENTS - MISC.
REMODULIN INJ (Only available through Accredo 888-773-7376)	M-PA	M	CARDIOVASCULAR AGENTS - MISC.
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA PACKET	-	2	GASTROINTESTINAL AGENTS - MISC.
RENVELA TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Product is mandated throug Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTIHYPERLIPIDEMICS
REPREXAIN TAB	-	3	ANALGESICS - OPIOID
REQUIP TAB	-	3	ANTIPARKINSON AGENTS
REQUIP XL TAB	-	3	ANTIPARKINSON AGENTS
RESCON TAB	-	3	COUGH/COLD/ALLERGY
RESCRIPTOR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESTASIS OPHTH EMULSION (QL= 60 unit dose vials/fill; Restricted to Optometry or Opthamology Specialist)	QL-RS	2	OPHTHALMIC AGENTS
RESTORIL CAP 15MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 22.5MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 30MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 7.5MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RETIN-A CREAM	PA	3	DERMATOLOGICALS
RETIN-A GEL	PA	3	DERMATOLOGICALS
RETIN-A MICRO 0.04%, 0.1%	-	2	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%	-	NC	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
RETROVIR CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
RETROVIR SYRUP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
RETROVIR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
REVIA TAB	-	3	ANTIDOTES
REVLIMID CAP (QL= 1 tab/day; Restricted to Oncology or Hematology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-QL-RS	4	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
REYATAZ POWDER PACK (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
REZIRA SOLN	-	3	COUGH/COLD/ALLERGY
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY (QL= 2 bottles/fill)	PA-QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
RIBAPAK TAB	-	NC	ANTIVIRALS
RIBATAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
ribavirin cap (REBETOL equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
ribavirin tab (COPEGUS equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFADIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv)	-	2	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	1	ANTIVIRALS
RIOMET SOLN	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL M ODT	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RITALIN LA CAP 10MG	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RITALIN LA CAP 60MG	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
RITALIN SR TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
RITALIN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
RITUXAN INJ (Restricted to Rheumatology Specialist)	M-PA-RS	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROBAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	3	ULCER DRUGS
ROCALTROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCALTROL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ropinirole ER tab (REQUIP XL equiv)	-	2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA EMULSION	-	3	DERMATOLOGICALS
ROSULA GEL	-	3	DERMATOLOGICALS
ROSULA PAD	-	3	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day)	QL-TS	2	ANTIHYPERLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL-TS	2	ANTIHYPERLIPIDEMICS
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICET SOLN	-	3	ANALGESICS - OPIOID
ROXICET TAB	-	3	ANALGESICS - OPIOID
ROXICODONE TAB	-	3	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	PA-QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RUBRACA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	3	ANTIPARKINSON AGENTS
RYTHMOL SR CAP	-	3	ANTIARRHYTHMICS
RYTHMOL TAB	-	3	ANTIARRHYTHMICS
SABRIL POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN/SEROSTIM INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	2	MOUTH/THROAT/DENTAL AGENTS
SALEX SHAMPOO	-	3	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SAMSCA TAB	SP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCTURA TAB	-	3	URINARY ANTISPASMODICS
SANCTURA XR CAP	-	NC	URINARY ANTISPASMODICS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE CAP	-	4	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	4	ASSORTED CLASSES
SANDOSTATIN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT	-	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SEASONIQUE TAB	-	3	CONTRACEPTIVES
seb-prev cream (OVACE CREAM equiv)	-	2	DERMATOLOGICALS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SECTRAL CAP	-	3	BETA BLOCKERS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
SEMPREX-D CAP	-	3	COUGH/COLD/ALLERGY
SENSIPAR TAB (Restricted to Endocrinology or Nephrology Specialist)	RS	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
SFROWASA ENEMA	-	3	GASTROINTESTINAL AGENTS - MISC.
SHOHLS SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SILVADENE CREAM	-	3	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ (QL= 1 inj/28 days)	PA-QL-SP	4	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
SINEMET CR TAB	-	3	ANTIPARKINSON AGENTS
SINEMET TAB	-	3	ANTIPARKINSON AGENTS
SINGULAIR CHEW TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE PACK	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sirolimus tab (RAPAMUNE equiv)	-	4	ASSORTED CLASSES
SIRTURO TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride 0.9% irr soln	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	M	NC	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	PA-SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide pads (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAZE GEL	PA	3	DERMATOLOGICALS
SOLARCAINE EXTRA GEL	-	3	DERMATOLOGICALS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOMA TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SONATA CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SORIATANE CAP	-	3	DERMATOLOGICALS
SORIATANE CK KIT	-	2	DERMATOLOGICALS
SORILUX FOAM	-	3	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOVALDI TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (Step Therapy requires trial of inhaled corticosteroid)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX CAP	PA	3	ANTIFUNGALS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	MINERALS & ELECTROLYTES
STARLIX TAB	-	3	ANTIDIABETICS
stavudine cap (ZERIT equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
stavudine soln (ZERIT equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
STELARA INJ	-	NC	DERMATOLOGICALS
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP (QL= 2 caps/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMECTOL TAB	-	3	ANTHELMINTICS
STROVITE TAB	-	3	MULTIVITAMINS
SUBOXONE SL FILM	-	2	ANALGESICS - OPIOID
SUBOXONE SL TAB	-	3	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	NC	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SULAR TAB	-	3	CALCIUM CHANNEL BLOCKERS
sulfacetamide sodium lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
sulfacetamide sodium shampoo (OVACE equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	1	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT	-	NC	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan nasal spray (SUMATRIPTAN/IMITREX equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ (QL= 6 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
SUMAXIN PAD	-	3	DERMATOLOGICALS
SUMAXIN TS SUSP	-	3	DERMATOLOGICALS
SUMAXIN WASH	-	3	DERMATOLOGICALS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN (Step therapy requires trial of MOVIPREP)	ST	3	LAXATIVES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
SURMONTIL CAP	-	3	ANTIDEPRESSANTS
SUSTIVA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
SUSTIVA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUTTAR SF SYRUP	-	3	COUGH/COLD/ALLERGY
SYLATRON KIT INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBYAX CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYNAGIS INJ	M-PA	M	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNERA PATCH	-	3	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYPRINE CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	ASSORTED CLASSES
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	3	DERMATOLOGICALS
TACLONEX SCALP SUSP	-	3	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	4	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2	DERMATOLOGICALS
TAFINLAR CAP (QL= 4 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGAMET TAB	-	3	ULCER DRUGS
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALTZ INJ	-	NC	DERMATOLOGICALS
TAMBOCOR TAB	-	3	ANTIARRHYTHMICS
TAMIFLU CAP (QL= 10 caps/fill)	QL	3	ANTIVIRALS
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3	ANTIVIRALS
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	2	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TAPAZOLE TAB	-	3	THYROID AGENTS
TARCEVA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP (Restricted to Oncology or Dermatology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-RS-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	DERMATOLOGICALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TASIGNA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TASMAR TAB	-	3	ANTIPARKINSON AGENTS
TAYTULLA CAP	-	NC	CONTRACEPTIVES
TAZORAC CREAM	-	3	DERMATOLOGICALS
TAZORAC GEL	-	3	DERMATOLOGICALS
TECFIDERA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK (Product is mandated through Dean Clinic Specialty Pharmacy)	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGRETOL CHEW TAB	-	3	ANTICONVULSANTS
TEGRETOL SUSP	-	3	ANTICONVULSANTS
TEGRETOL TAB	-	3	ANTICONVULSANTS
TEGRETOL XR TAB	-	3	ANTICONVULSANTS
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	2	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TEMODAR CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMOVATE CREAM	PA	3	DERMATOLOGICALS
TEMOVATE GEL	PA	3	DERMATOLOGICALS
TEMOVATE OINT	PA	3	DERMATOLOGICALS
TEMOVATE SOLN	PA	3	DERMATOLOGICALS
TEMOVATE-E CREAM	PA	3	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENEX TAB	-	3	ANTIHYPERTENSIVES
TENORETIC TAB	-	3	ANTIHYPERTENSIVES
TENORMIN TAB	-	3	BETA BLOCKERS
TERAZOL CREAM	-	3	VAGINAL PRODUCTS
TERAZOL SUPP	-	3	VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TESSALON CAP	-	3	COUGH/COLD/ALLERGY
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
TESTIM GEL/ TESTOSTERONE GEL (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TETANUS-DIPHTHERIA TOXOID INJ	VAC	$0	TOXOIDS
tetrabenazine tab (XENAZINE equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	2	TETRACYCLINES
TETRACYCLINE CAP	-	3	TETRACYCLINES
TEVETEN HCT TAB	-	3	ANTIHYPERTENSIVES
TEVETEN TAB	-	3	ANTIHYPERTENSIVES
TEXACORT SOLN	-	3	DERMATOLOGICALS
THALOMID CAP (Restricted to Oncology, Hematology or Dermatology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-RS	4	ASSORTED CLASSES
THEO-24 CAP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROGEN INJ	M	M	DIAGNOSTIC PRODUCTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIAZAC CAP	-	3	CALCIUM CHANNEL BLOCKERS
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAI
TICLOPIDINE TAB	-	1	HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TIGAN CAP	-	3	ANTIEMETICS
TIKOSYN CAP	-	3	ANTIARRHYTHMICS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TINDAMAX TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
tinidazole tab (TINDAMAX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT CAP	-	3	THYROID AGENTS
TIVICAY TAB (QL= 2 tabs/day)	QL	4	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
TOBI NEB SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	AMINOGLYCOSIDES
TOBI PODHALER (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TOBRADEX OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TOBREX OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TODAY SPONGE	ACA-OTC	$0	VAGINAL PRODUCTS
TOFRANIL PM CAP	-	3	ANTIDEPRESSANTS
TOFRANIL TAB	-	3	ANTIDEPRESSANTS
tolazamide tab (TOLINASE equiv)	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	2	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	TS	2	URINARY ANTISPASMODICS
TOPAMAX SPRINKLE CAP	-	3	ANTICONVULSANTS
TOPAMAX TAB	-	3	ANTICONVULSANTS
TOPICORT CREAM 0.25%	-	3	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT 0.25%	-	NC	DERMATOLOGICALS
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	2	DERMATOLOGICALS
TOPICORT/DESOXIMETASONE OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
TOPROL XL TAB	-	3	BETA BLOCKERS
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVIAZ TAB	PA	3	URINARY ANTISPASMODICS
TRACLEER TAB (QL= 2 tabs/day)	PA-QL-SP	4	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
tramadol ER tab (ULTRAM ER equiv)	-	2	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	2	ANALGESICS - OPIOID
TRANDATE TAB	-	3	BETA BLOCKERS
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
trandolapril/ verapamil ER tab (TARKA equiv)	-	2	ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	M	NC	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	2	ANTIEMETICS
TRANXENE-T TAB	-	3	ANTIANXIETY AGENTS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	2	OPHTHALMIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TREAGAN OTIC (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
TREANDA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
TRENTAL TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tretinoin cream (RETIN-A equiv)	-	2	DERMATOLOGICALS
tretinoin gel (RETIN-A equiv)	-	2	DERMATOLOGICALS
TRETIN-X CREAM	PA	3	DERMATOLOGICALS
TREXALL TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP	-	3	ANALGESICS - OPIOID
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAI
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAI
triamcinolone spray (KENALOG equiv)	-	2	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
TRIAZOLAM TAB	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TRIBENZOR TAB	-	3	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	ACA	$0	CONTRACEPTIVES
TRILEPTAL SUSP	-	2	ANTICONVULSANTS
TRILEPTAL TAB	-	3	ANTICONVULSANTS
TRILIPIX CAP	-	1	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	2	ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	$0	CONTRACEPTIVES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
TRI-NORINYL TAB	-	3	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
TRIUMEQ TAB	-	4	ANTIVIRALS
TRIZIVIR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv)	-	NC	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	-	2	URINARY ANTISPASMODICS
TRULICITY INJ	-	3	ANTIDIABETICS
TRUMENBA INJ	VAC	$0	VACCINES
TRUSOPT OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TRUVADA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUSNEL CAP	-	3	COUGH/COLD/ALLERGY
TUSNEL SYRUP	-	3	COUGH/COLD/ALLERGY
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	$0	VACCINES
TWYNSTA TAB	-	3	ANTIHYPERTENSIVES
TYBOST TAB	-	NC	ANTIVIRALS
TYKERB TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB	-	3	ANALGESICS - OPIOID
TYSABRI INJ (Restricted to Neurology Specialist)	M-RS	M	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4	ANTIVIRALS
TYZINE NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAl
UCERIS RECTAL FOAM	PA	3	ANORECTAL AGENTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	3	CORTICOSTEROIDS
U-CORT CREAM	-	2	DERMATOLOGICALS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-TS	2	GOUT AGENTS
ULTRACET TAB	-	3	ANALGESICS - OPIOID
ULTRAM ER TAB	-	3	ANALGESICS - OPIOID
ULTRAM TAB	-	3	ANALGESICS - OPIOID
ULTRAVATE CREAM	-	3	DERMATOLOGICALS
ULTRAVATE LOTION	-	3	DERMATOLOGICALS
ULTRAVATE OINT	-	3	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
ULTRESA CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UNIPHYL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
UNIRETIC TAB	-	3	ANTIHYPERTENSIVES
UNIVASC TAB	-	3	ANTIHYPERTENSIVES
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
URAMAXIN LOTION	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URECHOLINE TAB	-	3	URINARY ANTISPASMODICS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
URITACT DS TAB	-	3	URINARY ANTI-INFECTIVES
URITACT EC TAB	-	3	URINARY ANTI-INFECTIVES
UROCIT-K TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES
UROXATRAL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
URSO FORTE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	2	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4	DERMATOLOGICALS
VALCYTE SOLN (Restricted to Infectious Disease or Transplant Specialist)	RS	3	ANTIVIRALS
VALCYTE TAB (Restricted to Infectious Disease or Transplant Specialist)	RS	3	ANTIVIRALS
valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2	ANTIVIRALS
valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2	ANTIVIRALS
VALIUM TAB	-	3	ANTIANXIETY AGENTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTREX TAB	-	3	ANTIVIRALS
VALTURNA TAB	-	3	ANTIHYPERTENSIVES
VANCOCIN CAP (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	2	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	1	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	NC	DERMATOLOGICALS
VANOS CREAM	-	3	DERMATOLOGICALS
VANTIN TAB	-	3	CEPHALOSPORINS
VARIVAX INJ	VAC	$0	VACCINES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
VASERETIC TAB	-	3	ANTIHYPERTENSIVES
vasolex oint (XENADERM equiv)	-	1	DERMATOLOGICALS
VASOTEC TAB	-	3	ANTIHYPERTENSIVES
VAXCHORA SUSP	-	NC	VACCINES
vcf vaginal gel (CONCEPTROL equiv)	ACA-OTC	$0	VAGINAL PRODUCTS
VECTICAL OINT	-	2	DERMATOLOGICALS
VELPHORO CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	-	NC	ASSORTED CLASSES
VELTIN GEL	-	3	DERMATOLOGICALS
VEMLIDY TAB	-	NC	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	1	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	2	ANTIDEPRESSANTS
VENLAFAXINE ER TAB 225MG	-	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
verapamil SR cap (VERELAN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN PM equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR/ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	3	DERMATOLOGICALS
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN PM CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERIPRED SOLN	-	3	CORTICOSTEROIDS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VESICARE TAB	TS	2	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
VFEND SUSP (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTIFUNGALS
VFEND TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB (QL= 4 tabs/30 days)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP	-	3	TETRACYCLINES
VIBRAMYCIN SUSP	-	3	TETRACYCLINES
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICOPROFEN TAB	-	3	ANALGESICS - OPIOID
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP	PA-SF-SP	4	ANTIVIRALS
VIDEX EC CAP (Product is mandated through Dean Clinic Specialty Pharmacy	MSP	4	ANTIVIRALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
VIDEX SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
VIEKIRA PAK TAB	-	NC	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIIBRYD TAB	PA	3	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	2	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
VIRACEPT POWDER	-	4	ANTIVIRALS
VIRACEPT TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
VIRAMUNE SUSP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
VIRAMUNE TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4	ANTIVIRALS
VIREAD TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
VIROPTIC OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
VISICOL TAB	-	3	LAXATIVES
VISTARIL CAP	-	3	ANTIANXIETY AGENTS
VISTOGARD PAK	-	NC	ANTIDOTES
VISUDYNE INJ (Restricted to Retinal Specialist)	M-RS	M	OPHTHALMIC AGENTS
vitamin D cap (Rx covered Only)	-	1	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	ACA-OTC	$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	ACA-OTC	$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	ACA-OTC	$0	VITAMINS
VITEKTA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
VIVACTIL TAB	-	3	ANTIDEPRESSANTS
VIVELLE-DOT PATCH	-	3	ESTROGENS
VIVITROL INJ	M-PA	M	ANTIDOTES
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	$0	VACCINES
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	-	NC	DERMATOLOGICALS
VOLTAREN OPTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
VOLTAREN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
VOLTAREN XR TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTIFUNGALS
VOSOL HC OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
VOSOL OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
VOSPIRE ER TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VOTRIENT TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERLIPIDEMICS
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WELCHOL PAK	-	2	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	2	ANTIHYPERLIPIDEMICS
WELLBUTRIN SR TAB	-	3	ANTIDEPRESSANTS
WELLBUTRIN TAB	-	3	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	3	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	ACA	$0	CONTRACEPTIVES
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
XALKORI CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX TAB	-	3	ANTIANXIETY AGENTS
XANAX XR TAB	-	3	ANTIANXIETY AGENTS
XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB (Step Therapy requires trial of NUCYNTA ER and OXYCONTIN)	ST	3	ANALGESICS - OPIOID
XELJANZ TAB (QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy.)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELODA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XENADERM OINT	-	3	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XERESE CREAM	-	3	DERMATOLOGICALS
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIIDRA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOLAIR INJ	M-PA	M	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOPENEX NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XTAMPZA ER CAP	-	NC	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
XULANE PATCH	ACA	$0	CONTRACEPTIVES
XURIDEN POWDER	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYLOCAINE SOLN	-	3	DERMATOLOGICALS
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YASMIN TAB	ACA	$0	CONTRACEPTIVES
YAZ TAB	ACA	$0	CONTRACEPTIVES
YODOXIN TAB	-	3	AMEBICIDES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
yuvafem tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2	VAGINAL PRODUCTS
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafirlukast tab (ACCOLATE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZANAFLEX CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ZANTAC CAP	-	3	ULCER DRUGS
ZANTAC EFFER TAB	-	3	ULCER DRUGS
ZANTAC GRANULE PACKET	-	3	ULCER DRUGS
ZANTAC SYRUP	-	3	ULCER DRUGS
ZANTAC TAB	-	3	ULCER DRUGS
ZARONTIN CAP	-	3	ANTICONVULSANTS
ZARONTIN SOLN	-	3	ANTICONVULSANTS
ZAROXOLYN TAB	-	3	DIURETICS
ZARXIO INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	4	HEMATOPOIETIC AGENTS
ZEBETA TAB	-	3	BETA BLOCKERS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	1	ULCER DRUGS
ZEGERID POWDER PACK (Prior Authorization Required for members 13 or older)	PA	3	ULCER DRUGS
ZELAPAR ODT	-	3	ANTIPARKINSON AGENTS
ZELBORAF TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ZEMPLAR CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZENPEP CAP (Step Therapy requires trial of CREON)	ST	3	DIGESTIVE AIDS
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
ZEPATIER TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	ANTIVIRALS
ZERIT CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ZERIT SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
ZESTORETIC TAB	-	3	ANTIHYPERTENSIVES
ZETIA TAB (QL= 1 tab/day)	QL-TS	2	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAI
ZEVALIN KIT	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZIAC TAB	-	3	ANTIHYPERTENSIVES
ZIAGEN TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4	ANTIVIRALS
ZIANA GEL	-	3	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1	ANTIVIRALS
ZINBRYTA INJ (QL= 1 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day; Step Therapy requires trial of latanoprost)	QL-ST	3	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITHROMAX SUSP	-	3	MACROLIDES
ZITHROMAX TAB	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOCOR TAB (80mg is Not Covered)	-	3	ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG	-	NC	ANTIHYPERLIPIDEMICS
ZOFRAN ODT	-	3	ANTIEMETICS
ZOFRAN SOLN	-	3	ANTIEMETICS
ZOFRAN TAB	-	3	ANTIEMETICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOLADEX IMP	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZOLINZA CAP (Restricted to Oncology or Dermatology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-RS-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan 5mg tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLOFT CONC	-	3	ANTIDEPRESSANTS
ZOLOFT TAB	-	3	ANTIDEPRESSANTS
zolpidem ER tab (AMBIEN CR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Drug Name	Special Code	Tier	Category
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZONEGRAN CAP	-	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	3	ANALGESICS - NONNARCOTIC
ZORTRESS TAB	PA	4	ASSORTED CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older. Not covered if member is less than age 50.)	VAC	$0	VACCINES
ZOVIRAX CAP	-	3	ANTIVIRALS
ZOVIRAX CREAM	-	3	DERMATOLOGICALS
ZOVIRAX OINT	-	2	DERMATOLOGICALS
ZOVIRAX SUSP	-	3	ANTIVIRALS
ZOVIRAX TAB	-	3	ANTIVIRALS
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
ZYBAN TAB (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	3	GOUT AGENTS
ZYMAXID OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	QL-ST	3	OPHTHALMIC AGENTS
ZYPREXA TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYTIGA TAB (QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
ZYVOX TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
ADDERALL XR CAP	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	2
VYVANSE CAP	-	2
ADDERALL TAB	-	3
DESOXYN TAB	-	3
DEXEDRINE CAP	-	3
PROCENTRA SOLN	-	3
ADZENYS XR TAB	-	NC
amphetamine ER cap (ADDERALL XR equiv)	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
CAFCIT SOLN	-	2
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANTI-OBESITY AGENTS		
BELVIQ XR TAB	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
STRATTERA CAP (QL= 2 caps/day)	QL	2
INTUNIV TAB	-	3
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STIMULANTS - MISC.		
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg	-	1
methylphenidate tab (RITALIN equiv)	-	1
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	2
CONCERTA TAB	-	2
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2
METHYLIN SOLN	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate chew tab (METHYLIN equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate soln (METHYLIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	2
DAYTRANA PATCH	-	3
FOCALIN TAB	-	3
FOCALIN XR CAP	-	3
FOCALIN XR CAP 25MG, 35MG	-	3
METADATE CD CAP	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
METHYLIN CHEW TAB	-	3
PROVIGIL TAB (QL= 2 tabs/day)	PA-QL	3
RITALIN LA CAP	-	3
RITALIN LA CAP 10MG	-	3
RITALIN LA CAP 60MG	-	3
RITALIN SR TAB	-	3
RITALIN TAB	-	3
NUVIGIL TAB	-	NC
QUILLIVANT XR SUSP	-	NC
AMEBICIDES		
AMEBICIDES		
YODOXIN TAB	-	3
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	2
TOBI NEB SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
TOBI PODHALER (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
tobramycin neb soln (TOBI equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
XELJANZ TAB (QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy.)	MSP-PA-QL	4
XELJANZ XR TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ (QL= 2 inj/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist; Mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
HUMIRA PEN INJ (QL= 2 inj/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist; Mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
SIMPONI INJ (QL= 1 inj/28 days)	PA-QL-SP	4
HUMIRA INJ KIT 10MG/0.2ML	-	NC
SIMPONI ARIA INJ	-	NC
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	M	M
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644)	LD-PA-QL	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA SC INJ (QL= 2 inj/28 days)	PA-QL-SP	4
ACTEMRA IV INJ	M-PA	M
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
diclofenac potassium tab (CATAFLAM equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL/MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx covered Only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
MECLOFENAMATE CAP	-	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	PA-QL	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	2
etodolac ER tab (LODINE XL equiv)	-	2
fenoprofen calcium tab	-	2
INDOCIN SUPP	-	2
INDOCIN SUSP	-	2
mefenamic acid cap (PONSTEL equiv)	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
NAPROXEN SUSP	-	2
oxaprozin tab (DAYPRO equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
TOLMETIN CAP	-	2
tolmetin cap (TOLECTIN DS equiv)	-	2
ANAPROX TAB	-	3
ARTHROTEC TAB	-	3
CATAFLAM TAB	-	3
CELEBREX CAP (QL= 2 caps/day)	PA-QL	3
CLINORIL TAB	-	3
DAYPRO TAB	-	3
FELDENE CAP	-	3
FENOPROFEN CAP	-	3
KETOPROFEN ER CAP	-	3
MELOXICAM SUSP	-	3
MOBIC TAB	-	3
MOTRIN SUSP	-	3
NALFON CAP	-	3
NAPROSYN EC TAB	-	3
NAPROSYN SUSP	-	3
NAPROSYN TAB	-	3
PONSTEL CAP	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
TOLMETIN TAB	-	3
VOLTAREN TAB	-	3
VOLTAREN XR TAB	-	3
ketoprofen cap (ORUDIS equiv)	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK	-	NC
OTEZLA TAB	-	NC
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
ARAVA TAB	-	3
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days; Product is mandated through Dean Clinic Specialty)	MSP-PA-QL	4
ORENCIA SC INJ (QL= 4 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
ORENCIA INJ	M-PA	M
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Product is mandated through Dean Clinic Specialty)	MSP-PA-QL	4
ENBREL INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
SALICYLATES		
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	ACA-OTC	$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	$0
aspirin EC tab 325mg (Covered for males age 45-79 and females age 55-79)	ACA-OTC	$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	ACA-OTC	$0
ASPIRIN TAB 81MG	ACA-OTC	$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	ACA-OTC	$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	1
ZORPRIN TAB	-	3
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
meperidine tab (DEMEROL equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	QL	2
fentanyl patch (DURAGESIC equiv)	-	2
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2
LEVORPHANOL TAB	-	2
morphine sulfate supp	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
oxycodone soln (ROXICODONE equiv)	-	2
OXYCONTIN CR TAB (QL= 120 tabs/30 days)	QL	2
OXYIR CAP	-	2
oxymorphone tab (OPANA equiv)	-	2
tramadol ER tab (ULTRAM ER equiv)	-	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3
AVINZA CAP (QL= 2 caps/day)	QL	3
CODEINE SULFATE SOLN	-	3
DAZIDOX TAB	-	3
DEMEROL TAB	-	3
DILAUDID TAB	-	3
DOLOPHINE TAB	-	3
DURAGESIC PATCH	-	3
EMBEDA CAP	-	3
FENTORA TAB (QL= 120 tabs/30 days)	QL	3
KADIAN CAP	-	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
METHADOSE CONC	-	3
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3
morphine sulfate ER cap (KADIAN equiv)	-	3
MS CONTIN TAB	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
NUCYNTA TAB	-	3
ROXICODONE TAB	-	3
ULTRAM ER TAB	-	3
ULTRAM TAB	-	3
EXALGO TAB	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
OPANA ER TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
oxycodone ER tab (OXYCONTIN equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
XTAMPZA ER CAP	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET/LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
acetaminophen/caffeine/dihydrocodeine cap (TREZIX equiv)	-	2
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	2
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	2
OXYCODONE/ACETAMINOPHEN SOLN	-	2
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	2
tramadol/acetaminophen tab (ULTRACET equiv)	-	2
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	3
CAPITAL/CODEINE SUSP	-	3
HYCET SOLN	-	3
LORTAB	-	3
LORTAB ELIXIR	-	3
PERCOCET TAB	-	3
PERCODAN TAB	-	3
REPREXAIN TAB	-	3
ROXICET SOLN	-	3
ROXICET TAB	-	3
TREZIX CAP	-	3
TYLENOL/CODEINE TAB	-	3
ULTRACET TAB	-	3
VICOPROFEN TAB	-	3
XARTEMIS XR TAB (Step Therapy requires trial of NUCYNTA ER and OXYCONTIN)	ST	3
FIORICET-CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		
buprenorphine SL tab (SUBUTEX equiv)	PA	2
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
pentazocine/ naloxone tab (TALWIN NX equiv)	-	2
SUBOXONE SL FILM	-	2
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
SUBOXONE SL TAB	-	3
BELBUCA FILM	-	NC
BUNAVAIL SL FILM	-	NC
nalbuphine inj	M	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	1
ANADROL TAB	-	3
OXANDRIN TAB	-	3
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	2
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	2
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	2
ANDROXY TAB	-	2
danazol cap (DANOCRINE equiv)	-	2
methyltestosterone cap (ANDROID/TESTRED equiv)	PA	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1% 50MG (QL= 2 packets/day)	PA-QL	3
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
ANDROID/TESTRED CAP	PA	3
DEPO-TESTOSTERONE INJ	-	3
METHITEST TAB	PA	3
TESTIM GEL/ TESTOSTERONE GEL (QL= 2 packets/day)	PA-QL	3
AXIRON SOLN	-	NC
FORTESTA GEL/ TESTOSTERONE GEL	-	NC
VOGELXO PUMP	-	NC
ANORECTAL AGENTS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTENEMA	-	3
CORTIFOAM	-	3
UCERIS RECTAL FOAM	PA	3
RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
ANALPRAM-HC CREAM	-	NC
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC CREAM	-	3
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC
VASODILATING AGENTS		
RECTIV OINT	-	3
ANTHELMINTICS		
ANTHELMINTICS		
mebendazole chew tab (VERMOX equiv)	-	1
BILTRICIDE TAB	-	2
ivermectin tab (STROMECTOL equiv)	-	2
ALBENZA TAB	-	3
STROMECTOL TAB	-	3
EMVERM TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	2
NITRATES		
ISOSORBIDE DINITRATE ER TAB	-	1
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SR cap	-	1
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
DILATRATE SR CAP	-	3
IMDUR TAB	-	3
ISORDIL TITRADOSE TAB	-	3
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3
NITRO-BID OINT	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
NITRO-DUR PATCH	-	3
NITROLINGUAL PUMP SPRAY	-	3
NITROMIST SPRAY	-	3
NITROSTAT SL TAB	-	3
GONITRO POWDER	-	NC
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	1
BUSPAR TAB	-	3
VISTARIL CAP	-	3
buspirone tab 30mg (BUSPAR equiv)	-	NC
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
clorazepate tab (TRANXENE-T equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
DIAZEPAM SOLN	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
oxazepam cap (SERAX equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	2
ATIVAN TAB	-	3
LIBRIUM CAP	-	3
NIRAVAM ODT	-	3
TRANXENE-T TAB	-	3
VALIUM TAB	-	3
XANAX TAB	-	3
XANAX XR TAB	-	3
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
QUINIDINE SULFATE TAB	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
NORPACE CAP	-	3
QUINIDINE SULFATE ER TAB	-	3
PROCAINAMIDE INJ	-	NC
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap (MEXITIL equiv)	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2
RYTHMOL SR CAP	-	3
RYTHMOL TAB	-	3
TAMBOCOR TAB	-	3
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	2
CORDARONE TAB	-	3
TIKOSYN CAP	-	3
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA INJ	M-PA	M
XOLAIR INJ	M-PA	M
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	1
CROMOLYN NEB SOLN	-	2
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER (QL= 2 inhalers/fill)	QL	2
INCRUSE ELLIPTA INHALER	-	2
SPIRIVA HANDIHALER (For use with Handihaler device)	-	2
SPIRIVA RESPIMAT INHALER	-	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (Step Therapy requires trial of inhaled corticosteroid)	ST	2
SEEBRI NEOHALER CAP	-	NC
TUDORZA PRESSAIR INHALER	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
ACCOLATE TAB	-	3
SINGULAIR CHEW TAB	-	3
SINGULAIR GRANULE PACK	-	3
SINGULAIR TAB	-	3
ZYFLO CR TAB	-	3
ZYFLO TAB	-	3
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	-	NC
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER (QL= 2 inhalers/fill)	QL	1
ASMANEX INHALER (QL= 2 inhalers/fill)	QL	1
budesonide inh susp (PULMICORT equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
FLOVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	1
FLOVENT HFA INHALER (QL= 2 inhalers/fill)	QL	1
PULMICORT INH SUSP	-	3
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
METAPROTERENOL SYRUP	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	2
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT INHALER (QL= 2 inhalers/fill)	QL	2
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/fill)	QL	2
DULERA INHALER	-	2
FORADIL AEROLIZER (QL= 2 inhalers/fill)	QL	2
levalbuterol neb soln (XOPENEX equiv)	-	2
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2
STIOLTO INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	2
ACCUNEB NEB SOLN	-	3
ANORO ELLIPTA INHALER	PA	3
ARCAPTA NEOHALER (Step Therapy requires trial of Foradil or Serevent)	ST	3
BRETHINE TAB	-	3
BROVANA NEB SOLN	-	3
DUONEB NEB SOLN	-	3
LEVALBUTEROL/XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3
METAPROTERENOL TAB	-	3
PERFOROMIST NEB SOLN	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
VOSPIRE ER TAB	-	3
XOPENEX NEB SOLN	-	3
BEVESPI AEROSPHERE INHALER	-	NC
PROAIR HFA INHALER	-	NC
PROVENTIL HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
aminophylline tab	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
THEO-24 CAP	-	3
UNIPHYL TAB	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
COUMADIN TAB	-	3
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	2
fondaparinux inj (ARIXTRA equiv)	PA	2
ARIXTRA INJ	PA	3
FRAGMIN INJ	-	3
LOVENOX INJ (QL= 17 days supply)	QL	3
heparin porcine inj	M	M
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	PA	3
FYCOMPA SUSP	PA	3
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	2
DIAZEPAM/DIASTAT RECTAL GEL (Restricted to Neurology Specialist)	RS	2
ONFI TAB	PA	2
KLONOPIN TAB	-	3
ONFI SUSP	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
oxcarbazepine tab (TRILEPTAL equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	-	2
BANZEL TAB	-	2
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv)	-	2
LAMICTAL CHEW TAB 2MG	-	2
lamotrigine ER tab (LAMICTAL XR equiv)	-	2
lamotrigine ODT (LAMICTAL equiv)	-	2
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	2
levetiracetam ER tab (KEPPRA XR equiv)	-	2
LYRICA CAP	PA	2
LYRICA SOLN	PA	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2
TRILEPTAL SUSP	-	2
VIMPAT SOLN	-	2
VIMPAT TAB (QL= 2 tabs/day)	QL	2
APTIOM TAB	PA	3
CARBATROL CAP	-	3
KEPPRA SOLN	-	3
KEPPRA TAB	-	3
KEPPRA XR TAB	-	3
LAMICTAL CHEW TAB	-	3
LAMICTAL ODT	-	3
LAMICTAL ODT KIT	-	3
LAMICTAL TAB	-	3
LAMICTAL XR KIT	-	3
LAMICTAL XR TAB	-	3
MYSOLINE TAB	-	3
NEURONTIN CAP	-	3
NEURONTIN SOLN	-	3
NEURONTIN TAB	-	3
TEGRETOL CHEW TAB	-	3
TEGRETOL SUSP	-	3
TEGRETOL TAB	-	3
TEGRETOL XR TAB	-	3
TOPAMAX SPRINKLE CAP	-	3
TOPAMAX TAB	-	3
TRILEPTAL TAB	-	3
ZONEGRAN CAP	-	3
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
QUDEXY XR/TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
FELBATOL TAB	-	2
FELBATOL SUSP	-	3
GABA MODULATORS		
GABITRIL TAB 12MG, 16MG	-	2
tiagabine tab (GABITRIL equiv)	-	2
GABITRIL TAB	-	3
SABRIL POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 100MG	-	3
DILANTIN INFATABS	-	3
DILANTIN SUSP	-	3
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
ZARONTIN CAP	-	3
ZARONTIN SOLN	-	3
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPAKENE CAP	-	3
DEPAKENE SYRUP	-	3
DEPAKOTE ER TAB	-	3
DEPAKOTE SPRINKLE CAP	-	3
DEPAKOTE TAB	-	3
STAVZOR CAP	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
REMERON SOLUTAB	-	3
REMERON TAB	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

ANTIDEPRESSANTS Cont.

DrugName	Special Code	Tier
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
WELLBUTRIN SR TAB	-	3
WELLBUTRIN TAB	-	3
WELLBUTRIN XL TAB	-	3
APLENZIN TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
NARDIL TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
PARNATE TAB	-	3
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	2
paroxetine ER tab (PAXIL CR equiv)	-	2
CELEXA SOLN	-	3
CELEXA TAB	-	3
LEXAPRO SOLN	-	3
LEXAPRO TAB	-	3
LUVOX CR CAP (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3
PAXIL CR TAB	-	3
PAXIL SUSP	-	3
PAXIL TAB	-	3
PEXEVA TAB (Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	3
PROZAC CAP	-	3
PROZAC SOLN	-	3
PROZAC TAB	-	3
ZOLOFT CONC	-	3
ZOLOFT TAB	-	3
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PROZAC WEEKLY CAP	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

ANTIDEPRESSANTS Cont.

DrugName	Special Code	Tier
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
OLEPTRO TAB	-	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
VIIBRYD TAB	PA	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine ER tab	-	1
VENLAFAXINE ER TAB 225MG	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
duloxetine EC cap (CYMBALTA equiv) (QL= 2 caps/day)	QL	2
VENLAFAXINE ER TAB	-	2
CYMBALTA CAP (QL= 2 caps/day)	QL	3
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
EFFEXOR TAB	-	3
EFFEXOR XR CAP	-	3
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3
KHEDEZLA ER TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
PRISTIQ TAB (Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	1
doxepin cap (SINEQUAN equiv)	-	1
DOXEPIN CAP 75MG	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
NORTRIPTYLINE SOLN	-	1
clomipramine cap (ANAFRANIL equiv)	-	2
desipramine tab (NORPRAMIN equiv)	-	2
imipramine pamoate cap (TOFRANIL PM equiv)	-	2
protriptyline tab (VIVACTIL equiv)	-	2
trimipramine cap (SURMONTIL equiv)	-	2
ANAFRANIL CAP	-	3
NORPRAMIN TAB	-	3
PAMELOR CAP	-	3
SURMONTIL CAP	-	3
TOFRANIL PM CAP	-	3
TOFRANIL TAB	-	3
VIVACTIL TAB	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (GLYSET equiv)	-	2
GLYSET TAB	-	3
PRECOSE TAB	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2
pioglitazone/glimepiride tab (DUETACT equiv)	-	2
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB (QL= 1 tab/day)	QL	2
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	2
ACTOPLUS MET TAB	-	3
ACTOPLUS MET XR TAB	-	3
DUETACT TAB	-	3
GLUCOVANCE TAB	-	3
INVOKAMET TAB (QL= 2 tabs/day)	PA-QL	3
KAZANO/ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day)	PA-QL	3
KOMBIGLYZE XR TAB (QL= 2 tabs/day)	PA-QL	3
METAGLIP TAB	-	3
OSENI/ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day)	PA-QL	3
INVOKAMET XR TAB	-	NC
PRANDIMET TAB	-	NC
SOLIQUA INJ	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
GLUCOPHAGE TAB	-	3
GLUCOPHAGE XR TAB	-	3
RIOMET SOLN	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	2
GLUCAGON INJ KIT	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
PROGLYCEM SUSP	-	3
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	4
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-TS	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
NESINA/ALOGLIPTIN TAB (QL= 1 tab/day)	PA-QL	3
ONGLYZA TAB (QL= 1 tab/day)	PA-QL	3
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ	-	3
TRULICITY INJ	-	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXPEN/FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA INJ	-	2
APIDRA INJ (Step Therapy requires trial of NOVOLOG)	ST	3
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG MIX KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMALOG PEN INJ (Step Therapy requires trial of NOVOLOG)	ST	3
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
BASAGLAR INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
AVANDIA TAB	-	2
ACTOS TAB	-	3
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
PRANDIN TAB	-	3
STARLIX TAB	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB (QL= 1 tab/day)	PA-QL	3
SULFONYLUREAS		
CHLORPROPAMIDE TAB	-	1
chlorpropamide tab (DIABINESE equiv)	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
tolazamide tab (TOLINASE equiv)	-	1
TOLBUTAMIDE TAB	-	2
AMARYL TAB	-	3
DIABETA TAB	-	3
GLUCOTROL TAB	-	3
GLUCOTROL XL TAB	-	3
GLYNASE TAB	-	3
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
FULYZAQ TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
VSL #3 CAP	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv) (Rx Only)	-	1
opium tincture	-	2
LOMOTIL LIQUID	-	3
LOMOTIL TAB	-	3
MOTOFEN TAB	-	3
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
EXJADE TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIDOTES Cont.		
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
JADENU TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	2
naloxone inj	-	3
REVIA TAB	-	3
VIVITROL INJ	M-PA	M
EVZIO INJ	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
NALOXONE INJ	-	2
NARCAN NASAL SPRAY (QL= 2 packages/year)	QL	2
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1
ondansetron ODT (ZOFRAN equiv)	-	1
ondansetron soln (ZOFRAN equiv)	-	1
ondansetron tab (ZOFRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
KYTRIL TAB (QL= 9 tabs/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
ZOFRAN ODT	-	3
ZOFRAN SOLN	-	3
ZOFRAN TAB	-	3
ALOXI INJ	M	M
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT TAB	-	1
maldemar tab (SCOPACE equiv)	-	1
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
TRANSDERM-SCOP PATCH	-	2
TIGAN CAP	-	3
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
MARINOL CAP	PA	3
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND CAP (QL= 3 caps/fill; Restricted to Oncology or Anesthesiology Specialist)	QL-RS	2
EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Anesthesiology Specialist)	QL-RS	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGALS		
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	2
ANCOBON CAP	-	3
GRIFULVIN V TAB	-	3
GRIS-PEG TAB	-	3
LAMISIL TAB	-	3
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	2
NOXAFIL SUSP	-	2
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2
CRESEMBA CAP (Restricted to Infectious Disease Specialist)	RS	3
DIFLUCAN SUSP	-	3
DIFLUCAN TAB	-	3
SPORANOX CAP	PA	3
SPORANOX SOLN	PA	3
VFEND SUSP (Restricted to Infectious Disease or Oncology Specialist)	RS	3
VFEND TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3
NOXAFIL TAB	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine ER cap	-	1
CPM CAP	-	3
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
carbinoxamine soln (PALGIC equiv)	-	2
carbinoxamine tab (PALGIC equiv)	-	2
diphenhydramine inj (BENADRYL equiv)	-	2
clemastine syrup (TAVIST equiv)	-	3
CLEMASTINE TAB	-	3
clemastine tab (TAVIST equiv)	-	3
PALGIC SOLN	-	3
PALGIC TAB	-	3
KARBINAL ER SUSP	-	NC
ANTIHISTAMINES - NON-SEDATING		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
DESLORATADINE ODT	PA	3
desloratadine tab (CLARINEX equiv)	PA	3
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARINEX TAB	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
LIPTRUZET TAB	-	3
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3
VYTORIN TAB 10-80MG	-	NC
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
LOVAZA CAP	-	3
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colestipol granule (COLESTID equiv)	-	2
colestipol powder (COLESTID equiv)	-	2
WELCHOL PAK	-	2
WELCHOL TAB	-	2
COLESTID GRANULE	-	3
COLESTID POWDER PACK	-	3
COLESTID TAB	-	3
QUESTRAN LITE POWDER	-	3
QUESTRAN LITE POWDER PACK	-	3
QUESTRAN POWDER	-	3
QUESTRAN POWDER PACK	-	3
FIBRIC ACID DERIVATIVES		
fenofibrate cap (ANTARA equiv)	-	1
fenofibrate tab (TRICOR equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
TRILIPIX CAP	-	1
ANTARA CAP	-	3
FENOFIBRIC TAB/FIBRICOR TAB	-	3
FENOGLIDE/TRICOR TAB	-	3
LOPID TAB	-	3
fenofibric acid DR cap (TRILIPIX equiv)	-	NC
LIPOFEN CAP/FENOFIBRATE CAP 50MG, 150MG	-	NC
LOFIBRA CAP/ANTARA CAP 30MG, 90MG	-	NC
LOFIBRA/TRIGLIDE TAB	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	1
lovastatin tab (MEVACOR equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1
fluvastatin cap (LESCOL equiv)	-	2
fluvastatin ER tab (LESCOL XL equiv)	-	2
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day)	QL-TS	2
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL-TS	2
LESCOL CAP	-	3
LESCOL XL TAB	-	3
LIPITOR TAB	-	3
LIVALO TAB	-	3
MEVACOR TAB	-	3
PRAVACHOL TAB	-	3
ZOCOR TAB (80mg is Not Covered)	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
CRESTOR TAB 20MG	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZOCOR TAB 80MG	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL= 1 tab/day)	QL-TS	2
ezetimibe tab (ZETIA equiv)	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	NC
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
PRALUENT INJ	-	NC
ANTIHYPERTENSIVES		
ACE INHIBITORS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
ACCUPRIL TAB	-	3
ACEON TAB	-	3
ALTACE CAP	-	3
ALTACE TAB	-	3
CAPOTEN TAB	-	3
EPANED SOLN	PA	3
LOTENSIN TAB	-	3
MAVIK TAB	-	3
MONOPRIL TAB	-	3
PRINIVIL TAB/ ZESTRIL TAB	-	3
UNIVASC TAB	-	3
VASOTEC TAB	-	3
EPANED PREMIXED SOLN	-	NC
QBRELIS SOLN	-	NC
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2
DIBENZYLINE CAP	-	3
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	TS	1
losartan tab (COZAAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
candesartan tab (ATACAND equiv)	-	2
olmesartan tab (BENICAR equiv)	-	2
telmisartan tab (MICARDIS equiv)	-	2
AVAPRO TAB	-	3
BENICAR TAB	-	3
COZAAR TAB	-	3
DIOVAN TAB	-	3
EDARBI TAB (Step therapy requires trial of losartan (hctz))	ST	3
EPROSARTAN TAB	-	3
MICARDIS TAB	-	3
TEVETEN TAB	-	3
ATACAND TAB	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CARDURA TAB	-	3
CATAPRES TAB	-	3
CATAPRES-TTS PATCH	-	3
GUANABENZ TAB	-	3
HYTRIN CAP	-	3
MINIPRESS CAP	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
TENEX TAB	-	3
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/ valsartan tab (EXFORGE equiv)	-	2
amlodipine/olmesartan tab (AZOR TAB equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2
DUTOPROL TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	2
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	2
telmisartan/amlodipine tab (TWYNSTA equiv)	-	2
trandolapril/ verapamil ER tab (TARKA equiv)	-	2
ACCURETIC TAB	-	3
AMTURNIDE TAB	-	3
ATACAND HCT TAB	-	3
AVALIDE TAB	-	3
AZOR TAB	-	3
CORZIDE TAB	-	3
DIOVAN HCT TAB	-	3
EDARBYCLOR TAB (Step Therapy requires trial of losartan (hctz))	ST	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
EXFORGE HCT TAB	-	3
EXFORGE TAB	-	3
HYZAAR TAB	-	3
LOPRESSOR HCT TAB	-	3
LOTENSIN HCT TAB	-	3
LOTREL CAP	-	3
MONOPRIL HCT TAB	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
TENORETIC TAB	-	3
TEVETEN HCT TAB	-	3
TRIBENZOR TAB	-	3
TWYNSTA TAB	-	3
UNIRETIC TAB	-	3
VALTURNA TAB	-	3
VASERETIC TAB	-	3
ZESTORETIC TAB	-	3
ZIAC TAB	-	3
BENICAR HCT TAB	-	NC
BYVALSON TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
DIRECT RENIN INHIBITORS		
TEKTURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	2
INSPRA TAB	-	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
VANCOMYCIN SOLN KIT	-	1
NEBUPENT NEB SOLN	-	2
tinidazole tab (TINDAMAX equiv)	-	2
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL CAP	-	3
FLAGYL ER TAB	-	3
FLAGYL TAB	-	3
PRIMSOL SOLN	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
TINDAMAX TAB	-	3
VANCOCIN CAP (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln)	QL-ST	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	3
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	4
IMPAVIDO CAP	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM/SEPTRA equiv)	-	1
BACTRIM DS TAB	-	3
PEDIAZOLE SUSP	-	3
ANTIPROTOZOAL AGENTS		
ALINIA SUSP	-	2
ALINIA TAB	-	2
atovaquone susp (MEPRON equiv)	-	2
MEPRON SUSP	-	3
KETOLIDES		
KETEK TAB (Restricted to Allergy, Infectious Disease or Otolaryngology Specialist)	RS	2
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
CLEOCIN CAP	-	3
CLEOCIN SOLN	-	3
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
ZYVOX SUSP (Restricted to Infectious Disease or Oncology Specialist)	RS	3
ZYVOX TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2
MALARONE TAB	-	2
COARTEM TAB	-	3
FANSIDAR TAB	-	3
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
quinine sulfate cap (QUALAQUIN equiv)	-	1
mefloquine tab (LARIAM equiv)	-	2
PRIMAQUINE TAB	-	2
ARALEN TAB	-	3
LARIAM TAB	-	3
PLAQUENIL TAB	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
QUALAQUIN CAP	-	3
DARAPRIM TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
MESTINON SYRUP	-	3
MESTINON TAB	-	3
MESTINON TIMESPAN TAB	-	3
MYTELASE TAB	-	3
GUANIDINE TAB	-	NC
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
RIFATER TAB	PA	3
ANTIMYCOBACTERIAL AGENTS		
ISONIAZID SYRUP	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
CYCLOSERINE CAP	PA	3
MYAMBUTOL TAB	-	3
MYCOBUTIN CAP	-	3
PASER GRANULE	PA	3
RIFADIN CAP	-	3
TRECATOR TAB	PA	3
SIRTURO TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
CAPASTAT INJ	-	NC
ANTINEOPLASTICS		
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	SP	4
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB	-	2
CEENU CAP	-	2
CYCLOPHOSPHAMIDE CAP	-	2
cyclophosphamide tab (CYTOXAN equiv)	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
MYLERAN TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
TEMODAR CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
temozolomide cap (TEMODAR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALKERAN INJ	-	NC
melphalan inj (ALKERAN equiv)	-	NC
TREANDA INJ	-	NC
ANTIMETABOLITES		
methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
METHOTREXATE INJ	-	2
TABLOID TAB	-	2
TREXALL TAB	-	2
PURINETHOL TAB	-	3
capecitabine tab (XELODA equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
XELODA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
fludarabine inj	-	NC
PURIXAN SUSP	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN INJ	M	M
ANTINEOPLASTIC - ANTIBODIES		
HERCEPTIN INJ	M	M
RITUXAN INJ (Restricted to Rheumatology Specialist)	M-PA-RS	M
ZEVALIN KIT	M	M
GAZYVA INJ	-	NC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
ODOMZO CAP	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	2
exemestane tab (AROMASIN equiv)	-	2
FARESTON TAB	-	2
flutamide cap (EULEXIN equiv)	-	2
ARIMIDEX TAB	-	3
AROMASIN TAB	-	3
CASODEX TAB	-	3
FEMARA TAB	-	3
MEGACE SUSP	-	3
leuprolide inj (LUPRON equiv)	INF	4
LUPRON DEPOT INJ	INF	4

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LYSODREN TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
nilutamide tab (NILANDRON equiv) (Product is mandated through Dean Clinic Specialty)	MSP	4
XTANDI CAP (QL= 4 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
ZYTIGA TAB (QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
ZOLADEX IMP	M	M
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	NC
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB	-	NC
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
AFINITOR TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
ALECENSA CAP (QL= 8 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
BOSULIF TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
CABOMETYX TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4
COTELLIC TAB (QL= 3 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
FARYDAK CAP (QL= 6 caps/21 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
IBRANCE CAP (QL= 21 caps/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4
imatinib tab (GLEEVEC equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
IMBRUVICA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
INLYTA TAB (QL= 8 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
IRESSA TAB (Restricted to Oncology Specialist; Only available through Diplomat Pharmacy 877-977-9118)	LD-RS	4
JAKAFI TAB (QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
MEKINIST TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
NEXAVAR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
NINLARO CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
SPRYCEL TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
STIVARGA TAB (QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
SUTENT CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
TAFINLAR CAP (QL= 4 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
TARCEVA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
TASIGNA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
TYKERB TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
VOTRIENT TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
XALKORI CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
ZELBORAF TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
ZOLINZA CAP (Restricted to Oncology or Dermatology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-RS-SF	4
ZYDELIG TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-SF	4
GLEEVEC TAB	-	NC
LYNPARZA CAP	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
RUBRACA TAB	-	NC
ZYKADIA CAP	-	NC
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
PROLEUKIN INJ	-	2
HYDREA CAP	-	3
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD	4
ALFERON-N INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
bexarotene cap (TARGRETIN equiv) (Restricted to Oncology or Dermatology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-RS-SF	4
INTRON-A INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SYLATRON KIT INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
TARGRETIN CAP (Restricted to Oncology or Dermatology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-RS-SF	4
tretinoin cap (VESANOID equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SYNRIBO INJ	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
LEUCOVORIN TAB	-	1
MESNEX TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
LODOSYN TAB	-	3
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv)	-	2
COMTAN TAB	-	3
TASMAR TAB	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO equiv)	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
pramipexole ER tab (MIRAPEX ER equiv)	-	2
ropinirole ER tab (REQUIP XL equiv)	-	2
MIRAPEX ER TAB	-	3
MIRAPEX TAB	-	3
NEUPRO PATCH	-	3
PARCOPA ODT	-	3
PARLODEL CAP	-	3
PARLODEL TAB	-	3
REQUIP TAB	-	3
REQUIP XL TAB	-	3
RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	3
SINEMET CR TAB	-	3
SINEMET TAB	-	3
APOKYN INJ (Only available through Walgreens 888-347-3416)	LD	4
DUOPA ENTERAL SUSP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
AZILECT TAB	TS	2
ELDEPYRL CAP	-	3
ZELAPAR ODT	-	3
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
LITHOBID TAB	-	3
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP	-	2
ziprasidone cap (GEODON equiv)	-	2
GEODON CAP	-	3
LATUDA TAB (QL= 1 tab/day)	PA-QL	3
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine)	ST	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
RISPERDAL M ODT	-	3
RISPERDAL SOLN	-	3
RISPERDAL TAB	-	3
INVEGA SUSTENNA/TRINZ INJ	-	NC
INVEGA TAB	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
clozapine ODT 25mg, 100mg (CLOZAPINE/FAZACLO equiv)	-	2
CLOZAPINE ODT/FAZACLO ODT	-	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
SEROQUEL XR TAB	-	2
CLOZARIL TAB	-	3
FAZACLO ODT 25MG, 100MG	-	3
LOXITANE CAP	-	3
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	3
SEROQUEL TAB	-	3
ZYPREXA TAB	-	3
ZYPREXA ZYDIS TAB	-	3
ADASUVE INHALER	-	NC
quetiapine XR tab (SEROQUEL XR equiv)	-	NC
VERSACLOZ SUSP	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
QUINOLINONE DERIVATIVES		
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	2
aripiprazole soln (ABILIFY equiv)	PA	2
aripiprazole tab (ABILIFY equiv)	TS	2
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3
ABILIFY SOLN	PA	3
ABILIFY TAB	-	3
REXULTI TAB	PA	3
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
NAVANE CAP	-	3
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	2
ANTIVIRALS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

ANTIVIRALS Cont.

ANTIRETROVIRALS

DrugName	Special Code	Tier
didanosine DR cap (VIDEX EC equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
lamivudine soln (EPIVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
lamivudine tab (EPIVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
nevirapine tab (VIRAMUNE equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
stavudine cap (ZERIT equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
stavudine soln (ZERIT equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
zidovudine cap (RETROVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
zidovudine syrup (RETROVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
zidovudine tab (RETROVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
abacavir tab (ZIAGEN equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
abacavir/ lamivudine/ zidovudine tab (TRIZIVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
abacavir/lamivudine tab (EPZICOM equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
APTIVUS CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
APTIVUS SOLN	-	4
ATRIPLA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
COMBIVIR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
COMPLERA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
CRIXIVAN CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
DESCOVY TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EDURANT TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EMTRIVA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EMTRIVA SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EPIVIR SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EPIVIR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EPZICOM TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EVOTAZ TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
FUZEON INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
GENVOYA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
INTELENCE TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
INVIRASE CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
INVIRASE TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
ISENTRESS CHEW TAB	-	4
ISENTRESS POWDER PACK (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
ISENTRESS TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
KALETRA SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
KALETRA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
lamivudine/zidovudine tab (COMBIVIR equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
LEXIVA SUSP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
LEXIVA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4
NEVIRAPINE SUSP (VIRAMUNE equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
NORVIR CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
NORVIR SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
NORVIR TAB	-	4
ODEFSEY TAB (Product is mandated through Dean Clinic Specialty)	MSP	4
PREZCOBIX TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PREZISTA SUSP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
PREZISTA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
RESCRIPTOR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
RETROVIR CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
RETROVIR SYRUP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
RETROVIR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
REYATAZ CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
REYATAZ POWDER PACK (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SELZENTRY TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
STRIBILD TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SUSTIVA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SUSTIVA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
TIVICAY TAB (QL= 2 tabs/day)	QL	4
TRIUMEQ TAB	-	4
TRIZIVIR TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
TRUVADA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
VIDEX EC CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
VIDEX SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
VIRACEPT POWDER	-	4
VIRACEPT TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
VIRAMUNE SUSP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
VIRAMUNE TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
VIRAMUNE XR TAB (Step Therapy requires trial of nevirapine; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4
VIREAD TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
VITEKTA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
ZERIT CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
ZERIT SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
ZIAGEN TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
TYBOST TAB	-	NC
CMV AGENTS		
GANCICLOVIR CAP (Restricted to Infectious Disease, Optometry or Ophthalmology Specialist)	RS	2
valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2
valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2
VALCYTE SOLN (Restricted to Infectious Disease or Transplant Specialist)	RS	3
VALCYTE TAB (Restricted to Infectious Disease or Transplant Specialist)	RS	3
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
ribavirin cap (REBETOL equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
ribavirin tab (COPEGUS equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	1
adefovir dipivoxil tab (HEPSERA equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
BARACLUDE TAB (QL= 1 tab/day)	QL	4
COPEGUS TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
DAKLINZA TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-SP-TS	4
EPCLUSA TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty)	MSP-PA-QL	4
EPIVIR HBV SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EPIVIR HBV TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
HARVONI TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy.)	MSP-PA-QL	4
HEPSERA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
INCIVEK TAB	PA-SF-SP	4
INFERGEN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
PEGASYS INJ (Step Therapy requires trial of PEG-INTRON; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4
PEGASYS INJ KIT (Step Therapy requires trial of PEG-INTRON; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4
PEG-INTRON INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
REBETOL CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
REBETOL SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
RIBATAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SOVALDI TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
TYZEKA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
VICTRELIS CAP	PA-SF-SP	4
ZEPATIER TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
TECHNIVIE TAB	-	NC
VEMLIDY TAB	-	NC
VIEKIRA PAK TAB	-	NC
VIEKIRA XR TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	2
valacyclovir tab (VALTREX equiv)	-	2
FAMVIR TAB	-	3
VALTREX TAB	-	3
ZOVIRAX CAP	-	3
ZOVIRAX SUSP	-	3
ZOVIRAX TAB	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
rimantadine tab (FLUMADINE equiv)	-	1
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	2
FLUMADINE TAB	-	3
TAMIFLU CAP (QL= 10 caps/fill)	QL	3
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN TITRATAB	-	2
SYPRINE CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
CUPRIMINE CAP	-	NC
IMMUNOMODULATORS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
REVLIMID CAP (QL= 1 tab/day; Restricted to Oncology or Hematology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-QL-RS	4
THALOMID CAP (Restricted to Oncology, Hematology or Dermatology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-RS	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
AZASAN TAB	-	3
IMURAN TAB	-	3
CELLCEPT CAP	-	4
CELLCEPT SUSP	-	4
CELLCEPT TAB	-	4
cyclosporine cap (SANDIMMUNE equiv)	-	4
cyclosporine modified cap (NEORAL equiv)	-	4
cyclosporine modified soln (NEORAL equiv)	-	4
mycophenolate DR tab (MYFORTIC equiv)	-	4
mycophenolate mofetil cap (CELLCEPT equiv)	-	4
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	4
mycophenolate mofetil tab (CELLCEPT equiv)	-	4
MYFORTIC TAB	-	4
NEORAL CAP	-	4
NEORAL SOLN	-	4
PROGRAF CAP	-	4
RAPAMUNE SOLN	-	4
RAPAMUNE TAB	-	4
SANDIMMUNE CAP	-	4
SANDIMMUNE SOLN 100MG/ML	-	4
sirolimus tab (RAPAMUNE equiv)	-	4
tacrolimus cap (PROGRAF equiv)	-	4
ZORTRESS TAB	PA	4
ENVARSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
KAYEXALATE POWDER	-	3
VELTASSA POWDER	-	NC
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
COREG CR CAP	-	3
COREG TAB	-	3
TRANDATE TAB	-	3
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
metoprolol tab (LOPRESSOR equiv)	-	1
BYSTOLIC TAB	TS	2
KERLONE TAB	-	3
LOPRESSOR TAB	-	3
SECTRAL CAP	-	3
TENORMIN TAB	-	3
TOPROL XL TAB	-	3
ZEBETA TAB	-	3
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	1
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
LEVATOL TAB	-	2
BETAPACE AF TAB	-	3
BETAPACE TAB	-	3
CORGARD TAB	-	3
INDERAL LA CAP	-	3
INNOPRAN XL CAP	-	3
HEMANGEOL SOLN	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	3
ORALAIR SL TAB	-	3
RAGWITEK SL TAB	-	3
BIOLOGICALS MISC		
ADAGEN INJ	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil SR cap (VERELAN SR equiv)	-	1
verapamil SR tab (CALAN SR/ISOPTIN SR equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
felodipine ER tab (PLENDIL equiv)	-	2
nimodipine cap (NIMOTOP equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	2
NISOLDIPINE ER TAB 25.5MG	-	2
verapamil SR cap (VERELAN PM equiv)	-	2
ADALAT CC TAB	-	3
CALAN SR TAB	-	3
CALAN TAB	-	3
CARDENE SR CAP	-	3
CARDIZEM CD CAP	-	3
CARDIZEM LA TAB	-	3
CARDIZEM TAB	-	3
COVERA-HS TAB	-	3
DILACOR XR CAP	-	3
DYNACIRC CR TAB	-	3
NIMOTOP CAP	-	3
NORVASC TAB	-	3
PLENDIL TAB	-	3
PROCARDIA CAP	-	3
SULAR TAB	-	3
TIAZAC CAP	-	3
VERELAN CAP	-	3
VERELAN PM CAP	-	3
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN TAB	-	3
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2
CADUET TAB	-	NC
IMPOTENCE AGENTS		
CIALIS TAB 2.5MG, 5MG (Prior Authorization for BPH)	PA	3
VIAGRA TAB (QL= 4 tabs/30 days)	PA-QL	3
CIALIS TAB	-	NC
LEVITRA TAB	-	NC
PAPAVERINE/ALPROSTADIL INJ	-	NC
PAPAVERINE/PHENTOLAMINE INJ	-	NC
PAPAVERINE/PHENTOLAMINE/ALPROSTADIL INJ	-	NC
PHENTOLAMINE/ALPROSTADIL INJ	-	NC
PERIPHERAL VASODILATORS		
isoxsuprine tab	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
FLOLAN INJ	M-PA	M
REMODULIN INJ (Only available through Accredo 888-773-7376)	M-PA	M
ORENITRAM TAB	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB (QL= 1 tab/day)	PA-QL-SP	4
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TRACLEER TAB (QL= 2 tabs/day)	PA-QL-SP	4
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab (REVATIO equiv)	PA	1
REVATIO TAB	PA	3
ADCIRCA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
REVATIO SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SINUS NODE INHIBITORS		
CORLANOR TAB	PA	3
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN TAB	-	1
KEFLEX CAP	-	3
CEPHALOSPORINS - 2ND GENERATION		
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefaclor cap (CECLOR equiv)	-	2
cefprozil susp (CEFZIL equiv)	-	2
cefprozil tab (CEFZIL equiv)	-	2
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEFTIN SUSP	-	3
CEFTIN TAB	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
cefixime susp (SUPRAX equiv)	-	2
cefpodoxime proxetil susp (VANTIN equiv)	-	2
cefpodoxime proxetil tab (VANTIN equiv)	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEDAX CAP	-	3
CEDAX SUSP	-	3
CEFDITOREN TAB	-	3
OMNICEF SUSP	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
VANTIN TAB	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	ACA	$0
apri tab (DESOGEN equiv)	ACA	$0
aranelle tab (TRI-NORINYL equiv)	ACA	$0
aviane tab (ALESSE equiv)	ACA	$0
BEYAZ TAB	ACA	$0
cesia tab (CYCLESSA equiv)	ACA	$0
cryselle tab (OGESTREL equiv)	ACA	$0
enpresse tab (TRI-LEVELEN equiv)	ACA	$0
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	ACA	$0
junel FE tab (LOESTRIN FE equiv)	ACA	$0
junel tab (LOESTRIN equiv)	ACA	$0
kariva tab (MIRCETTE equiv)	ACA	$0
kelnor tab (DEMULEN equiv)	ACA	$0
mononessa tab (ORTHO-CYCLEN equiv)	ACA	$0
necon tab (ORTHO-NOVUM equiv)	ACA	$0
necon tab 1/50 (NORYNIL equiv)	ACA	$0
nortrel tab (OVCON 35 equiv)	ACA	$0
tri-legest tab (ESTROSTEP FE equiv)	ACA	$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	$0
wymzya FE tab (FEMCON FE equiv)	ACA	$0
YASMIN TAB	ACA	$0
YAZ TAB	ACA	$0
CYCLESSA TAB	-	3
DESOGEN TAB	-	3
ESTROSTEP FE TAB	-	3
FEMCON FE CHEW TAB	-	3
LO LOESTRIN TAB	-	3
LO MINASTRIN 24 FE CHEW TAB	-	3
LOESTRIN 24 FE TAB	-	3
LOESTRIN FE TAB	-	3
LOESTRIN TAB	-	3
MINASTRIN CHEW TAB	-	3
MIRCETTE TAB	-	3
NATAZIA TAB	-	3
NORINYL TAB 1/50	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
OGESTREL TAB	-	3
ORTHO TRI-CYCLEN (LO) TAB	-	3
ORTHO-CYCLEN TAB	-	3
OVCON 35 TAB	-	3
SEASONIQUE TAB	-	3
TRI-NORINYL TAB	-	3
FALESSA KIT	-	NC
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	NC
QUARTETTE TAB	-	NC
rajani tab (BEYAZ equiv)	-	NC
SAFYRAL TAB	-	NC
TAYTULLA CAP	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	ACA	$0
ORTHO-EVRA PATCH	-	3
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	ACA	$0
COPPER CONTRACEPTIVES - IUD (NEW)		
PARAGARD IUD	ACA	$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	ACA	$0
levonorgestrel tab (PLAN B equiv)	ACA-OTC	$0
LEVONORGESTREL TAB 0.75MG	ACA	$0
PLAN B TAB	ACA-OTC	$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON/NEXPLANON IMPLANT	ACA	$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	$0
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	ACA	$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	ACA	$0
NOR-QD TAB	-	3
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv)	-	1
CORTEF TAB	-	1
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone soln	-	1
DEXAMETHASONE TAB	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
MEDROL TAB	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisolone syrup (PRELONE equiv)	-	1
PREDNISONE SOLN	-	1
PREDNISONE TAB	-	1
prednisone tab (DELTASONE equiv)	-	1
CORTISONE ACETATE TAB	-	2
ENTOCORT EC CAP	-	2
ORAPRED ODT	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISONE PAK	-	2
DEXPAK TAB	-	3
MEDROL TAB	-	3
MILLIPRED DP PAK	-	3
MILLIPRED TAB	-	3
ORAPRED ODT	-	3
ORAPRED SOLN	-	3
PRELONE SYRUP	-	3
UCERIS TAB (QL= 1 tab/day)	PA-QL	3
VERIPRED SOLN	-	3
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
MEDROL DOSE PACK	-	NC
RAYOS TAB	-	NC
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
BENZONATATE CAP	-	3
HYCODAN SYRUP	-	3
TESSALON CAP	-	3
COUGH/COLD/ALLERGY COMBINATIONS		
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	1
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2
promethazine DM syrup	-	2
ALBATUSSIN LIQUID	-	3
BRONCOPECTOL SYRUP	-	3
DECON-A ELIXIR	-	3
GILTUSS LIQUID	-	3
GILTUSS TR TAB	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
NEOTUSS-D LIQUID	-	3
PEDIATEX TDM SUSP	-	3
RESCON TAB	-	3
REZIRA SOLN	-	3
SEMPREX-D CAP	-	3
SUTTAR SF SYRUP	-	3
TUSNEL CAP	-	3
TUSNEL SYRUP	-	3
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	3
TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	3
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3
CLARINEX-D TAB	-	NC
DOMETUSS-DMX LIQ	-	NC
HYCOFENIX SOLN	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSI-PRES LIQUID	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
HYPER-SAL NEB SOLN	-	3
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1
ACANYA/ONEXTON GEL (QL= 50gm/fill)	QL	2
adapalene cream (DIFFERIN equiv)	-	2
adapalene gel 0.1% (DIFFERIN equiv)	-	2
ADAPALENE LOTION (DIFFERIN equiv)	-	2
AVAR GEL	-	2
AZELEX CREAM	-	2
BENZACLIN GEL (QL= 50gm/fill)	QL	2
BENZAMYCIN GEL	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DERMATOLOGICALS Cont.

DrugName	Special Code	Tier
BENZAMYCIN GEL PACK	-	2
clindamycin/ benzoyl peroxide gel (DUAC GEL equiv)	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (QL= 50gm/fill)	QL	2
clindamycin/tretinoin gel (ZIANA equiv)	-	2
DIFFERIN GEL 0.3%	-	2
EPIDUO (FORTE) GEL	-	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
isotretinoin cap (ACCUTANE equiv)	-	2
PRASCION RA CREAM	-	2
RETIN-A MICRO 0.04%, 0.1%	-	2
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
sulfacetamide sodium lotion (KLARON equiv)	-	2
tretinoin cream (RETIN-A equiv)	-	2
tretinoin gel (RETIN-A equiv)	-	2
AKNE-MYCIN OINT	-	3
AVAR AEROSOL FOAM	-	3
CLARIFOAM EF FOAM	-	3
CLEOCIN-T GEL	-	3
CLEOCIN-T LOTION	-	3
CLEOCIN-T PAD	-	3
CLEOCIN-T SOLN	-	3
CLINDAGEL	-	3
DIFFERIN CREAM	PA	3
DIFFERIN GEL 0.1%	PA	3
DIFFERIN LOTION	-	3
DUAC CS KIT	-	3
DUAC GEL	-	3
KLARON LOTION	-	3
PLEXION LOTION	-	3
PLEXION SCT CREAM	-	3
RETIN-A CREAM	PA	3
RETIN-A GEL	PA	3
ROSULA EMULSION	-	3
ROSULA GEL	-	3
SUMAXIN PAD	-	3
SUMAXIN TS SUSP	-	3
SUMAXIN WASH	-	3
TRETIN-X CREAM	PA	3
VELTIN GEL	-	3
ZIANA GEL	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ABSORICA CAP	-	NC
ACZONE GEL	-	NC
AVAR PAD	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
RETIN-A MICRO GEL 0.08%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
mupirocin cream (BACTROBAN equiv)	-	2
ALTABAX OINT	-	3
BACTROBAN CREAM	-	3
BACTROBAN OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
econazole cream (SPECTAZOLE equiv)	-	2
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	2
naftifine cream (NAFTIN equiv)	-	2
nystatin/triamcinolone cream	-	2
nystatin/triamcinolone oint	-	2
oxiconazole nitrate cream (OXISTAT equiv)	-	2
ERTACZO CREAM	-	3
EXELDERM CREAM	-	3
EXELDERM SOLN	-	3
LOPROX CREAM	-	3
LOPROX GEL	-	3
LOPROX SHAMPOO	-	3
LOTRISONE CREAM	-	3
LOTRISONE LOTION	-	3
MENTAX CREAM	-	3
NAFTIN CREAM	-	3
NAFTIN GEL	-	3
NIZORAL SHAMPOO	-	3
OXISTAT CREAM	-	3
OXISTAT LOTION	-	3
ALOQUIN GEL	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
NYATA KIT	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	2
FLECTOR PATCH (QL= 30 patches/fill)	QL	3
diclofenac soln 1.5% (PENNSAID equiv)	-	NC
INFLAMMA-K KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PENNSAID SOLN 1.5%	-	NC
REXAPHENAC CREAM	-	NC
VOLTAREN GEL	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
CARAC CREAM	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
diclofenac gel (SOLARAZE equiv)	PA	2
FLUOROPLEX CREAM	-	2
fluorouracil cream (EFUDEX CREAM equiv)	-	2
fluorouracil soln (EFUDEX SOLN equiv)	-	2
EFUDEX CREAM	-	3
EFUDEX SOLN	-	3
FLUORAC CREAM	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
SOLARAZE GEL	PA	3
PANRETIN GEL	PA-SP	4
TARGRETIN GEL (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	4
ANTIPRURITICS - TOPICAL		
DOXEPIN/PRUDOXIN/ZONALON CREAM	-	3
ANTIPSORIATICS		
8-MOP CAP	-	2
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
SORIATANE CK KIT	-	2
VECTICAL OINT	-	2
DOVONEX CREAM	-	3
DOVONEX SOLN	-	3
DRITHO-SCALP CREAM	-	3
OXSORALEN ULTRA CAP	-	3
SORIATANE CAP	-	3
SORILUX FOAM	-	3
TAZORAC CREAM	-	3
TAZORAC GEL	-	3
COSENTYX INJ (QL= 2 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
STELARA INJ	-	NC
TALTZ INJ	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	1
seb-prev cream (OVACE CREAM equiv)	-	2
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide gel (OVACE PLUS equiv)	-	2
sodium sulfacetamide pads (ROSULA equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
sulfacetamide sodium shampoo (OVACE equiv)	-	2
OVACE PLUS CREAM	-	3
OVACE PLUS GEL	-	3
OVACE PLUS SHAMPOO	-	3
OVACE WASH	-	3
ROSULA PAD	-	3
OVACE PLUS LOTION	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
OVACE PLUS FOAM	-	NC
SELRX SHAMPOO 2.3%	-	NC
ANTIVIRALS - TOPICAL		
DENAVIR CREAM	-	2
ZOVIRAX OINT	-	2
XERESE CREAM	-	3
ZOVIRAX CREAM	-	3
acyclovir oint (ZOVIRAX OINT equiv)	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SILVADENE CREAM	-	3
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel (DIPROLENE GEL equiv)	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone diproprionate lotion	-	1
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	1
diflorasone oint	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (VANOS CREAM equiv)	-	1
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
prednicarbate cream (DERMATOP equiv)	-	1
prednicarbate oint (DERMATOP equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
triamcinolone oint	-	1
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
calcipotriene/ betamethasone oint (TACLONEX equiv)	-	2
clobetasol foam (OLUX FOAM equiv)	PA	2
clobetasol lotion (CLOBEX LOTION equiv)	PA	2
clobetasol propionate cream (TEMOVATE equiv)	PA	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	PA	2
clobetasol propionate gel (TEMOVATE GEL equiv) (Restricted to Dermatology Specialist)	RS	2
clobetasol propionate oint (TEMOVATE equiv)	PA	2
clobetasol propionate soln (TEMOVATE equiv)	PA	2
clobetasol shampoo (CLOBEX SHAMPOO equiv)	PA	2
clobetasol spray (CLOBEX SPRAY equiv)	PA	2
DERMA-SMOOTH/FS OIL	-	2
EPIFOAM AEROSOL	-	2
flurandrenolide Cream (CORDRAN equiv)	-	2
flurandrenolide lotion (CORDRAN equiv)	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
PRAMOSONE CREAM 1%	-	2
PRAMOSONE OINT	-	2
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	2
triamcinolone spray (KENALOG equiv)	-	2
U-CORT CREAM	-	2
ACLOVATE CREAM	-	3
ACLOVATE OINT	-	3
AMCINONIDE LOTION	PA	3
AMCINONIDE OINT	PA	3
CAPEX SHAMPOO	-	3
CARMOL-HC CREAM	-	3
CLOBEX LOTION	PA	3
CLOBEX SHAMPOO	PA	3
CLOBEX SPRAY	PA	3
CLODERM CREAM/ CLOCORTOLONE CREAM	-	3
CORDRAN CREAM	-	3
CORDRAN LOTION	-	3
CORDRAN TAPE	-	3
CUTIVATE CREAM	-	3
CUTIVATE OINT	-	3
DERMATOP CREAM	-	3
DERMATOP OINT	-	3
DIPROLENE AF CREAM	-	3
DIPROLENE LOTION	-	3
DIPROLENE OINT	-	3
ELOCON CREAM	-	3
ELOCON OINT	-	3
ELOCON SOLN	-	3
HALOG CREAM	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
HALOG OINT	-	3
HYTONE LOTION	-	3
KENALOG SPRAY	-	3
NUCORT LOTION	-	3
OLUX FOAM	PA	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
PROCTOCORT CREAM	-	3
TACLONEX OINT	-	3
TACLONEX SCALP SUSP	-	3
TEMOVATE CREAM	PA	3
TEMOVATE GEL	PA	3
TEMOVATE OINT	PA	3
TEMOVATE SOLN	PA	3
TEMOVATE-E CREAM	PA	3
TEXACORT SOLN	-	3
TOPICORT CREAM 0.25%	-	3
ULTRAVATE CREAM	-	3
ULTRAVATE LOTION	-	3
ULTRAVATE OINT	-	3
VANOS CREAM	-	3
VERDESO FOAM	-	3
AMCINONIDE CREAM 0.1%	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
desonide cream	-	NC
desonide lotion	-	NC
desonide oint	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint 0.25% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
DIFLORASONE OINT (PSORCON equiv)	-	NC
ENSTILAR FOAM	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE E CREAM	-	NC
SERNIVO SPRAY	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT 0.25%	-	NC
TOPICORT/DESOXIMETASONE OINT 0.05%	-	NC
TRIANEX OINT	-	NC
ULTRAVATE PAC KIT	-	NC
WESTCORT OINT	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
URAMAXIN LOTION	-	NC
urea cream	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA NAIL KIT	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
LAC-HYDRIN CREAM	-	2
LAC-HYDRIN LOTION	-	3
ENZYMES - TOPICAL		
vasolex oint (XENADERM equiv)	-	1
SANTYL OINT	-	2
XENADERM OINT	-	3
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DERMATOLOGICALS Cont.

DrugName	Special Code	Tier
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
ALDARA CREAM	-	3
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREAM	-	2
tacrolimus oint (PROTOPIC OINT equiv)	-	2
PROTOPIC OINT	-	3
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
CONDYLOX SOLN	-	3
SALEX SHAMPOO	-	3
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine oint	-	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	2
EMLA CREAM	-	3
LIDODERM PATCH (QL= 3 patches/day)	QL	3
SOLARCAINE EXTRA GEL	-	3
SYNERA PATCH	-	3
XYLOCAINE SOLN	-	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
capsaicin-menthol topical patch (SINELEE equiv)	-	NC
LIDAMANTLE LOTION	-	NC
LIDOCAINE CREAM	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
LIDOCIN GEL	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	1
DRYSOL SOLN	-	1
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC
ROSACEA AGENTS		
metronidazole lotion (METROLOTION equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
FINACEA FOAM	-	2
FINACEA GEL	-	2
FINACEA PLUS KIT	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel (METROGEL equiv)	-	2
METROCREAM	-	3
METROGEL 1% (Step Therapy requires trial of FINACEA)	ST	3
METROLOTION	-	3
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3
DOXYCYCLINE/ORACEA CAP	-	NC
MIRVASO GEL	-	NC
ROSADAN KIT	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
ELIMITE CREAM	-	2
EURAX CREAM	-	2
lindane lotion	-	2
lindane shampoo	-	2
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
EURAX LOTION	-	3
LINDANE LOTION	-	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
OVIDE LOTION (QL= 2 bottles/fill)	QL	3
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
BIAFINE EMULSION	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
THYROGEN INJ	M	M
GLUCAGON DIAGNOSTIC INJ	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE INSULINX TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
TEST STRIP (all other test strips)	OTC	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP (Step Therapy requires trial of CREON)	ST	3
PANCRELIPASE CAP (Step Therapy requires trial of CREON)	ST	3
PERTZYE CAP (Step Therapy requires trial of CREON)	ST	3
ULTRESA CAP (Step Therapy requires trial of CREON)	ST	3
ZENPEP CAP (Step Therapy requires trial of CREON)	ST	3
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide tab	-	1
ACETAZOLAMIDE TAB 125MG	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
DIAMOX SEQUEL CAP	-	3
NEPTAZANE TAB	-	3
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
ALDACTAZIDE TAB	-	3
ALDACTAZIDE TAB 50-50MG	-	3
DYAZIDE CAP	-	3
MAXZIDE TAB	-	3
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECRIN equiv)	-	2
DEMADEX TAB	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
DIURETICS Cont.		
EDECRIN TAB	-	3
LASIX TAB	-	3
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
DYRENIUM CAP	-	2
ALDACTONE TAB	-	3
MIDAMOR TAB	-	3
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	1
CHLOROTHIAZIDE TAB 250MG	-	1
CHLORTHALIDONE TAB	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
MICROZIDE CAP	-	3
ZAROXOLYN TAB	-	3
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
risedronate tab (ACTONEL equiv)	-	1
ALENDRONATE TAB 40MG	-	2
calcitonin nasal spray (MIACALCIN equiv)	-	2
etidronate disodium tab 200mg (DIDRONEL equiv)	-	2
ETIDRONATE DISODIUM TAB 400MG	-	2
FORTICAL NASAL SPRAY	-	2
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	2
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	2
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3
BONIVA TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	3
FOSAMAX+D TAB	-	3
SKELID TAB	-	3
FORTEO INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
MIACALCIN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
PROLIA/XGEVA INJ	M	M
ACTONEL TAB	-	NC
NATPARA INJ	-	NC
pamidronate inj	-	NC
ZOMETA INJ	-	NC
CALCIUM REGULATORS - MISC.		
ALENDRONATE SOLN	-	3
FOSAMAX TAB	-	3
MIACALCIN NASAL SPRAY	-	3
GROWTH HORMONE RECEPTOR ANTAGONISTS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	NC
GROWTH HORMONES		
NORDITROPIN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
GENOTROPIN/HUMATROPE/ZOMACTON INJ	-	NC
NUTROPIN AQ/OMNITROPE INJ	-	NC
SAIZEN/SEROSTIM INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0
EVISTA TAB	-	3
OSPHENA TAB	-	3
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
LUPANETA PACK	PA	3
LUPRON DEPOT PED INJ	INF	4
LUPRON DEPOT-PED INJ	INF	4
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
BUPHENYL TAB	PA-SP	2
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
SENSIPAR TAB (Restricted to Endocrinology or Nephrology Specialist)	RS	2
sodium phenylbutyrate powder (BUPHENYL equiv)	PA-SP	2
BUPHENYL POWDER	PA-SP	3
CARNITOR SOLN	-	3
CARNITOR TAB	-	3
HECTOROL CAP	-	3
ROCALTROL CAP	-	3
ROCALTROL SOLN	-	3
ZEMPLAR CAP	-	3
calcitriol inj (CALCIJEX equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	4
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	4
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
ORFADIN CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4
XURIDEN POWDER	M	M
ALDURAZYME INJ	-	NC
FABRAZYME INJ	-	NC
MYALEPT INJ	-	NC
ORFADIN SUSP	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
RAVICTI LIQUID	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate nasal spray (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP INJ	-	3
DDAVP NASAL SOLN	-	3
DDAVP NASAL SPRAY	-	3
DDAVP TAB	-	3
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SANDOSTATIN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SOMATULINE INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
SANDOSTATIN LAR INJ KIT	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB	SP	4
ESTROGENS		
ESTROGEN COMBINATIONS		
estradiol/norethindrone tab (ACTIVELLA equiv)	-	2
jinteli tab (FEMHRT equiv)	-	2
PREMPHASE/PREMPRO TAB	-	2
ACTIVELLA TAB	-	3
ANGELIQ TAB	-	3
CLIMARA PRO PATCH	-	3
COMBIPATCH	-	3
FEMHRT TAB	-	3
PREFEST TAB	-	3
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1
estropipate tab (OGEN equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	2
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
CLIMARA PATCH	-	3
DIVIGEL/ELESTRIN GEL	-	3
ENJUVIA TAB	-	3
ESTRACE TAB	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ESTROGENS Cont.		
ESTRASORB EMULSION	-	3
EVAMIST SPRAY	-	3
MENEST TAB	-	3
MENOSTAR PATCH	-	3
VIVELLE-DOT PATCH	-	3
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
ciprofloxacin ER tab (CIPRO XR equiv)	-	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
AVELOX TAB	-	3
CIPRO SUSP	-	3
CIPRO TAB	-	3
CIPRO XR TAB	-	3
CIPROFLOXACIN 100MG TAB	-	3
FACTIVE TAB	-	3
LEVAQUIN SOLN	-	3
LEVAQUIN TAB	-	3
NOROXIN TAB	-	3
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB	-	NC
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	2
ACTIGALL CAP	-	3
URSO FORTE TAB	-	3
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROCROM CONC	-	2
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP	PA	3
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
REGLAN TAB	-	3
METOZOLV ODT	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
ASACOL HD/MESALAMINE TAB	-	2
CANASA SUPP	-	2
DELZICOL CAP	-	2
DIPENTUM CAP	-	2
LIALDA TAB	-	2
mesalamine enema (ROWASA equiv)	-	2
APRISO CAP	-	3
AZULFIDINE EN-TABS	-	3
AZULFIDINE TAB	-	3
COLAZAL CAP	-	3
PENTASA CAP (Step Therapy requires trial of ASACOL (HD), DELZICOL, or LIALDA)	ST	3
SFROWASA ENEMA	-	3
CIMZIA INJ (QL= 2 inj/28 days)	PA-QL-SP	4
ENTYVIO INJ	M-PA	M
REMICADE INJ (Restricted to Gastroenterology or Rheumatology Specialist)	M-PA-RS	M
ROWASA KIT	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	2
LINZESS CAP	PA	3
LOTRONEX TAB	-	3
VIBERZI TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
RELISTOR INJ KIT (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
MOVANTIK TAB	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
FOSRENOL CHEW TAB	-	2
FOSRENOL POWDER PACK	-	2
PHOSLYRA SOLN	-	2
RENVELA PACKET	-	2
RENVELA TAB	-	2
SEVELAMER CARBONATE TAB	-	2
AURYXIA TAB	-	3
ELIPHOS TAB	-	3
PHOSLO CAP	-	3
VELPHORO CHEW TAB	-	3
RENAGEL TAB	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
ALKALINIZERS		
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2
SHOHLS SOLN	-	2
POLYCITRA CRYSTAL PACK	-	3
POLYCITRA-LC SOLN	-	3
UROCIT-K TAB	-	3
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through Pharmacare 800-238-7828)	LD-PA	4
GENITOURINARY IRRIGANTS		
sodium chloride 0.9% irr soln	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride cap (AVODART equiv)	-	2
dutasteride/tamsulosin cap (JALYN equiv)	-	2
RAPAFLO CAP (Restricted to Urology Specialist)	RS	2
AVODART CAP	-	3
CARDURA XL TAB	-	3
FLOMAX CAP	-	3
JALYN CAP	-	3
PROSCAR TAB	-	3
UROXATRAL TAB	-	3
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
PYRIDIUM TAB	-	3
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
MITIGARE CAP	-	2
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-TS	2
ZYLOPRIM TAB	-	3
COLCHICINE CAP	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
GOUT AGENTS Cont.		
COLCRYS/COLCHICINE TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
AFSTYLA KIT	-	NC
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ	M	M
COMPLEMENT INHIBITORS		
CINRYZE INJ	M	M
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
TRENTAL TAB	-	3
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
TICLOPIDINE TAB	-	1
ticlopidine tab (TICLID equiv)	-	1
AGGRENOX/ASPIRIN-DIPYRIDAMOLE CAP	-	2
EFFIENT TAB	-	2
AGRYLIN CAP	-	3
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	3
PERSANTINE TAB	-	3
PLAVIX TAB 75MG	-	3
PLETAL TAB	-	3
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
ZONTIVITY TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
ZAVESCA CAP (Only available through Accredo 888-773-7376)	LD-PA	4
CERDELGA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
COBALAMINS		
cyanocobalamin inj	-	1
NASCOBAL NASAL SPRAY	-	3
CALOMIST NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	ACA	$0
folic acid tab 400mcg (Covered for females only)	ACA-OTC	$0
folic acid tab 800mcg (Covered for females only)	ACA-OTC	$0
HEMATOPOIETIC GROWTH FACTORS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	SP-ST	4
EPOGEN INJ (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	4
GRANIX INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
LEUKINE INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
NEULASTA INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
NEUMEGA INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
PROCRIT INJ (May only be obtained through Specialty Pharmacy if self-injected)	MSP-PA	4
PROMACTA TAB (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
ZARXIO INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
MIRCERA INJ	-	NC
NEUPOGEN INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1
folbee tab	-	1
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1
multigen folic tab (CHROMAGEN FA equiv)	-	1
multigen plus tab (CHROMAGEN FORTE equiv)	-	1
multigen tab (CHROMAGEN equiv)	-	1
tricon cap (TRINSICON equiv)	-	1
multivitamin tab	-	2
NEPHRON FA TAB	-	2
CHROMAGEN FA TAB	-	3
FERREX 28 TAB	-	3
MULTIVITAMIN TAB	-	3
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	ACA-OTC	$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	ACA-OTC	$0
ferrous sulfate soln (Covered for members 1 year or younger)	ACA-OTC	$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	ACA-OTC	$0
IRON SUSP (Covered for members 1 year or younger)	ACA-OTC	$0
STEM CELL MOBILIZERS		
MOZOBIL INJ	M	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
aminocaproic acid tab (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SYRUP	-	3
AMICAR TAB	-	3
AMINOCAPROIC ACID TAB	-	3
LYSTEDA TAB	-	3
AMICAR SOLN	-	NC
CYKLOKAPRON INJ	M	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
HEMOSTATICS Cont.		
tranexamic acid inj (CYKLOKAPRON equiv)	M	NC
HYPNOTICS		
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
PHENOBARBITAL TAB	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
SILENOR TAB	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
TRIAZOLAM TAB	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	1
zolpidem tab 5mg (AMBIEN equiv) (QL= 1 tab/day)	QL	1
temazepam cap 22.5mg (RESTORIL equiv)	-	2
temazepam cap 7.5mg (RESTORIL equiv)	-	2
AMBIEN TAB 10MG (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	3
AMBIEN TAB 5MG (QL= 1 tab/day)	QL	3
HALCION TAB	-	3
LUNESTA TAB (QL= 1 tab/day)	QL	3
PROSOM TAB	-	3
RESTORIL CAP 15MG	-	3
RESTORIL CAP 22.5MG	-	3
RESTORIL CAP 30MG	-	3
RESTORIL CAP 7.5MG	-	3
SOMNOTE CAP	-	3
SONATA CAP	-	3
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem ER tab (AMBIEN CR equiv)	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ROZEREM TAB (QL= 1 tab/day)	PA-QL	2
HETLIOZ CAP	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
LAXATIVES		
LAXATIVE COMBINATIONS		
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0
trilyte soln (NULYTELY equiv) (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	2
PREPOPIK PAK (Step Therapy requires trial of MOVIPREP)	ST	3
SUPREP SOLN (Step therapy requires trial of MOVIPREP)	ST	3
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
NULYTELY SOLN	-	NC
SUCLEAR KIT	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
KRISTALOSE PACKET	-	3
GIALAX KIT	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
SALINE LAXATIVES		
OSMOPREP TAB	-	3
VISICOL TAB	-	3
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZITHROMAX SUSP	-	3
ZITHROMAX TAB	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
clarithromycin ER tab (BIAXIN XL equiv)	-	2
BIAXIN SUSP	-	3
BIAXIN TAB	-	3
BIAXIN XL TAB	-	3
ERYTHROMYCINS		
ERY-TAB	-	1
ERYTHROMYCIN CAP	-	1
erythromycin DR cap (ERYC equiv)	-	1
erythromycin stearate tab	-	1
ERYPED SUSP	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	2
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
MACROLIDES Cont.		
PCE TAB	-	2
ERYPED SUSP 200MG/5ML	-	3
ERYTHROMYCIN TAB (all forms except PCE)	-	3
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap)	QL-ST	2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	ACA	$0
DIAPHRAGM	ACA	$0
FEMALE CONDOMS	ACA-OTC	$0
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS METER	OTC	$0
ACCU-CHEK NANO METER	OTC	$0
ACCU-CHEK NANO SMARTVIEW METER	OTC	$0
FREESTYLE FREEDOM LITE METER	OTC	$0
FREESTYLE INSULINX METER	OTC	$0
FREESTYLE LITE METER	OTC	$0
PRECISION XTRA METER	OTC	$0
CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
V-GO INJ KIT (QL= 1 kit/day)	QL	2
DIABETIC METER (all other diabetic meters)	OTC	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	1
B-D PEN NEEDLE	OTC	1
FREESTYLE INSULIN SYRINGE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
PRECISION INSULIN SYRINGE	OTC	1
INSULIN SYRINGE	OTC	3
PEN NEEDLE	OTC	3
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
PEAK FLOW METER	-	NC
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	2
MIGERGOT SUPP	-	2
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
MIDRIN CAP	-	NC
PRODRIN TAB	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	2
D.H.E. INJ	-	3
ERGOMAR SL TAB	-	3
MIGRANAL/ DIHYDROERGOTAMINE SPRAY (QL= 8 sprays/fill)	QL	3
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (SUMATRIPTAN/IMITREX equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
zolmitriptan 5mg tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
ALSUMA INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
AXERT TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	3
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
SUMAVEL DOSEPRO INJ (QL= 6 inj/fill, 2 fills/30 days)	QL	3
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ONZETRA XSAIL	-	NC
ZECUITY PAD	-	NC
ZEMBRACE SYMTOUCH INJ	-	NC
MINERALS & ELECTROLYTES		
CHLORIDE		
AMMONIUM CHLORIDE INJ	M	NC
FLUORIDE		
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	$0
LURIDE CHEW TAB (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)	ACA	$0
LURIDE SOLN (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)	ACA	$0

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
SODIUM FLUORIDE LOZENGE (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
FLUOR-A-DAY CHEW TAB	-	1
IODINE PRODUCTS		
SSKI SOLN	-	2
MAGNESIUM		
magnesium sulfate inj	M	NC
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
K-PHOS NEUTRAL TAB	-	3
POTASSIUM		
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
POTASSIUM CHLORIDE ER TAB	-	1
potassium chloride ER tab (KLOR-CON equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	1
potassium chloride soln	-	1
KLOR-CON M15 TAB	-	2
KLOR-CON POWDER PACKET	-	3
KLOR-CON POWDER PACKET 25MEQ	-	3
KLOR-CON TAB	-	3
MICRO-K CAP	-	3
SODIUM		
sodium chloride inj	M	NC
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
LIDOCAINE ORAL SOLN 4%	-	2
FIRST MOUTHWASH BLM	-	3
LTA 360 KIT	-	3
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
FIRST DUKES MOUTHWASH	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
FIRST MARYS MOUTHWASH	-	3
MYCELEX TROCHES	-	3
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
PERIDEX SOLN	-	3
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	$0
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT GEL	-	2
PREVIDENT PASTE	-	2
PREVIDENT RINSE	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
GELCLAIR GEL	-	2
SALAGEN TAB	-	2
EVOXAC CAP	-	3
PROTHELIAL PASTE	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
DIATZ ZN TAB	-	3
NEPHROCAP	-	3
NEPHRO-VITE TAB	-	3
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin w/ minerals tab (STROVITE equiv)	-	1
FORTAVIT CAP	-	3
STROVITE TAB	-	3
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
PED MV W/ FLUORIDE		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
pediatric multiple vitamins/fluoride soln	-	1
pediatric multiple vitamins/fluoride chew tab	-	2
QUFLORA PEDIATRIC CHEW TAB	-	3
QUFLORA PEDIATRIC DROP	-	3
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/PRENAPLUS)	-	1
PRENATAL VITAMINS (NON-PREFERRED)	-	3
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	1
carisoprodol tab (SOMA equiv)	-	1
chlorzoxazone tab (PARAFON FORTE equiv)	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	2
metaxalone tab (SKELAXIN equiv)	-	2
tizanidine cap (ZANAFLEX equiv)	-	2
FEXMID TAB	-	3
FLEXERIL TAB	-	3
METAXALONE TAB 400MG	-	3
PARAFON FORTE TAB	-	3
ROBAXIN TAB	-	3
SKELAXIN TAB	-	3
SOMA TAB	-	3
ZANAFLEX CAP	-	3
ZANAFLEX TAB	-	3
carisoprodol tab 250mg (SOMA equiv)	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
LORZONE TAB	-	NC
SOMA TAB 250MG	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
DANTRIUM CAP	-	3
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	2
orphenadrine/aspirin/caffeine tab (NORGESIC (FORTE) equiv)	-	2
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASAL AGENT COMBINATIONS		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
NASAL AGENTS - MISC.		
TICANASE PAK	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray (ASTELIN/ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2
olopatadine nasal spray (PATANASE equiv)	-	2
ASTELIN/ASTEPRO NASAL SPRAY (QL= 2 bottles/fill)	QL	3
PATANASE NASAL SPRAY	-	3
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
ATROVENT NASAL SPRAY	-	3
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
flunisolide nasal spray (NASAREL equiv) (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
NASONEX NASAL SPRAY (QL= 2 bottles/fill)	PA-QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	2
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3
NASACORT AQ NASAL SPRAY (QL= 2 bottles/fill)	QL	3
OMNARIS NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3
QNASL NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3
RHINOCORT AQUA NASAL SPRAY (QL= 2 bottles/fill)	PA-QL	3
VERAMYST NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX)	QL-ST	3
mometasone nasal spray (NASONEX equiv)	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE NASAL SOLN	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	2
RILUTEK TAB	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT (QL= 60 units/fill)	QL	2
BETA-BLOCKERS - OPHTHALMIC		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	1
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	1
dorzolamide/ timolol ophth soln (COSOPT equiv) (QL= 2 bottles/fill)	QL	1
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	1
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	1
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	1
BETIMOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	2
COMBIGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	2
COSOPT PF OPHTH SOLN (QL= 60 units/30 days)	QL	2
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
BETAGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
COSOPT OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TIMOPTIC OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TIMOPTIC-XE OPHTH GEL (QL= 2 bottles/fill)	QL	3
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint (QL= 2 bottles/fill)	QL	1
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	1
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv) (QL= 2 bottles/fill)	QL	1
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	1
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ISOPTO HOMATROPINE OPHTH SOLN 2% (QL= 2 bottles/fill)	QL	2
ISOPTO HOMATROPINE OPHTH SOLN 5% (QL= 2 bottles/fill)	QL	2
ISOPTO HYOSCINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
CYCLOGYL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ISOPTO ATROPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
MYDRIACYL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1
ISOPTO CARBACHOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PHOSPHOLINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ISOPTO CARPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
PILOPINE HS OPHTH GEL (QL= 2 bottles/fill)	QL	3
MIOSTAT INJ	-	NC
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
LUCENTIS INJ (Restricted to Retinal Specialist)	M-RS	M
MACUGEN INJ (Restricted to Retinal Specialist)	M-RS	M
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln (ALPHAGAN P equiv) (QL= 2 bottles/fill)	QL	1
ALPHAGAN P OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ALPHAGAN P OPHTH SOLN 0.1% (QL= 2 bottles/fill)	QL	2
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	2
IOPIDINE OPHTH SOLN 1% (QL= 2 bottles/fill)	QL	2
SIMBRINZA OPHTH SUSP (QL= 2 bottles/fill)	QL	2
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

OPHTHALMIC AGENTS Cont.

DrugName	Special Code	Tier
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/ neomycin/ polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	1
bacitracin/ polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill)	QL	1
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	1
erythromycin ophth oint (QL= 2 bottles/fill)	QL	1
gentamicin ophth oint (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	1
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	1
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	1
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	1
AZASITE SOLN (QL= 2 bottles/fill)	QL	2
BACITRACIN OPHTH OINT (QL= 2 bottles/fill)	QL	2
gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill; Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	QL-ST	2
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	2
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN (QL= 2 bottles/fill)	QL	2
trifluridine ophth soln (QL= 2 bottles/fill)	QL	2
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	2
BESIVANCE OPHTH SUSP (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3
BLEPH-10 OPHTH SOLN (QL= 2 bottles/fill)	QL	3
CILOXAN OPHTH OINT (QL= 2 bottles/fill)	QL	3
CILOXAN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
NATACYN OPHTH SUSP	-	3
NEOSPORIN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
OCUFLOX OPHTH SOLN (QL= 2 bottles/fill)	QL	3
POLYTRIM OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TOBREX OPHTH OINT (QL= 2 bottles/fill)	QL	3
TOBREX OPHTH SOLN (QL= 2 bottles/fill)	QL	3
VIROPTIC OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ZYMAXID OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	QL-ST	3
OPHTHALMIC DECONGESTANTS		
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	1
MYDFRIN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
naphazoline ophth soln	-	3
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (QL= 60 unit dose vials/fill; Restricted to Optometry or Opthamology Specialist)	QL-RS	2
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1
ALCAINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ (Restricted to Retinal Specialist)	M-RS	M
OPHTHALMIC STEROIDS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1
dexamethasone ophth soln (QL= 2 bottles/fill)	QL	1
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1
prednisolone ophth soln (PRED FORTE equiv) (QL= 2 bottles/fill)	QL	1
sulfacetamide sodium/ prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	1
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	1
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP (QL= 2 bottles/fill)	QL	2
BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
DUREZOL OPHTH EMULSION (QL= 2 bottles/fill)	QL	2
LOTEMAX OPHTH GEL (QL= 2 bottles/fill)	QL	2
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2
MAXIDEX OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
TOBRADEX OPHTH OINT (QL= 2 bottles/fill)	QL	2
VEXOL OPHTH SUSP (QL= 2 bottles/fill)	QL	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3
CORTISPORIN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	3
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3
FML LIQUIFLIM OPHTH SUSP (QL= 2 bottles/fill)	QL	3
FML S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3
MAXITROL OPHTH OINT (QL= 2 bottles/fill)	QL	3
MAXITROL OPHTH SUSP (QL= 2 bottles/fill)	QL	3
PRED FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3
TOBRADEX OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	3
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	1
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1
epinastine opthth soln (ELESTAT equiv) (QL= 2 bottles/fill)	QL	1
flurbiprofen ophth soln (OCUFEN equiv) (QL= 2 bottles/fill)	QL	1
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill)	QL	1
ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill)	QL	1
AZOPT OPHTH SUSP (QL= 2 bottles/fill)	QL	2
BEPREVE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	2
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	2
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) (QL= 2 bottles/fill)	QL	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	2
olopatadine ophth soln (PATANOL equiv) (QL= 2 bottles/fill)	QL	2
PROLENSA OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ACULAR (LS) OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ACUVAIL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ALAMAST OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
ALOCRIL OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
ALOMIDE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
CROLOM OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ELESTAT OPHTH SOLN (QL= 2 bottles/fill)	QL	3
EMADINE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
LASTACAFT OPHTH SOLN (QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
OCUFEN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
OPTIVAR OPHTH SOLN (QL= 2 bottles/fill)	QL	3
PATADAY OPHTH SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
PATANOL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TRUSOPT OPHTH SOLN (QL= 2 bottles/fill)	QL	3
VOLTAREN OPTH SOLN (QL= 2 bottles/fill)	QL	3
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ILEVRO OPHTH SUSP	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days)	QL	2
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day; Step Therapy requires trial of latanoprost)	QL-ST	3
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill)	QL	1
CRESYLATE OTIC SOLN	-	3
VOSOL OTIC SOLN (QL= 2 bottles/fill)	QL	3
OTIC ANALGESICS		
omedia otic soln (AMERICAINE equiv) (QL= 2 bottles/fill)	QL	1
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	2
OTIC COMBINATIONS		
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymixin/hydrocoritisone otic susp (QL= 2 bottles/fill)	QL	1
otomax-HC otic soln (CORTANE-B equiv) (QL= 2 bottles/fill)	QL	1
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv) (QL= 2 bottles/fill)	QL	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
CIPRODEX OTIC SUSP (QL= 2 bottles/fill)	QL	2
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2
AURALGAN OTIC SOLN (QL= 2 bottles/fill)	QL	3
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	3
CORTANE-B AQUEOUS OTIC SOLN (QL= 2 bottles/fill)	QL	3
CORTANE-B OTIC SOLN (QL= 2 bottles/fill)	QL	3
CORTISPORIN OTIC SOLN (QL= 2 bottles/fill)	QL	3
OTOZIN OTIC DROPS (QL= 2 bottles/fill)	QL	3
TREAGAN OTIC (QL= 2 bottles/fill)	QL	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
OTOVEL OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocoritisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	2
ACETASOL HC OTIC SOLN	-	3
DERMOTIC OIL (QL= 2 bottles/fill)	QL	3
VOSOL HC OTIC SOLN (QL= 2 bottles/fill)	QL	3
OXYTOCICS		
OXYTOCICS		
METHERGINE TAB (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
CYTOGAM INJ	M-PA	M
GAMASTAN S/D INJ	M-PA	M
GAMMAGARD SD/ CARIMUNE SF INJ	M-PA	M
GAMUNEX/ OCTAGAM/ PRIVIGEN/ FLEBOGAMMA/ BIVIGAM INJ	M-PA	M
HEPAGAM-B INJ	M-PA	M
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	M-PA	M
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	M	M
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	1
AMOXICILLIN CHEW TAB 250MG	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk soln (VEETIDS equiv)	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
PENICILLINS Cont.		
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	2
AUGMENTIN ES-600 SUSP	-	3
AUGMENTIN SUSP	-	3
AUGMENTIN TAB	-	3
AUGMENTIN XR TAB	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
megestrol ES susp (MEGACE ES equiv)	-	2
progesterone cap (PROMETRIUM equiv)	-	2
AYGESTIN TAB	-	3
MEGACE ES SUSP	-	3
PROMETRIUM CAP	-	3
PROVERA TAB	-	3
MAKENA INJ	-	M
progesterone oil inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
ANTABUSE TAB	-	2
disulfiram tab (ANTABUSE equiv)	-	2
CAMPRAL TAB	-	3
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	TS	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	2
EXELON SOLN	-	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine sol (NAMENDA equiv)	-	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
NAMENDA XR CAP	-	2
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	2
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	2
rivastigmine patch (EXELON equiv)	-	2
ARICEPT ODT (QL= 1 tab/day)	QL	3
ARICEPT TAB (QL= 2 tabs/day)	QL	3
ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3
EXELON CAP	-	3
EXELON PATCH	-	3
NAMENDA SOL	-	3
NAMENDA TAB	-	3
RAZADYNE ER CAP	-	3
RAZADYNE SOLN	-	3
RAZADYNE TAB	-	3
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/ fluoxetine cap (SYMBYAX equiv)	-	2
LIMBITROL TAB	-	3
SYMBYAX CAP	-	3
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv) (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB	PA	3
AUBAGIO TAB (QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
AVONEX INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
COPAXONE INJ 20MG/ML (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
COPAXONE INJ 40MG/ML (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
EXTAVIA INJ (Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-ST	4
GILENYA CAP (QL= 1 tab/day; Product mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
PLEGRIDY INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
PLEGRIDY PEN INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
REBIF INJ (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA	4
TECFIDERA CAP (Product is mandated through Dean Clinic Specialty Pharmacy)	LMSP	4
TECFIDERA STARTER PACK (Product is mandated through Dean Clinic Specialty Pharmacy)	LMSP	4
ZINBRYTA INJ (QL= 1 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL	4
LEMTRADA INJ	M-PA	M
TYSABRI INJ (Restricted to Neurology Specialist)	M-RS	M
BETASERON INJ	-	NC
glatopa inj 20mg/ml (COPAXONE equiv)	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab (HYDERGINE equiv)	-	2
pimozide tab	-	2
ERGOLOID MESYLATES TAB	-	3
ORAP TAB	-	3
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0
CHANTIX PAK (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0
CHANTIX TAB (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0
NICORETTE CQ (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0
NICORETTE GUM (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0
NICORETTE LOZENGE (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0
NICOTINE KIT (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	OTC-QL-SMKG	$0
NICOTROL INHALER (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0
ZYBAN TAB (Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	QL-SMKG	$0
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST/PROLASTIN/ZEMAIRA INJ	M	M
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
KALYDECO TAB (QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
ORKAMBI TAB (QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
PULMOZYME INH SOLN (Product is mandated through Dean Clinic Specialty Pharmacy)	MSP	4
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
OFEV CAP (QL= 2 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy)	MSP-PA-QL-SF	4
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB	-	1
TETRACYCLINES		
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2
doxycycline hyclate DR tab (DORYX equiv)	-	2
doxycycline hyclate tab (VIBRATAB equiv)	-	2
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	2
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	2
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	2
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	2
doxycycline monohydrate tab (ADOXA equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
tetracycline cap	-	2
ADOXA TAB	-	3
DECLOMYCIN TAB	-	3
DORYX TAB	-	3
DOXYCYCLINE HYCLATE DR CAP	-	3
DYNACIN TAB	-	3
MINOCIN CAP	-	3
MONODOX CAP	-	3
ORAXYL CAP	-	3
TETRACYCLINE CAP	-	3
VIBRAMYCIN CAP	-	3
VIBRAMYCIN SUSP	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
DORYX TAB 200MG	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
TAPAZOLE TAB	-	3
THYROID HORMONES		
liothyronine tab (CYTOMEL equiv)	-	1
NATURE THROID/ARMOUR THYROID TAB	-	1
np thyroid tab (NATURE THROID/ARMOUR THYROID equiv)	-	1
SYNTHROID TAB	-	1

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
THYROID AGENTS Cont.		
THYROLAR TAB	-	2
CYTOMEL TAB	-	3
TIROSINT CAP	-	3
levothyroxine tab (SYNTHROID equiv)	-	NC
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	$0
TETANUS-DIPHTHERIA TOXOID INJ	VAC	$0
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
methscopolamine tab (PAMINE equiv)	-	2
PROPANTHELINE TAB	-	2
ANASPAZ ODT	-	3
BENTYL CAP	-	3
BENTYL SYRUP	-	3
BENTYL TAB	-	3
CANTIL TAB	-	3
CUVPOSA SOLN	-	3
LEVBID TAB	-	3
LEVSIN INJ	-	3
LEVSIN SOLN	-	3
LEVSIN TAB	-	3
LEVSIN/SL TAB	-	3
LEVSINEX CAP	-	3
PAMINE TAB	-	3
ROBINUL TAB	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB 1.5MG	-	NC
LIBRAX CAP	-	NC
H-2 ANTAGONISTS		

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
cimetidine soln (TAGAMET equiv)	-	1
cimetidine tab (TAGAMET equiv)	-	1
famotidine tab (PEPCID equiv)	-	1
nizatidine cap (AXID equiv)	-	1
ranitidine cap (ZANTAC equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
NIZATIDINE SOLN	-	2
nizatidine soln (AXID equiv)	-	2
PEPCID SUSP	-	2
AXID CAP	-	3
AXID SOLN	-	3
PEPCID TAB	-	3
TAGAMET TAB	-	3
ZANTAC CAP	-	3
ZANTAC EFFER TAB	-	3
ZANTAC GRANULE PACKET	-	3
ZANTAC SYRUP	-	3
ZANTAC TAB	-	3
MISC. ANTI-ULCER		
CARAFATE SUSP	-	1
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE TAB	-	3
PROTON PUMP INHIBITORS		
lansoprazole cap (PREVACID equiv)	OTC	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
PREVACID OTC CAP	OTC	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
esomeprazole cap (NEXIUM equiv)	PA	2
FIRST OMEPRAZOLE SUSP (Covered for members 7 years or younger)	-	2
LANSOPRAZOLE SUSP (Covered for members 7 years or younger)	-	2
PREVACID SOLUTAB	-	2
DEXILANT CAP (QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole)	QL-ST	3
NEXIUM GRANULE PACK	PA	3
ACIPHEX SPRINKLE CAP	-	NC
ACIPHEX TAB	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM OTC CAP	OTC	NC
OMEPRAZOLE TAB	OTC	NC
PREVACID CAP	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX EC TAB	-	NC
PROTONIX PAK	-	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
CYTOTEC TAB	-	3
ULCER THERAPY COMBINATIONS		
ZEGERID CAP OTC	OTC	1
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	2
omeprazole/bicarbonate powder pack (ZEGERID equiv) (Prior Authorization Required for members 13 or older)	PA	2
PREVPAC KIT	-	3
PYLERA CAP	-	3
ZEGERID POWDER PACK (Prior Authorization Required for members 13 or older)	PA	3
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
hyophen tab (PROSED DS equiv)	-	2
PROSED DS TAB	-	3
URITACT DS TAB	-	3
URITACT EC TAB	-	3
UROQID #2 TAB	-	3
UTA cap	-	NC
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
FURADANTIN SUSP	-	2
methenamine hippurate tab (HIPREX equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv)	-	2
HIPREX TAB	-	3
MACROBID CAP	-	3
MACRODANTIN CAP	-	3
METHENAMINE MANDELATE TAB	-	3
MONUROL GRANULE PACK	-	3
URINARY ANTISPASMODICS		
BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day)	QL	2
tolterodine tab (DETROL equiv)	TS	2
trospium tab (SANCTURA equiv)	-	2
VESICARE TAB	TS	2
DETROL TAB	-	3
DITROPAN XL TAB	-	3
GELNIQUE	-	3
OXYTROL PATCH	PA	3
SANCTURA TAB	-	3

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
TOVIAZ TAB	PA	3
SANCTURA XR CAP	-	NC
trospium chloride SR cap (SANCTURA XR equiv)	-	NC
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin SR tab (ENABLEX equiv)	PA	2
tolterodine SR cap (DETROL LA equiv)	-	2
DETROL LA CAP	-	3
ENABLEX TAB	PA	3
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URECHOLINE TAB	-	3
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	NC
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	$0
MENACTRA INJ	VAC	$0
MENHIBRIX INJ	VAC	$0
MENOMUNE INJ	VAC	$0
MENVEO INJ	VAC	$0
PNEUMOVAX INJ	VAC	$0
PREVNAR 13 INJ	VAC	$0
TRUMENBA INJ	VAC	$0
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	$0
VAXCHORA SUSP	-	NC
VIRAL VACCINES		
AFLURIA INJ	VAC	$0
AFLURIA/FLUZONE INJ	VAC	$0
CERVARIX INJ	VAC	$0
ENGERIX-B INJ	VAC	$0
ENGERIX-B/RECOMBIVAX-HB	VAC	$0
FLUAD INJ	VAC	$0
FLUBLOK INJ	VAC	$0
FLUCELVAX INJ	VAC	$0
FLUCELVAX QUAD INJ	VAC	$0
FLUVIRIN INJ	VAC	$0
FLUVIRIN PF INJ	VAC	$0
FLUZONE HIGH DOSE PF INJ	VAC	$0
FLUZONE INTRADERMAL	VAC	$0
FLUZONE QUADRIVALENT INJ	VAC	$0
FLUZONE/FLUARIX QUAD INJ	VAC	$0
FLUZONE/FLULAVAL QUAD INJ	VAC	$0
GARDASIL 9 INJ	VAC	$0

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
VACCINES Cont.		
GARDASIL INJ	VAC	$0
HAVRIX/VAQTA INJ	VAC	$0
M-M-R II INJ	VAC	$0
TWINRIX INJ	VAC	$0
VARIVAX INJ	VAC	$0
ZOSTAVAX INJ (Covered for members age 50 or older. Not covered if member is less than age 50.)	VAC	$0
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
SPERMICIDES		
CONCEPTROL GEL	ACA-OTC	$0
CONTRACEPTIVE FILM	ACA-OTC	$0
CONTRACEPTIVE FOAM	ACA-OTC	$0
CONTRACEPTIVE GEL	ACA-OTC	$0
CONTRACEPTIVE SUPP	ACA-OTC	$0
TODAY SPONGE	ACA-OTC	$0
vcf vaginal gel (CONCEPTROL equiv)	ACA-OTC	$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL CREAM	-	3
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
GYNAZOLE CREAM	-	3
METROGEL VAGINAL GEL	-	3
MICONAZOLE 3 SUPP 200MG	-	3
TERAZOL CREAM	-	3
TERAZOL SUPP	-	3
VAGINAL ESTROGENS		
ESTRACE VAGINAL CREAM	-	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
yuvafem tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2
FEMRING (3 copays per Rx)	-	3
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
VAGINAL PROGESTINS		
CRINONE GEL	-	2
ENDOMETRIN INSERT	-	2
PROGESTERONE SUPP	-	2
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
EPINEPHRINE PEN INJ 0.3MG (MYLAN) (QL= 2 inj/fill)	QL	2
EPIPEN INJ (QL= 2 inj/fill)	QL	2
EPIPEN-JR INJ (QL= 2 inj/fill)	QL	2
ADRENACLICK/EPINEPHRINE INJ (QL= 2 inj/fill; Step Therapy requires trial of EPINEPHRINE PEN (MYLAN))	QL-ST	3
AUVI-Q INJ (QL= 2 inj/fill; Step Therapy requires trial of EPINEPHRINE PEN (MYLAN))	QL-ST	3
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
PROAMATINE TAB	-	3
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Covered for members 65 years or older)	ACA-OTC	$0
vitamin D cap 400unit (Covered for members 65 years or older)	ACA-OTC	$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	ACA-OTC	$0
cholecalciferol cap 50000 unit	OTC	1
vitamin D cap (Rx covered Only)	-	1
MEPHYTON TAB	-	2
DRISDOL CAP	-	3
RAYALDEE CAP	-	NC
WATER SOLUBLE VITAMINS		
niacin tab	OTC	1
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
POTABA CAP	-	3
niacin cap	OTC	NC
niacin CR tab (SLO-NIACIN equiv)	OTC	NC
NIACIN TR TAB	OTC	NC
niacinamide tab	OTC	NC

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

	NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
ACA	Affordable Care Act	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	TS	Tablet Splitting

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

Prime 4-Tier Formulary
Prior Authorization Drug List
Last Updated* 1/2/2017

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY DISCMELT	3
ABILIFY SOLN	3
ABSTRAL SL TAB	3
ACTEMRA IV INJ	M
ACTEMRA SC INJ	4
ACTIQ LOZENGE	3
ADCIRCA TAB	4
ADEMPAS TAB	4
AFINITOR DISPERZ	4
AFINITOR TAB	4
ALECENSA CAP	4
AMCINONIDE LOTION	3
AMCINONIDE OINT	3
AMITIZA CAP	3
AMPYRA TAB	3
ANDRODERM PATCH	2
ANDROGEL 1% 25MG	3
ANDROGEL 1% 50MG	3
ANDROGEL 1.62% 1.25GM	2
ANDROGEL 1.62% 2.5GM	2
ANDROGEL PUMP 1%	3
ANDROGEL PUMP 1.62%	2
ANDROID/TESTRED CAP	3
ANORO ELLIPTA INHALER	3
APTIOM TAB	3
aripiprazole ODT	2
aripiprazole soln	2
ARIXTRA INJ	3
armodafinil tab	2
AUBAGIO TAB	4
BOSULIF TAB	4
BUPHENYL POWDER	3
BUPHENYL TAB	2
buprenorphine SL tab	2
CABOMETYX TAB	4
CAPRELSA TAB	4
CARBAGLU TAB	4
CELEBREX CAP	3
celecoxib cap	2
CHOLBAM CAP	4
CIALIS TAB 2.5MG, 5MG	3
CIMZIA INJ	4
clobetasol foam	2
clobetasol lotion	2

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

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
clobetasol propionate cream	2
clobetasol propionate emollient cream	2
clobetasol propionate oint	2
clobetasol propionate soln	2
clobetasol shampoo	2
clobetasol spray	2
CLOBEX LOTION	3
CLOBEX SHAMPOO	3
CLOBEX SPRAY	3
COMETRIQ KIT	4
CORLANOR TAB	3
COSENTYX INJ	4
COTELLIC TAB	4
CYCLOSERINE CAP	3
CYSTAGON CAP	4
CYSTARAN OPHTH SOLN	4
CYTOGAM INJ	M
DAKLINZA TAB	4
DARAPRIM TAB	4
darifenacin SR tab	2
DESLORATADINE ODT	3
desloratadine tab	3
diclofenac gel	2
DIFFERIN CREAM	3
DIFFERIN GEL 0.1%	3
dronabinol cap	2
ENABLEX TAB	3
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL SURECLICK INJ 50MG	4
ENTRESTO TAB	2
ENTYVIO INJ	M
EPANED SOLN	3
EPCLUSA TAB	4
EPOGEN INJ	4
ERIVEDGE CAP	4
ESBRIET CAP	4
esomeprazole cap	2
FANAPT TAB	3
FARYDAK CAP	4
FERRIPROX SOLN	4
FERRIPROX TAB	4
FETZIMA CAP	3
FETZIMA TITRATION PACK	3

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
FLOLAN INJ	M
fondaparinux inj	2
FYCOMPA TAB	3
FYCOMPA SUSP	3
GAMASTAN S/D INJ	M
GAMMAGARD SD/ CARIMUNE SF INJ	M
GAMUNEX/ OCTAGAM/ PRIVIGEN/ FLEBOGAMMA/ BIVIGAM INJ	M
GILENYA CAP	4
GILOTRIF TAB	4
HARVONI TAB	4
HEPAGAM-B INJ	M
HUMIRA INJ	4
HUMIRA PEN INJ	4
HYCAMTIN CAP	4
IBRANCE CAP	4
ICLUSIG TAB	4
imatinib tab	4
IMBRUVICA CAP	4
INCIVEK TAB	4
INLYTA TAB	4
INVOKAMET TAB	3
INVOKANA TAB	3
itraconazole cap	2
JAKAFI TAB	4
KALYDECO PAK	4
KALYDECO TAB	4
KAZANO/ALOGLIPTIN-METFORMIN TAB	3
KINERET INJ	4
KOMBIGLYZE XR TAB	3
KORLYM TAB	4
KUVAN POWDER PACK	4
KUVAN TAB	4
LATUDA TAB	3
LAZANDA NASAL SPRAY	3
LEMTRADA INJ	M
LENVIMA CAP	4
LETAIRIS TAB	4
LINZESS CAP	3
LUPANETA PACK	3
LYRICA CAP	2
LYRICA SOLN	2
MARINOL CAP	3
MEKINIST TAB	4
METHITEST TAB	3

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

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
methyltestosterone cap	2
modafinil tab	2
NASONEX NASAL SPRAY	1
NESINA/ALOGLIPTIN TAB	3
NEXAVAR TAB	4
NEXIUM GRANULE PACK	3
NINLARO CAP	4
NORDITROPIN INJ	4
NUCALA INJ	M
OFEV CAP	4
OLUX FOAM	3
omeprazole/bicarbonate powder pack	2
ONFI TAB	2
ONGLYZA TAB	3
OPSUMIT TAB	4
ORENCIA CLICK INJ	4
ORENCIA INJ	M
ORENCIA SC INJ	4
ORFADIN CAP	4
ORKAMBI TAB	4
OSENI/ALOGLIPTIN-PIOGLITAZONE TAB	3
OXYTROL PATCH	3
PANRETIN GEL	4
PASER GRANULE	3
PROCRIT INJ	4
PROMACTA TAB	4
PROVIGIL TAB	3
REBIF INJ	4
RELISTOR INJ	4
RELISTOR INJ KIT	4
REMICADE INJ	M
REMODULIN INJ	M
REPATHA INJ	4
REPATHA PUSHTRONEX INJ	4
RETIN-A CREAM	3
RETIN-A GEL	3
REVATIO TAB	3
REXULTI TAB	3
RHINOCORT AQUA NASAL SPRAY	3
RIFATER TAB	3
RITUXAN INJ	M
ROZEREM TAB	2
SABRIL POWDER PACK	4
SABRIL TAB	4

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

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SAPHRIS SL TAB	3
SIGNIFOR INJ	4
sildenafil tab	1
SIMPONI INJ	4
SIRTURO TAB	4
SKLICE LOTION	3
sodium phenylbutyrate powder	2
SOLARAZE GEL	3
SOMAVERT INJ	4
SOVALDI TAB	4
SPORANOX CAP	3
SPORANOX SOLN	3
SPRYCEL TAB	4
STIVARGA TAB	4
STRENSIQ INJ	4
SUTENT CAP	4
SYLATRON KIT INJ	4
SYNAGIS INJ	M
SYPRINE CAP	4
TAFINLAR CAP	4
TAGRISSO TAB	4
TARCEVA TAB	4
TARGRETIN GEL	4
TASIGNA CAP	4
TEMOVATE CREAM	3
TEMOVATE GEL	3
TEMOVATE OINT	3
TEMOVATE SOLN	3
TEMOVATE-E CREAM	3
TESTIM GEL/ TESTOSTERONE GEL	3
testosterone gel 1% 25mg	2
testosterone gel 1% 50mg	2
testosterone gel 1% pump	2
TESTOSTERONE GEL PUMP	2
tetrabenazine tab	4
TOVIAZ TAB	3
TRACLEER TAB	4
TRECATOR TAB	3
TRETIN-X CREAM	3
TRINTELLIX TAB	3
TYKERB TAB	4
TYVASO INH SOLN	4
TYZEKA TAB	4
UCERIS RECTAL FOAM	3

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

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
UCERIS TAB	3
UPTRAVI TAB	4
VALCHLOR GEL	4
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VENTAVIS INH SOLN	4
VIAGRA TAB	3
VICTRELIS CAP	4
VIIBRYD TAB	3
VIVITROL INJ	M
VOTRIENT TAB	4
XALKORI CAP	4
XELJANZ TAB	4
XELJANZ XR TAB	4
XIFAXAN TAB 550MG	3
XOLAIR INJ	M
XTANDI CAP	4
XYREM SOLN	4
ZAVESCA CAP	4
ZEGERID POWDER PACK	3
ZELBORAF TAB	4
ZEPATIER TAB	4
ZINBRYTA INJ	4
ZORTRESS TAB	4
ZYDELIG TAB	4
ZYTIGA TAB	4

Tablet Splitting Program

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

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

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

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

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

Tablet Splitting Program Medications

aripiprazole tab	AZILECT TAB	BYSTOLIC TAB	entecavir tab
galantamine tab	irbesartan tab	JANUVIA TAB	rosuvastatin tab
rosuvastatin tab 20mg	tolterodine tab	ULORIC TAB	VESICARE TAB
ZETIA TAB			

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

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK NANO SMARTVIEW METER
ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	AEROCHAMBER	ALCOHOL SWABS
ASPIRIN CHEW TAB 75MG	aspirin chew tab 81mg	aspirin EC tab 325mg	aspirin ec tab 81mg
aspirin tab 325mg	ASPIRIN TAB 81MG	B-D INSULIN SYRINGE	B-D PEN NEEDLE
CALIBRATION LIQUID	cholecalciferol cap 50000 unit	CLINISTIX TEST STRIP	CONCEPTROL GEL
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
FEMALE CONDOMS	ferrous sulfate elixir	FERROUS SULFATE LIQUII	ferrous sulfate soln
FERROUS SULFATE SYRUP	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER
FREESTYLE INSULIN SYRINGE	FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER
FREESTYLE LITE TEST STRIP	FREESTYLE TEST STRIP	guaifenesin/codeine syrup	HUMULIN MIX INJ
HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ
INSULIN SYRINGE	IRON SUSP	KETO-DIASTIX TEST STRIF	KETOSTIX
LANCET DEVICE	LANCET KIT	LANCETS	lansoprazole cap
levonorgestrel tab	meclizine chew tab	meclizine tab	NASACORT OTC NASAL SPRAY
niacin tab	NICORETTE CQ	NICORETTE GUM	NICORETTE LOZENGE
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NOVOFINE PEN NEEDLE	NOVOLIN INJ	NOVOTWIST PEN NEEDLE	PEN NEEDLE
PLAN B TAB	PRECISION INSULIN SYRINGE	PRECISION XTRA METER	PRECISION XTRA TEST STRIP
PREVACID OTC CAP	TODAY SPONGE	triamcinolone OTC nasal spray	vcf vaginal gel
vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT	ZEGERID CAP OTC

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

Mandatory Specialty Pharmacy (MSP) Medications

abacavir tab
abacavir/ lamivudine/ zidovudine tab
abacavir/lamivudine tab
ACTIMMUNE INJ
ADCIRCA TAB
adefovir dipivoxil tab
ADEMPAS TAB
AFINITOR DISPERZ
AFINITOR TAB
ALECENSA CAP
ALFERON-N INJ
APOKYN INJ
APTIVUS CAP
ATRIPLA TAB
AUBAGIO TAB
AVONEX INJ
bexarotene cap
BOSULIF TAB
CABOMETYX TAB
calcitriol inj
capecitabine tab
CAPRELSA TAB
CARBAGLU TAB
CAYSTON INH SOLN
CHOLBAM CAP
COMBIVIR TAB
COMETRIQ KIT
COMPLERA TAB
COPAXONE INJ 20MG/ML
COPAXONE INJ 40MG/ML
COPEGUS TAB
COSENTYX INJ
COTELLIC TAB
CRIXIVAN CAP
CYSTAGON CAP
CYSTARAN OPHTH SOLN
DAKLINZA TAB
DARAPRIM TAB
DESCOVY TAB
didanosine DR cap
EDURANT TAB
EMTRIVA CAP
EMTRIVA SOLN
ENBREL INJ 25MG
ENBREL INJ 50MG
ENBREL SURECLICK INJ 50MG
EPCLUSA TAB
EPIVIR HBV SOLN
EPIVIR HBV TAB
EPIVIR SOLN
EPIVIR TAB
EPOGEN INJ
EPZICOM TAB
ERIVEDGE CAP
ESBRIET CAP
EVOTAZ TAB
EXJADE TAB
EXTAVIA INJ
FARYDAK CAP
FERRIPROX SOLN
FERRIPROX TAB
FORTEO INJ
FUZEON INJ
GENVOYA TAB
GILENYA CAP
GILOTRIF TAB
GRANIX INJ
HARVONI TAB
HEPSERA TAB
HIZENTRA INJ
HUMIRA INJ
HUMIRA PEN INJ
HYCAMTIN CAP
IBRANCE CAP
ICLUSIG TAB
imatinib tab
IMBRUVICA CAP
INCRELEX INJ
INFERGEN INJ
INLYTA TAB
INTELENCE TAB
INTRON-A INJ
INVIRASE CAP
INVIRASE TAB
IRESSA TAB
ISENTRESS POWDER PACK
ISENTRESS TAB
JADENU TAB
JAKAFI TAB
KALETRA SOLN
KALETRA TAB
KALYDECO PAK
KALYDECO TAB
KINERET INJ
KORLYM TAB
KUVAN POWDER PACK
KUVAN TAB
lamivudine soln
lamivudine tab
lamivudine tab 100mg
lamivudine/zidovudine tab
LENVIMA CAP
LEUKINE INJ
LEXIVA SUSP
LEXIVA TAB
LYSODREN TAB
MEKINIST TAB
MESNEX TAB
MIACALCIN INJ
MYLERAN TAB
NEULASTA INJ
NEUMEGA INJ
nevirapine ER tab
NEVIRAPINE SUSP
nevirapine tab
NEXAVAR TAB
nilutamide tab
NINLARO CAP
NORDITROPIN INJ
NORVIR CAP
NORVIR SOLN
octreotide inj
ODEFSEY TAB
OFEV CAP
OPSUMIT TAB
ORENCIA CLICK INJ
ORENCIA SC INJ
ORFADIN CAP
ORKAMBI TAB
PEGASYS INJ
PEGASYS INJ KIT
PEG-INTRON INJ
PLEGRIDY INJ
PLEGRIDY PEN INJ
PREZCOBIX TAB
PREZISTA SUSP
PREZISTA TAB
PROCRIT INJ
PROMACTA TAB
PULMOZYME INH SOLN
REBETOL CAP
REBETOL SOLN
REBIF INJ
RELISTOR INJ
RELISTOR INJ KIT
REPATHA INJ

REPATHA PUSHTRONEX INJ
RESCRIPTOR TAB
RETROVIR CAP
RETROVIR SYRUP
RETROVIR TAB
REVLIMID CAP
REYATAZ CAP
REYATAZ POWDER PACK
RIBATAB
ribavirin cap
ribavirin tab
SABRIL POWDER PACK
SABRIL TAB
SANDOSTATIN INJ
SELZENTRY TAB
SIGNIFOR INJ
SIRTURO TAB
SOMATULINE INJ
SOMAVERT INJ
SOVALDI TAB
SPRYCEL TAB
stavudine cap
stavudine soln
STIVARGA TAB
STRENSIQ INJ
STRIBILD TAB
SUSTIVA CAP
SUSTIVA TAB
SUTENT CAP
SYLATRON KIT INJ
SYPRINE CAP
TAFINLAR CAP
TAGRISSO TAB
TARCEVA TAB
TARGRETIN CAP
TARGRETIN GEL
TASIGNA CAP
TECFIDERA CAP
TECFIDERA STARTER PACK
TEMODAR CAP
temozolomide cap
tetrabenazine tab
THALOMID CAP
TOBI NEB SOLN
TOBI PODHALER
tobramycin neb soln
tretinoin cap
TRIZIVIR TAB
TRUVADA TAB
TYKERB TAB
TYVASO INH SOLN
TYZEKA TAB
UPTRAVI TAB
VALCHLOR GEL
VENCLEXTA STARTER PACK
VENCLEXTA TAB
VENTAVIS INH SOLN
VIDEX EC CAP
VIDEX SOLN
VIRACEPT TAB
VIRAMUNE SUSP
VIRAMUNE TAB
VIRAMUNE XR TAB
VIREAD TAB
VITEKTA TAB
VOTRIENT TAB
XALKORI CAP
XELJANZ TAB
XELJANZ XR TAB
XELODA TAB
XTANDI CAP
XYREM SOLN
ZARXIO INJ
ZAVESCA CAP
ZELBORAF TAB
ZEPATIER TAB
ZERIT CAP
ZERIT SOLN
ZIAGEN TAB
zidovudine cap
zidovudine syrup
zidovudine tab
ZINBRYTA INJ
ZOLINZA CAP
ZYDELIG TAB
ZYTIGA TAB

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ADRENACLICK/EPINEPHRINE INJ	QL= 2 inj/fill; Step Therapy requires trial of EPINEPHRINE PEN (MYLAN)
ALAMAST OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALOCRIL OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALOMIDE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
APIDRA INJ	Step Therapy requires trial of NOVOLOG
APIDRA SOLOSTAR INJ	Step Therapy requires trial of NOVOLOG
ARANESP INJ	Step Therapy requires trial of EPOGEN or PROCRIT
ARCAPTA NEOHALER	Step Therapy requires trial of Foradil or Serevent
ARICEPT TAB 23MG	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
ATELVIA TAB	Step Therapy requires trial of alendronate
AUVI-Q INJ	QL= 2 inj/fill; Step Therapy requires trial of EPINEPHRINE PEN (MYLAN)
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX
BEPREVE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BESIVANCE OPHTH SUSP	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
BONIVA TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
budesonide nasal spray	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX
DESVENLAFAXINE ER TAB	Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
EDARBI TAB	Step therapy requires trial of losartan (hctz)
EDARBYCLOR TAB	Step Therapy requires trial of losartan (hctz)
EMADINE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
EXTAVIA INJ	Step Therapy requires trial of 2: AVONEX, COPAXONE, or PLEGRIDY; Product is mandated through Dean Clinic Specialty Pharmacy
fluvoxamine ER cap	Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
gatifloxacin ophth soln	QL= 2 bottles/fill; Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin o VIGAMOX/MOXEZA
HUMALOG INJ	Step Therapy requires trial of NOVOLOG
HUMALOG KWIKPEN INJ	Step Therapy requires trial of NOVOLOG
HUMALOG MIX INJ	Step Therapy requires trial of NOVOLOG

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
HUMALOG MIX KWIKPEN INJ	Step Therapy requires trial of NOVOLOG
HUMALOG PEN INJ	Step Therapy requires trial of NOVOLOG
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
ibandronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
KHEDEZLA ER TAB	Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
LASTACAFT OPHTH SOLN	QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
LEVALBUTEROL/XOPENEX HFA INHALE	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
LUVOX CR CAP	Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
METROGEL 1%	Step Therapy requires trial of FINACEA
NAMZARIC CAP	Step Therapy requires trial of donepezil and memantine
NAMZARIC STARTER PACK	Step Therapy requires trial of donepezil and memantine
nevirapine ER tab	Step Therapy requires trial of nevirapine; Product is mandated through Dean Clinic Specialty Pharmacy
NORITATE CREAM	Step Therapy requires trial of FINACEA
OMNARIS NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX
paliperidone ER tab	Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine
PANCREAZE CAP	Step Therapy requires trial of CREON
PANCRELIPASE CAP	Step Therapy requires trial of CREON
PATADAY OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
PEGASYS INJ	Step Therapy requires trial of PEG-INTRON; Product is mandated through Dean Clir Specialty Pharmacy
PEGASYS INJ KIT	Step Therapy requires trial of PEG-INTRON; Product is mandated through Dean Clir Specialty Pharmacy
PENTASA CAP	Step Therapy requires trial of ASACOL (HD), DELZICOL, or LIALDA
PERTZYE CAP	Step Therapy requires trial of CREON
PEXEVA TAB	Step Therapy requires trial of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
PREPOPIK PAK	Step Therapy requires trial of MOVIPREP
PRISTIQ TAB	Step Therapy requires trial of citalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
QNASL NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
risedronate DR tab	Step Therapy requires trial of alendronate
RYTARY CAP	Step Therapy requires trial of carbidopa/levodopa ER
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	Step Therapy requires trial of inhaled corticosteroid
SUPREP SOLN	Step therapy requires trial of MOVIPREP
ULORIC TAB	Step Therapy requires trial of allopurinol
ULTRESA CAP	Step Therapy requires trial of CREON
VANCOCIN CAP	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln
VERAMYST NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX
VIRAMUNE XR TAB	Step Therapy requires trial of nevirapine; Product is mandated through Dean Clinic Specialty Pharmacy
XARTEMIS XR TAB	Step Therapy requires trial of NUCYNTA ER and OXYCONTIN
ZENPEP CAP	Step Therapy requires trial of CREON
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or NASONEX
ZIOPTAN OPHTH SOLN	QL= 1 bottle/day; Step Therapy requires trial of latanoprost
ZYMAXID OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin o VIGAMOX/MOXEZA

Prime 4-Tier Formulary
Smoking Cessation Agents
Last Updated* 1/2/2017

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	$0
CHANTIX PAK(Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	$0
CHANTIX TAB(Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	$0
NICORETTE CQ(Limited to 180 days/calendar year; Covered if enrolled in "Quit Life Program" call 866-784-8454)	$0
NICORETTE GUM(Limited to 180 days/calendar year; Covered if enrolled in "Qu for Life Program" call 866-784-8454)	$0
NICORETTE LOZENGE(Limited to 180 days/calendar year; Covered if enrolled i "Quit for Life Program" call 866-784-8454)	$0
nicotine gum(Limited to 180 days/calendar year; Covered if enrolled in "Quit for L Program" call 866-784-8454)	$0
NICOTINE KIT(Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	$0
nicotine lozenge(Limited to 180 days/calendar year; Covered if enrolled in "Quit f Life Program" call 866-784-8454)	$0
nicotine patch(Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	$0
NICOTROL INHALER(Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454)	$0
NICOTROL NASAL SPRAY(Limited to 180 days/calendar year; Covered if enroll in "Quit for Life Program" call 866-784-8454)	$0
ZYBAN TAB(Limited to 180 days/calendar year; Covered if enrolled in "Quit for L Program" call 866-784-8454)	$0

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

Drug Name	Tier # for Drug Copay
leuprolide inj	4
LUPRON DEPOT INJ	4
LUPRON DEPOT PED INJ	4
LUPRON DEPOT-PED INJ	4

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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL= 2 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACANYA/ONEXTON GEL	QL= 50gm/fill
acetic acid otic soln	QL= 2 bottles/fill
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	QL= 2 bottles/fill
acetic acid/hydrocoritisone otic soln	QL= 2 bottles/fill
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTIQ LOZENGE	QL= 120 units/30 days
ACULAR (LS) OPHTH SOLN	QL= 2 bottles/fill
ACUVAIL OPHTH SOLN	QL= 2 bottles/fill
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
ADRENACLICK/EPINEPHRINE INJ	QL= 2 inj/fill; Step Therapy requires trial of EPINEPHRINE PEN (MYLAN)
AFINITOR DISPERZ	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy
AFINITOR TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALAMAST OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALCAINE OPHTH SOLN	QL= 2 bottles/fill
ALECENSA CAP	QL= 8 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ALOCRIL OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALOMIDE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALPHAGAN P OPHTH SOLN	QL= 2 bottles/fill
ALPHAGAN P OPHTH SOLN 0.1%	QL= 2 bottles/fill
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP	QL= 2 bottles/fill
ALSUMA INJ	QL= 4 inj/fill, 2 fills/30 days
AMBIEN TAB 10MG	Male QL= 1 tab/day; Female QL= 0.5 tab/day
AMBIEN TAB 5MG	QL= 1 tab/day
AMERGE TAB	QL= 9 tabs/fill, 2 fills/30 days
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1% 25MG	QL= 1 packet/day
ANDROGEL 1% 50MG	QL= 2 packets/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1%	QL= 4 bottles/30 days
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
antipyrine/ benzocaine/ polycosanol otic soln	QL= 2 bottles/fill
ANZEMET TAB	QL= 9 tabs/fill
apraclonidine ophth soln	QL= 2 bottles/fill
ARICEPT ODT	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ARICEPT TAB	QL= 2 tabs/day
ARICEPT TAB 23MG	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
ASMANEX HFA INHALER	QL= 2 inhalers/fill
ASMANEX INHALER	QL= 2 inhalers/fill
ASTELIN/ASTEPRO NASAL SPRAY	QL= 2 bottles/fill
atropine ophth oint	QL= 2 bottles/fill
atropine ophth soln	QL= 2 bottles/fill
ATROVENT HFA INHALER	QL= 2 inhalers/fill
AUBAGIO TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy
AURALGAN OTIC SOLN	QL= 2 bottles/fill
AUVI-Q INJ	QL= 2 inj/fill; Step Therapy requires trial of EPINEPHRINE PEN (MYLAN)
AVINZA CAP	QL= 2 caps/day
AXERT TAB	QL= 9 tabs/fill, 2 fills/30 days
AZASITE SOLN	QL= 2 bottles/fill
azelastine nasal spray	QL= 2 bottles/fill
azelastine ophth soln	QL= 2 bottles/fill
AZOPT OPHTH SUSP	QL= 2 bottles/fill
BACITRACIN OPHTH OINT	QL= 2 bottles/fill
bacitracin/ neomycin/ polymyxin b ophth oint	QL= 2 bottles/fill
bacitracin/ polymyxin b ophth oint	QL= 2 bottles/fill
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint	QL= 2 bottles/fill
BARACLUDE TAB	QL= 1 tab/day
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or NASONEX
BENZACLIN GEL	QL= 50gm/fill
BEPREVE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BETAGAN OPHTH SOLN	QL= 2 bottles/fill
betaxolol ophth soln	QL= 2 bottles/fill
BETIMOL OPHTH SOLN	QL= 2 bottles/fill
BETOPTIC-S OPHTH SOLN	QL= 2 bottles/fill
BLEPH-10 OPHTH SOLN	QL= 2 bottles/fill
BLEPHAMIDE OPHTH SOLN	QL= 2 bottles/fill
BLEPHAMIDE S.O.P. OPHTH OINT	QL= 2 bottles/fill
BONIVA TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
brimonidine ophth soln	QL= 2 bottles/fill
bromfenac ophth soln	QL= 2 bottles/fill
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	QL= 2 bottles/fill
budesonide nasal spray	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or NASONEX

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bupropion SR tab	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH	QL= 4 patches/28 days
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
CABOMETYX TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy
carteolol ophth soln	QL= 2 bottles/fill
CELEBREX CAP	QL= 2 caps/day
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
CHANTIX TAB	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
CILOXAN OPHTH OINT	QL= 2 bottles/fill
CILOXAN OPHTH SOLN	QL= 2 bottles/fill
CIMZIA INJ	QL= 2 inj/28 days
CIPRO HC OTIC SUSP	QL= 2 bottles/fill
CIPRODEX OTIC SUSP	QL= 2 bottles/fill
ciprofloxacin ophth soln	QL= 2 bottles/fill
clindamycin/benzoyl peroxide gel	QL= 50gm/fill
COLY-MYCIN S OTIC SUSP	QL= 2 bottles/fill
COMBIGAN OPHTH SOLN	QL= 2 bottles/fill
COMBIVENT INHALER	QL= 2 inhalers/fill
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/fill
CORTANE-B AQUEOUS OTIC SOLN	QL= 2 bottles/fill
CORTANE-B OTIC SOLN	QL= 2 bottles/fill
CORTISPORIN OPHTH SOLN	QL= 2 bottles/fill
CORTISPORIN OTIC SOLN	QL= 2 bottles/fill
COSENTYX INJ	QL= 2 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy
COSOPT OPHTH SOLN	QL= 2 bottles/fill
COSOPT PF OPHTH SOLN	QL= 60 units/30 days
COTELLIC TAB	QL= 3 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy
CROLOM OPHTH SOLN	QL= 2 bottles/fill
cromolyn ophth soln	QL= 2 bottles/fill
CYCLOGYL OPHTH SOLN	QL= 2 bottles/fill
CYCLOMYDRIL OPHTH SOLN	QL= 2 bottles/fill
cyclopentolate ophth soln	QL= 2 bottles/fill
CYMBALTA CAP	QL= 2 caps/day
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
DAKLINZA TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DERMOTIC OIL	QL= 2 bottles/fill
dexamethasone ophth soln	QL= 2 bottles/fill
DEXILANT CAP	QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazo

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
diclofenac gel 1%	QL= 5 tubes/fill
diclofenac sodium ophth soln	QL= 2 bottles/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
dorzolamide ophth soln	QL= 2 bottles/fill
dorzolamide/ timolol ophth soln	QL= 2 bottles/fill
duloxetine EC cap	QL= 2 caps/day
DUREZOL OPHTH EMULSION	QL= 2 bottles/fill
ELESTAT OPHTH SOLN	QL= 2 bottles/fill
EMADINE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
EMEND CAP	QL= 3 caps/fill; Restricted to Oncology or Anesthesiology Specialist
EMEND PAK	QL= 3 caps/fill; Restricted to Oncology or Anesthesiology Specialist
ENBREL INJ 25MG	QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Product is mandated through Dean Clinic Specialty
ENBREL INJ 50MG	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Mandated through Dean Clinic Specialty Pharmacy
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist; Mandated through Dean Clinic Specialty Pharmacy
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty
epinastine opthth soln	QL= 2 bottles/fill
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 2 inj/fill
EPINEPHRINE PEN INJ 0.3MG (MYLAN)	QL= 2 inj/fill
EPIPEN INJ	QL= 2 inj/fill
EPIPEN-JR INJ	QL= 2 inj/fill
erythromycin ophth oint	QL= 2 bottles/fill
ESBRIET CAP	QL= 9 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy
eszopiclone tab	QL= 1 tab/day
FANAPT TAB	QL= 2 tabs/day
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days; Product is mandated through Dean Clinic Specialty Pharmacy
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB	QL= 120 tabs/30 days
FETZIMA CAP	QL= 1 cap/day
FETZIMA TITRATION PACK	QL= 1 cap/day
FLAREX OPHTH SUSP	QL= 2 bottles/fill
FLECTOR PATCH	QL= 30 patches/fill
FLOVENT DISKUS INHALER	QL= 1 inhaler/fill
FLOVENT HFA INHALER	QL= 2 inhalers/fill
flunisolide nasal spray	QL= 2 bottles/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
fluocinolone otic oil	QL= 2 bottles/fill
fluorometholone ophth soln	QL= 2 bottles/fill
flurbiprofen ophth soln	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FML FORTE OPHTH SUSP	QL= 2 bottles/fill
FML LIQUIFLIM OPHTH SUSP	QL= 2 bottles/fill
FML S.O.P. OPHTH OINT	QL= 2 bottles/fill
FORADIL AEROLIZER	QL= 2 inhalers/fill
FROVA TAB	QL= 9 tabs/fill, 2 fills/30 days
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
gatifloxacin ophth soln	QL= 2 bottles/fill; Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
gentamicin ophth oint	QL= 2 bottles/fill
gentamicin ophth soln	QL= 2 bottles/fill
GILENYA CAP	QL= 1 tab/day; Product mandated through Dean Clinic Specialty Pharmacy
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLYXAMBI TAB	QL= 1 tab/day
granisetron tab	QL= 9 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
guaifenesin/codeine syrup	QL= 240ml/fill
HARVONI TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy.
homatropine ophth soln	QL= 2 bottles/fill
HUMIRA INJ	QL= 2 inj/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist; Mandated through Dean Clinic Specialty Pharmacy
HUMIRA PEN INJ	QL= 2 inj/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist; Mandated through Dean Clinic Specialty Pharmacy
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill; 2 fills/30 days
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
IBRANCE CAP	QL= 21 caps/28 days; Product is mandated through Dean Clinic Specialty Pharmacy
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB	QL= 9 tabs/fill, 2 fills/30 days
IMITREX VIAL INJ	QL= 5 inj/fill, 2 fills/30 days
INLYTA TAB	QL= 8 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy
INVOKAMET TAB	QL= 2 tabs/day
INVOKANA TAB	QL= 1 tab/day
IOPIDINE OPHTH SOLN	QL= 2 bottles/fill
IOPIDINE OPHTH SOLN 1%	QL= 2 bottles/fill
ISOPTO ATROPINE OPHTH SOLN	QL= 2 bottles/fill
ISOPTO CARBACHOL OPHTH SOLN	QL= 2 bottles/fill
ISOPTO CARPINE OPHTH SOLN	QL= 2 bottles/fill
ISOPTO HOMATROPINE OPHTH SOLN 2%	QL= 2 bottles/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ISOPTO HOMATROPINE OPHTH SOLN 5%	QL= 2 bottles/fill
ISOPTO HYOSCINE OPHTH SOLN	QL= 2 bottles/fill
ISTALOL OPHTH SOLN	QL= 2 bottles/fill
JAKAFI TAB	QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
KALYDECO PAK	QL= 2 packets/day; Product is mandated through Dean Clinic Specialty Pharmacy
KALYDECO TAB	QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy
KAZANO/ALOGLIPTIN-METFORMIN TAB	QL= 2 tabs/day
ketorolac ophth soln	QL= 10ml/fill
ketorolac tab	QL= 20 tabs/5 days
ketotifen ophth soln	QL= 2 bottles/fill
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-0644
KOMBIGLYZE XR TAB	QL= 2 tabs/day
KYTRIL TAB	QL= 9 tabs/fill
LACRISERT OPHTH INSERT	QL= 60 units/fill
LASTACAFT OPHTH SOLN	QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LETAIRIS TAB	QL= 1 tab/day
LEVALBUTEROL/XOPENEX HFA INHALE	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
levobunolol ophth soln	QL= 2 bottles/fill
levofloxacin ophth soln	QL= 2 bottles/fill
lidocaine patch	QL= 3 patches/day
LIDODERM PATCH	QL= 3 patches/day
LOTEMAX OPHTH GEL	QL= 2 bottles/fill
LOTEMAX OPHTH OINT	QL= 2 tubes/fill
LOVENOX INJ	QL= 17 days supply
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUNESTA TAB	QL= 1 tab/day
malathion lotion	QL= 2 bottles/fill
MAXALT MLT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXIDEX OPHTH SOLN	QL= 2 bottles/fill
MAXITROL OPHTH OINT	QL= 2 bottles/fill
MAXITROL OPHTH SUSP	QL= 2 bottles/fill
medroxyprogesterone inj	QL= 1 inj/90 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
METHERGINE TAB	QL= 28 tabs/fill, 1 fill/365 days
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
METIPRANOLOL OPHTH SOLN	QL= 2 bottles/fill
MIGRANAL/ DIHYDROERGOTAMINE SPRAY	QL= 8 sprays/fill
modafinil tab	QL= 2 tabs/day
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MOVIPREP SOLN	QL= 1 bottle/fill
MOXEZA OPHTH SOLN/ VIGAMOX OPHT SOLN	QL= 2 bottles/fill
MYDFRIN OPHTH SOLN	QL= 2 bottles/fill
MYDRIACYL OPHTH SOLN	QL= 2 bottles/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NARCAN NASAL SPRAY	QL= 2 packages/year
NASACORT AQ NASAL SPRAY	QL= 2 bottles/fill
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NASONEX NASAL SPRAY	QL= 2 bottles/fill
NATROBA SUSP	QL= 1 bottle/fill
neomycin/ polymyxin b/ gramicidin ophth soln	QL= 2 bottles/fill
neomycin/ polymyxin/ dexamethasone ophth oint	QL= 2 bottles/fill
neomycin/ polymyxin/ dexamethasone ophth soln	QL= 2 bottles/fill
neomycin/ polymyxin/ hydrocortisone ophth soln	QL= 2 bottles/fill
neomycin/polymixin/hydrocoritisone otic soln	QL= 2 bottles/fill
neomycin/polymixin/hydrocoritisone otic susp	QL= 2 bottles/fill
NEOSPORIN OPHTH SOLN	QL= 2 bottles/fill
NESINA/ALOGLIPTIN TAB	QL= 1 tab/day
NEVANAC OPHTH SUSP	QL= 2 bottles/fill
NICORETTE CQ	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
NICORETTE GUM	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
NICORETTE LOZENGE	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
nicotine gum	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
NICOTINE KIT	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
nicotine lozenge	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
nicotine patch	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
NICOTROL INHALER	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
NICOTROL NASAL SPRAY	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
NUCYNTA ER TAB	QL= 2 tabs/day
NUEDEXTA CAP	QL= 2 caps/day
OCUFEN OPHTH SOLN	QL= 2 bottles/fill
OCUFLOX OPHTH SOLN	QL= 2 bottles/fill
OFEV CAP	QL= 2 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy
ofloxacin ophth soln	QL= 2 bottles/fill
ofloxacin otic soln	QL= 2 bottles/fill
olopatadine ophth soln	QL= 2 bottles/fill
omedia otic soln	QL= 2 bottles/fill
OMNARIS NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or NASONEX
ONGLYZA TAB	QL= 1 tab/day
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
OPTIVAR OPHTH SOLN	QL= 2 bottles/fill
ORENCIA CLICK INJ	QL= 4 inj/28 days; Product is mandated through Dean Clinic Specialty
ORENCIA SC INJ	QL= 4 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy
ORKAMBI TAB	QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
OSENI/ALOGLIPTIN-PIOGLITAZONE TAB	QL= 1 tab/day
otomax-HC otic soln	QL= 2 bottles/fill
OTOZIN OTIC DROPS	QL= 2 bottles/fill
OVIDE LOTION	QL= 2 bottles/fill
oxybutynin ER tab	QL= 2 tabs/day
OXYCONTIN CR TAB	QL= 120 tabs/30 days
PATADAY OPHTH SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
PATANOL OPHTH SOLN	QL= 2 bottles/fill
peg 3350/electrolytes soln	Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
phenylephrine ophth soln	QL= 2 bottles/fill
PHOSPHOLINE OPHTH SOLN	QL= 2 bottles/fill
PICATO GEL	QL= 1 box/fill
pilocarpine ophth soln	QL= 2 bottles/fill
PILOPINE HS OPHTH GEL	QL= 2 bottles/fill
polymyxin b/ trimethoprim ophth soln	QL= 2 bottles/fill
POLYTRIM OPHTH SOLN	QL= 2 bottles/fill
POTIGA TAB	QL= 3 tabs/day
POTIGA TAB 50MG	QL= 9 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
pramoxine-HC AQ otic soln	QL= 2 bottles/fill
PRED FORTE OPHTH SUSP	QL= 2 bottles/fill
PRED MILD OPHTH SOLN	QL= 2 bottles/fill
PRED-G OPHTH SOLN	QL= 2 bottles/fill
prednisolone ophth soln	QL= 2 bottles/fill
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	QL= 2 bottles/fill
PROLENSA OPHTH SOLN	QL= 2 bottles/fill
proparacaine ophth soln	QL= 2 bottles/fill
PROVIGIL TAB	QL= 2 tabs/day
QNASL NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or NASONEX
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
RELPAX TAB	QL= 9 tabs/fill, 2 fills/30 days
REPATHA INJ	QL= 2 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy
RESTASIS OPHTH EMULSION	QL= 60 unit dose vials/fill; Restricted to Optometry or Opthamology Specialist
REVLIMID CAP	QL= 1 tab/day; Restricted to Oncology or Hematology Specialist; Product is mandated through Dean Clinic Specialty Pharmacy
RHINOCORT AQUA NASAL SPRAY	QL= 2 bottles/fill
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
ROZEREM TAB	QL= 1 tab/day
SANCUSO PATCH	QL= 4 patches/fill
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/fill
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIMBRINZA OPHTH SUSP	QL= 2 bottles/fill
SIMPONI INJ	QL= 1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKLICE LOTION	QL= 1 tube/fill
SOVALDI TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy
SPINOSAD SUSP	QL= 1 bottle/fill
STIVARGA TAB	QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy
STRATTERA CAP	QL= 2 caps/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sulfacetamide sodium ophth soln	QL= 2 bottles/fill
sulfacetamide sodium/ prednisolone ophth soln	QL= 2 bottles/fill
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SUMAVEL DOSEPRO INJ	QL= 6 inj/fill, 2 fills/30 days
SYNJARDY TAB	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy
TAGRISSO TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	QL= 20 caps/fill
TAMIFLU SUSP 6MG/ML	QL= 250ml/fill
TESTIM GEL/ TESTOSTERONE GEL	QL= 2 packets/day
testosterone gel 1% 25mg	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
timolol maleate ophth gel	QL= 2 bottles/fill
timolol maleate ophth soln	QL= 2 bottles/fill
TIMOPTIC OCUDOSE OPHTH SOLN	QL= 2 bottles/fill
TIMOPTIC OPHTH SOLN	QL= 2 bottles/fill
TIMOPTIC-XE OPHTH GEL	QL= 2 bottles/fill
TIVICAY TAB	QL= 2 tabs/day
TOBRADEX OPHTH OINT	QL= 2 bottles/fill
TOBRADEX OPHTH SOLN	QL= 2 bottles/fill
TOBRADEX ST OPHTH SUSP	QL= 2 bottles/fill
tobramycin ophth soln	QL= 2 bottles/fill
tobramycin/ dexamethasone ophth soln	QL= 2 bottles/fill
TOBREX OPHTH OINT	QL= 2 bottles/fill
TOBREX OPHTH SOLN	QL= 2 bottles/fill
TRACLEER TAB	QL= 2 tabs/day
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z OPHTH SOLN	QL= 5ml/30 days
TREAGAN OTIC	QL= 2 bottles/fill
triamcinolone nasal spray	QL= 2 bottles/fill
triamcinolone OTC nasal spray	QL= 2 bottles/fill
trifluridine ophth soln	QL= 2 bottles/fill
trilyte soln	Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
TRINTELLIX TAB	QL= 1 tab/day
tropicamide ophth soln	QL= 2 bottles/fill
TRUSOPT OPHTH SOLN	QL= 2 bottles/fill
TUSSICAPS	QL= 20 caps/fill, 2 fills/30 days
TUSSIONEX SUSP	QL= 120ml/fill; 2 fills/30 days
TUSSI-ORGANI SYRUP	QL= 240ml/fill
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376
UCERIS TAB	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VAGIFEM TAB	QL= 8 tabs/28 days (18 tabs on first fill)
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376
VANCOCIN CAP	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
VERAMYST NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or NASONEX
VEXOL OPHTH SUSP	QL= 2 bottles/fill
V-GO INJ KIT	QL= 1 kit/day
VIAGRA TAB	QL= 4 tabs/30 days
VICTOZA INJ	QL= 9ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIROPTIC OPHTH SOLN	QL= 2 bottles/fill
VIVOTIF CAP	QL= 4 caps/fill
VOLTAREN OPTH SOLN	QL= 2 bottles/fill
VOSOL HC OTIC SOLN	QL= 2 bottles/fill
VOSOL OTIC SOLN	QL= 2 bottles/fill
VYTORIN TAB	QL= 1 tab/day (10/80mg is Not Covered)
XALATAN OPHTH SOLN	QL= 2.5ml/30 days
XELJANZ TAB	QL= 2 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy.
XELJANZ XR TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XTANDI CAP	QL= 4 caps/day; Product is mandated through Dean Clinic Specialty Pharmacy
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
yuvafem tab	QL= 8 tabs/28 days (18 tabs on first fill)
ZEPATIER TAB	QL= 1 tab/day; Product is mandated through Dean Clinic Specialty Pharmacy
ZETIA TAB	QL= 1 tab/day
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or NASONEX
ZINBRYTA INJ	QL= 1 inj/28 days; Product is mandated through Dean Clinic Specialty Pharmacy
ZIOPTAN OPHTH SOLN	QL= 1 bottle/day; Step Therapy requires trial of latanoprost
ZIRGAN OPHTH GEL	QL= 2 bottles/fill
zolmitriptan 5mg tab	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolpidem tab 10mg	Male QL= 1 tab/day; Female QL= 0.5 tab/day
zolpidem tab 5mg	QL= 1 tab/day
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOMIG TAB	QL= 9 tabs/fill, 2 fills/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZOMIG ZMT	QL= 9 tabs/fill, 2 fills/30 days
ZUTRIPRO LIQUID	QL= 120ml/fill, 2 fills/30 days
ZYBAN TAB	Limited to 180 days/calendar year; Covered if enrolled in "Quit for Life Program" call 866-784-8454
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYMAXID OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
ZYTIGA TAB	QL= 4 tabs/day; Product is mandated through Dean Clinic Specialty Pharmacy