

**TRS-ActiveCare  
Prescription Drug Formulary**

**2018-2019**





## List of Covered Drugs

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE MEDICATIONS COVERED BY THIS PLAN**

**Note to existing members:** This formulary may have changed since last quarter. Please review this document to make sure that it still contains the medications you take.

## Dear Member:

We are pleased to present you with the 2018-2019 FirstCare 5-Tier Formulary. This document is intended to assist you to better understand your pharmacy coverage.

Knowing your pharmacy benefit and effective use of the Drug List will help you be engaged in your treatment options and health. This document will help you get answers to these questions:

- (1) What **medications are covered** for my condition?
- (2) What is my **lower cost option** medication in the same therapy group of drugs?
- (3) How is this **formulary developed** to ensure I have the best products?
- (4) What can I do if the **medication I need is not covered**?
- (5) Why do I need to obtain an approval (**prior authorization**) to get what my doctor ordered?

## Where Can I Find My Covered Drugs?

A formulary is a list of brand and generic drugs which are covered by your plan as part of your health benefit.

The formulary is a good source for you and your doctor to determine the best drug for your condition, at the lowest out-of-pocket expense to you.

You can obtain your pharmacy information by visiting our website: [www.firstcare.com/en/TRS/Pharmacy-Drugs/Drug-Lists-Benefit-Forms](http://www.firstcare.com/en/TRS/Pharmacy-Drugs/Drug-Lists-Benefit-Forms)

## How Is The Formulary Developed?

FirstCare Health Plans Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs and new information on existing drugs available in the market. The Committee consists of licensed nurses, pharmacists, and physicians, including those employed by FirstCare Health Plans as well as those currently practicing in the community.

The task of the Committee is to review scientific evidence balancing the effectiveness and side effects of the drugs—determining appropriateness on the formulary. The Committee's review, recommendations, and approval are based on

information presented through peer-reviewed journals and national best-practice guidelines. These evidence-based outcomes may come from private parties (e.g., pharmaceutical companies) or public parties (e.g., government and/or medical associations).

Once the Committee has completed their clinical reviews, the Committee will look at the overall value of the drug (including costs and current coverages) before deciding its outcome on the formulary. The committee

may make a decision to (1) add/remove a drug, (2) Tier placement, and (3) add/remove utilization management (UM) rules such as step therapy (ST), quantity limits (QL), prior authorization (PA). The committee may also choose to place drug(s) on the Exclusion List, which means the reviewed drug will no longer be covered on the formulary.

All committee members are bound by a non-conflict agreement which requires members to notify the committee if there are financial stake that may affect their decisions.

## How Will I Know of Formulary Changes?

Formularies may change quarterly: January, April, July, and October. However, changes may also occur in between sessions due to special circumstances (e.g., FDA recall of drugs from the market).

For negative changes, members may also be notified of the change via mail or phone if it affects you. Negative changes include: drug removal, implementing prior authorization, quantity limits and/or step therapy restrictions, or moving a drug to a higher cost-sharing tier. This notification will provide you a transition period to provide you time to discuss care options with your doctor.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

It is good practice to refer to your Formulary when making decisions for your medication use. Changes to the formulary are updated on our website: [www.firstcare.com/en/TRS/Pharmacy-Drugs/Drug-Lists-Benefit-Forms](http://www.firstcare.com/en/TRS/Pharmacy-Drugs/Drug-Lists-Benefit-Forms). Please refer to the *Drug Coverage List Changes*.

## What Do I Need To Know About the Formulary?

Knowing how to use your formulary may prevent some delays that may occur as you fill your prescription drug. Examples that may delay access to your medication may include:

- (1) Rejections at the pharmacy due to Drug Not Covered, Prior Authorization required, Step Therapy
- (2) High Co-payment: If your prescription drug falls in the higher cost tier, upon discovering your copay at the pharmacy, you may want to have your doctor change your prescription drug to a lower cost alternative. Knowing your options before getting the prescription will help avoid that delay by asking your doctor for the lowest cost option

for that condition. The lower Tiers have the lower out-of-pocket expense.

The FirstCare Formulary will tell you which drugs are covered, and what cost Tier each belongs to.

The formulary is presented by:

- (1) **Alphabetical order** by the product name
- (2) **Therapeutic Group:** This listing is a great option when you are looking for lower out-of-pocket costs for alternatives within the treatment group. *For example, drugs used to treat high blood sugar are listed under the category "ANTIDIABETICS", and subcategory "INSULIN SENSITIZING AGENTS" you will see AVANDIA (Tier 3), ACTOS (Tier 4), pioglitazone (Tier 2) in its corresponding Tiers.*

Generic drugs are listed in small letters, and Brand drugs are listed in CAPITALS.

FirstCare covers both BRAND and generic drugs.

**Brand Drug:** A brand name drug is a drug marketed under a proprietary, trademark-protected name. It is typically used to refer to the originator brand.

**Generic Drug:** A generic drug is a chemically equivalent, lower-cost version of the brand originator drug. Generics are the same as those brand name drugs in: dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.

"Health care professionals and consumers can be assured that FDA approved generic drug products have met the same rigid standards as the innovator drug. All generic drugs approved by FDA have the same high quality, strength, purity and stability as brand-name drugs. And, the generic manufacturing, packaging, and testing sites must pass the same quality standards as those of brand name drugs." *U.S. Food Drug and Administration (FDA)*

**Branded Generic Drug:** A branded generic is a drug that is bioequivalent to the originator product, but is now marketed under another company's brand name. These drugs must also meet the same standards and guidelines required by the FDA.

**Specialty Drug:** Specialty Drugs are used to treat complex or rare conditions that require higher-touch care and management; examples of these conditions include: Rheumatoid Arthritis, Hepatitis, Cancer, etc.

## Why do some drugs require Prior Authorization or Pre-certification?

Drug coverage review is used to encourage appropriate and cost-effective use of prescription drugs by allowing coverage only when certain conditions are met.

Some reasons for pre-certification may include:

- Compliance with dosing guidelines
- Avoid duplicate therapies
- Help health care providers check medically accepted criteria that helps ensure high efficacy and low side effects

FirstCare implements approval criteria based on FDA-approved labelling, national guidelines, best-practices and manufacturer cost/rebates arrangements.

**Clinical Prior Authorization (PA):** This edit is clinically based, and looks at requirements such as appropriateness of indication, age, dose, lab values, and others for that specific prescription drug.

**Quantity Limits (QL):** For certain a drug, FirstCare limits the quantity and dosing to be consistent with recommendations of the U.S. Food & Drug Administration (FDA). The quantity limit program includes:

**Dose Efficiency Edits** – Limit coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.

**Maximum Daily Dose** – A message is sent to the pharmacy if a prescription is less than the minimum or higher than the maximum allowed dose.

**Quantity Limits Over Time** – Limit coverage of prescriptions to a specific number of units in a defined amount of time.

**Step Therapy (ST):** This drug coverage review promotes the appropriate use of equally effective but lower-cost drugs first. Prerequisite drugs are FDA-approved and treat the same condition as the corresponding step therapy drugs.

**Some pre-certification processes are automated:** Where we have your complete information for review in our system, the Prior Authorization approvals are automated at the pharmacy, and you will have no delays in access.

When the information we have for you does not meet approval criteria, your pharmacy may notify your doctor of the rejection and PA requirement. In which case, your doctor may choose to either make changes to obtain coverage for a similar drug, OR request for a prior approval of that specific drug.

The most common automated PA is the Step Therapy requirement, where the pharmacy system checks for previously filled drug that meets requirement for tried/failed first step drug (generally the clinically comparable generic or brand drug).

Coverage determinations will be provided to you via mail within 72 hours from time of request for the first-level of determination (or within 24 hours for expedited requests). If approved, the corresponding Tier co-

payment will apply for that specific drug. If denied, you may still fill the prescribed drug, but you will have to pay for the complete cost of the drug.

Our Pharmacy Benefit Manager (Navitus Health Solutions) performs our initial pre-certification drug reviews.

## What Can I Expect To Pay?

What you expect to pay depends on the type of drugs your doctor ordered for you. Each drug is placed in a Tier (or Level); different tiers represent the different levels of payment for covered medications.

Tier structures are developed to encourage you to use quality products at the most cost-effective option to you. The lower cost option does not represent a lower quality product. Rather it is the best cost option considering covered products within that treatment category. You can be assured that drugs provided through your pharmacy benefit has been through rigorous processes to be approved by the FDA.

- **Tier 1:** This tier represents lowest out-of-pocket expense. This tier includes **select generics** and may also include the **Affordable Care Act preventative medications**.
- **Tier 2:** This tier represents the next lowest out-of-pocket expense. This tier generally includes **preferred generics**, but may also include **select brands**.
- **Tier 3:** This tier represents a moderate out-of-pocket expense. This tier includes **preferred brands** and **non-preferred generics** (typically have similar alternatives at a lower tier level).
- **Tier 4:** This Tier represents the highest out-of-pocket expense for traditional medications. This tier includes **non-preferred brands** and **non-preferred branded generics**.
- **Tier 5:** This tier is reserved for **Specialty Medications/Injectables**. For plans with a flat rate co-pay structure, this is the highest cost tier. However, for plans with a percent co-share structure, your out-of-pocket is dependent on the medication cost. With this latter option costs may range from less than Tier 2 or higher than Tier 4, depending on the ordered drug. However, drug cost in this tier is typically high due to its complexity.

**Generics First Requirement:** Your plan encourages you to choose a generic drug over a branded drug to help reduce what you pay for overall health benefit. This means that if you choose to fill a BRAND drug where its generic equivalent is available, you will have to pay your **standard generic copay PLUS the difference in cost between the brand and generic drug**.

For your EXACT costs, please consult your Plan Design and Benefits summary (this should be in your enrollment kit).

You may also visit [my.firstcare.com/Portal/](http://my.firstcare.com/Portal/) and log in to your member portal, or call the FirstCare Customer Service line on your member ID card.

## Why Are There Generics In Different Tiers?

With the increases in availability of high cost specialty drugs and slowed developments of new active ingredients in the traditional drugs, some older drugs have been reformulated to create a new brand drug, or some generics have been rebranded by other companies to offer the same active ingredient drugs at a higher cost than previous generics.

Although our tier structure still remains with **most generics** in the lower cost tiers, the high cost generics with lower cost alternatives may be moved to the higher cost tiers to encourage you to use the more cost-effective options.

Generics have long been introduced in different Tier Levels within the industry, FirstCare will follow suit with industry trends to make your drug choices more affordable.

## Saving on Prescriptions

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

- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs, and whether the generic drug is right for you.
- Ask your doctor to consider prescribing drugs that are on the FirstCare Formulary.
- Check to see if your plan includes our mail-order pharmacy service. Depending upon your plan, mail order may save you money.

## What If A Drug Is Not On The Formulary?

To avoid delays in access to your treatment, your doctor may check the formulary to prescribe a covered drug that is best for you. The FirstCare formulary offers a wide coverage of available drugs. However, in instances where the drug is rejected due to “Drug Not Covered”, you may either:

- (1) Ask your pharmacy to contact your doctor to change the prescription to a covered formulary alternative.
- (2) If your doctor believes the non-covered product is “medically necessary” for your condition, your doctor may request an “Exception” for coverage. See the next section for information on how to request an exception.

## How Do I Request An Exception?

Members or physicians can ask FirstCare to make an exception to our coverage rules. There are two types of exceptions:

- When a **drug is not covered** on the formulary, a request can be submitted to cover a medication that is not on our formulary.
- When there are needs outside of our coverage rules (e.g., Step Edits or Quantify Limits), a request can be made to waive coverage restrictions. For example, FirstCare may limit the amount that can be dispensed per fill and/or per month for specific drug(s), you or your doctor can ask to waive the limitation and dispense a higher quantity.
- Members can also request a lower copay exception for a medication in a higher cost-sharing tier. To obtain a copay exception form please contact the customer service phone number in the back of FirstCare's member ID card

Exceptions are reviewed for medical necessity, your inability to use covered drugs (e.g., side effects), current covered products may not be effective for you, and new drug entrants that have not yet been reviewed and placed on the formulary. Reviews will consider superiority of the request over current covered options.

Exception requests can be submitted by making the request to FirstCare through:

- (1) FirstCare Member Portal
- (2) Completing the Exception Form
- (3) By calling the Customer Service phone number listed on the back of your ID card.

You may obtain various forms for consideration by visiting our pharmacy website:

[www.firstcare.com/en/TRS/Pharmacy-Drugs/Drug-Lists-Benefit-Forms](http://www.firstcare.com/en/TRS/Pharmacy-Drugs/Drug-Lists-Benefit-Forms)

## What Drugs Are Excluded from the Formulary?

Please refer to your Benefit Summary for complete list of treatment exclusions. However, common exclusions include drugs used for:

- (1) Cosmetic Purposes
- (2) Erectile Dysfunction (your plan may, or may not include this as part of your benefit. Please refer to your Plan Benefit Summary)
- (3) Anorexiant/Weight Loss Purposes
- (4) Infertility Drugs
- (5) Non-FDA Approved Drugs
  - Some **compound drugs** may include non-FDA approved ingredients
  - **DESI drugs** have not yet been approved by the FDA, and may be categorized as Less-Than-Effective (LTE).

By Drug Name



**Search Tip:**

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

**FirstCare FIVE Tier Formulary****Alphabetical Index****Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
8-MOP CAP	-	3	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	SP	5	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	SP	5	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	SP	5	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	SP	5	ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	4	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ABILIFY SOLN	PA	4	ANTIPSYCHOTICS / ANTIMANIC AGENTS
abiraterone tab 250mg (ZYTIGA equiv)	LMSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	4	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

	<b>NC =Not Covered</b>	<b>generic =small letters</b>	<b>BRANDS =CAPITAL LETTERS</b>
ACA	Affordable Care Act	DIAB1-2	Preferred
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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 fo first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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



**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
acarbose tab (PRECOSE equiv)	-	2 ANTIDIABETICS
ACCU-CHECK GUIDE CARE METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
ACCU-CHEK GUIDE TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
ACCU-CHEK NANO METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
ACCU-CHEK TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
acebutolol cap (SECTRAL equiv)	-	2 BETA BLOCKERS
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	3 ANALGESICS - OPIOID
acetaminophen/codeine soln	-	2 ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	2 ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC MIGRAINE PRODUCTS

	<b>NC =Not Covered</b>	<b>generic =small letters</b>	<b>BRANDS =CAPITAL LETTERS</b>
ACA	Affordable Care Act	DIAB1-2	Preferred
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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

**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	4 OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	3 DIURETICS
acetazolamide tab	-	3 DIURETICS
acetic acid otic soln (VOSOL equiv)	-	2 OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	2 OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2 OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	2 COUGH / COLD / ALLERGY
ACIDIC VAGINAL JELLY	-	3 VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	3 DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	PA-QL-SP	3 ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB 75MG, 150MG	-	NC TETRACYCLINES
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTOPLUS MET TAB	-	NC ANTIDIABETICS
ACTOPLUS MET XR TAB	-	4 ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	4 OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	2 ANTIVIRALS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
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QL	Quantity Limit	RS	Restricted to Specialist
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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
acyclovir oint (ZOVIRAX OINT equiv)	-	3	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	2	ANTIVIRALS
ACZONE GEL 7.5%	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	ACA-VAC	\$0	TOXOIDS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADDERALL XR CAP	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ADDYI TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	5 ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5 CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC ANTIDIABETICS
ADOXA PAK	-	NC TETRACYCLINES
ADRENALIN INJ, EPINEPHRINE INJ	-	NC VASOPRESSORS
ADVAIR DISKUS INHALER	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC ANTIHYPERLIPIDEMICS
ADZENYS XR TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS
AEMCOLO TAB	-	NC ANTI-INFECTIVE AGENTS MISC.
AEROCHAMBER	OTC	3 MEDICAL DEVICES AND SUPPLIES

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
AEROSPAN HFA INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	ACA-VAC	\$0 VACCINES
AFLURIA INJ, FLUZONE INJ	ACA-VAC	\$0 VACCINES
AFSTYLA KIT	-	NC HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	3 MIGRAINE PRODUCTS
AIRDUO RESPICLICK	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ	-	NC MIGRAINE PRODUCTS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3 ANTIEMETICS
ALA SCALP LOTION	-	NC DERMATOLOGICALS
ALAMAST OPHTH SOLN	-	3 OPHTHALMIC AGENTS
albendazole tab (ALBENZA equiv)	-	NC ANTHELMINTICS
ALBENZA TAB	-	NC ANTHELMINTICS

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**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
albuterol neb soln 0.083% (PROVENTIL equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
albuterol/ipratropium neb soln (DUONEB equiv)	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	3 DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	3 DERMATOLOGICALS
ALCOHOL SWABS	OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN	-	4 ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	LMSP	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	2 GENITOURINARY AGENTS - MISCELLANEOUS

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**Alphabetical Index**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	3 ANTI-INFECTIVE AGENTS MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	3 ANTI-INFECTIVE AGENTS MISC.
allopurinol tab (ZYLOPRIM equiv)	-	1 GOUT AGENTS
almotriptan tab (AXERT equiv)	-	NC MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	3 OPHTHALMIC AGENTS
ALOGLIPTIN TAB, NESINA TAB	-	NC ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	3 OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC DERMATOLOGICALS
ALORA PATCH	-	NC ESTROGENS
alosetron tab (LOTRONEX equiv)	-	4 GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	3 OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	4 ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	4 ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	2 ANTIANXIETY AGENTS
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	3 OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC MIGRAINE PRODUCTS
ALTABAX OINT	-	4 DERMATOLOGICALS
ALTOPREV TAB	-	NC ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC DERMATOLOGICALS

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aluminum chloride soln (DRYSOL equiv)	-	2 DERMATOLOGICALS
ALUNBRIG PAK	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIR NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	2 ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	2 ANTIPARKINSON AGENTS
amantadine tab	-	3 ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
AMCINONIDE CREAM 0.1%	-	NC DERMATOLOGICALS
AMCINONIDE LOTION	-	NC DERMATOLOGICALS
AMCINONIDE OINT	-	NC DERMATOLOGICALS
amethyst tab (LYBREL equiv)	ACA	\$0 CONTRACEPTIVES
AMICAR SOLN	-	3 HEMOSTATICS
AMICAR SYRUP	-	4 HEMOSTATICS

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**FirstCare FIVE Tier Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
amiloride tab (MIDAMOR equiv)	-	2	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	2	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	2	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	3	HEMOSTATICS
aminophylline tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	3	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	3	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	3	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	3	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	2	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	2	DERMATOLOGICALS
AMOXAPINE TAB	-	2	ANTIDEPRESSANTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
amoxicillin cap (TRIMOX equiv)	-	1 PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	2 PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	2 PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1 PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1 PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	2 PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	4 PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2 PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2 PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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**FirstCare FIVE Tier Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ampicillin cap (PRINCIPEN equiv)	-	2	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	2	PENICILLINS
AMTURNIDE TAB	-	4	ANTIHYPERTENSIVES
ANADROL TAB	-	NC	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	4	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROXY TAB	-	3	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANORO ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	4	ANTIEMETICS
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	3	MOUTH / THROAT / DENTAL AGENTS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS

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APLENZIN TAB	-	NC ANTIDEPRESSANTS
APOKYN INJ (Only available through CVS Specialt 800-237-2767)	LD	5 ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	3 OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3 ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3 ANTIEMETICS
apri tab (DESOGEN equiv)	ACA	\$0 CONTRACEPTIVES
APRISO CAP	-	3 GASTROINTESTINAL AGENTS - MISC.
APTIOM TAB	-	NC ANTICONVULSANTS
APTIVUS CAP	SP	5 ANTIVIRALS
APTIVUS SOLN	SP	5 ANTIVIRALS
ARAKODA TAB	-	NC ANTIMALARIALS
aranelle tab (TRI-NORINYL equiv)	ACA	\$0 CONTRACEPTIVES
ARANESP INJ	-	NC HEMATOPOIETIC AGENTS
ARIKAYCE SUSP	-	NC AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	4 ANTIPSYCHOTICS / ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	PA	4 ANTIPSYCHOTICS / ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS

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armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ARMONAIR RESPICLICK	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THYROID TAB	-	2 THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ARYMO ER TAB	-	NC ANALGESICS - OPIOID
ASACOL HD TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
ASMANEX HFA INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	ACA-OTC	\$0 ANALGESICS - NONNARCOTIC

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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 (Covered for males age 45-79; Covered for females (no age restriction) )	ACA-OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	2	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	3	HEMATOLOGICAL AGENTS - MISC.
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	SP	5	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	2	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	2	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA CAP equiv)	-	4	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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atorvastatin tab 10mg (LIPITOR equiv)	ACA	\$0 ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	ACA	\$0 ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	1 ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	1 ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	3 ANTI-INFECTIVE AGENTS MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	3 ANTIMALARIALS
ATRIPLA TAB	SP	5 ANTIVIRALS
atropine ophth oint	-	2 OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	2 OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	LMSP	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ, EPIPEN JR INJ	-	NC VASOPRESSORS
AVANDAMET TAB	-	3 ANTIDIABETICS
AVANDARYL TAB	-	3 ANTIDIABETICS

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AVANDIA TAB	-	3 ANTIDIABETICS
AVAR AEROSOL FOAM	-	4 DERMATOLOGICALS
AVAR GEL	-	3 DERMATOLOGICALS
AVAR PAD	-	NC DERMATOLOGICALS
AVC VAGINAL CREAM	-	3 VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	ACA	\$0 CONTRACEPTIVES
AVINZA CAP	-	NC ANALGESICS - OPIOID
AVONEX INJ	LMSP	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC MIGRAINE PRODUCTS
AZASAN TAB	-	4 ASSORTED CLASSES
AZASITE SOLN	-	3 OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	2 ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	3 DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	2 NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	2 OPHTHALMIC AGENTS
AZELEX CREAM	PA	4 DERMATOLOGICALS
AZENASE PAK	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
azithromycin susp (ZITHROMAX equiv)	-	2 MACROLIDES

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
azithromycin tab (ZITHROMAX equiv)	-	2	MACROLIDES
AZOPT OPHTH SUSP	-	3	OPHTHALMIC AGENTS
BACITRACIN OPHTH OINT	-	3	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	2	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	2	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophtf oint (CORTISPORIN equiv)	-	2	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
BACLOFEN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 10mg, 20mg	-	2	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
BALCOLTRA TAB	-	NC	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	-	3	ANTICONVULSANTS
BANZEL TAB	-	3	ANTICONVULSANTS
BASAGLAR INJ	-	NC	ANTIDIABETICS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	3 FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
B-D PEN NEEDLE	OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	3 ULCER DRUGS
BELSOMRA TAB	-	NC HYPNOTICS
BELVIQ XR TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1 ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCTZ equiv)	-	2 ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	5 MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	5 MISCELLANEOUS THERAPEUTIC CLASSES
BENZAC WASH	-	NC DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
BENZNIDAZOLE TAB	PA	3 ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	2 COUGH / COLD / ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC COUGH / COLD / ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC DERMATOLOGICALS
benztropine tab	-	2 ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	4 OPHTHALMIC AGENTS
BERINERT INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
BESIVANCE OPHTH SUSP	-	NC OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2 DERMATOLOGICALS
betamethasone augmented gel	-	2 DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2 DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	2 DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	2 DERMATOLOGICALS
betamethasone dipropionate lotion	-	2 DERMATOLOGICALS

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VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone valerate cream	-	2	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	2	DERMATOLOGICALS
betamethasone valerate oint	-	2	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	2	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	2	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	2	URINARY ANTISPASMODICS
BETHKIS NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEXSERO INJ	ACA-VAC	\$0	VACCINES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
BIFERARX TAB	-	NC HEMATOPOIETIC AGENTS
BIKTARVY TAB	SP	5 ANTIVIRALS
BILTRICIDE TAB	-	4 ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	3 OPHTHALMIC AGENTS
bisoprolol tab (ZEBETA equiv)	-	2 BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1 ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	3 OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	4 OPHTHALMIC AGENTS
BOSULIF TAB	MSP-PA-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	4 HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	3 OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	2 OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC ANTICONVULSANTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
BRIVIACT SOLN 10MG/ML	-	NC ANTICONVULSANTS
BRIVIACT TAB	-	NC ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	3 OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	3 OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	3 ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	3 ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC OPHTHALMIC AGENTS
BROVANA NEB SOLN	-	4 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
BRYHALI LOTION	-	NC DERMATOLOGICALS
B-SERENE PAD	-	NC HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	4 CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv)	-	4 CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	2 DIURETICS
BUNAVAIL FILM, SUBOXONE SL FILM	-	3 ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	4 ANALGESICS - OPIOID

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	4 ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	NC ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	NC ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	2 ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	2 ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	2 ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	2 ANTIANXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC ANTIANXIETY AGENTS
BUTAL/APAP CAP	-	NC ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC ANALGESICS - NONNARCOTIC
BUTISOL ELIXIR	-	4 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BUTISOL TAB	-	4	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	3	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	4	ANTIDIABETICS
BYSTOLIC TAB	¢	3	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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CAFCIT INJ	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	3 DERMATOLOGICALS
calcipotriene oint	-	3 DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	3 DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	4 DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	LMSP	5 ENDOCRINE AND METABOLIC AGENTS - MISC.

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calcitriol inj (CALCIJEX equiv)	LMSP	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
CALOMIST NASAL SPRAY	-	NC HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC MIGRAINE PRODUCTS
candesartan tab (ATACAND equiv)	-	NC ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC ANTIHYPERTENSIVES
CANTIL TAB	-	4 ULCER DRUGS
capecitabine tab (XELODA equiv)	LMSP	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	4 DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	4 ANALGESICS - OPIOID

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CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	3 ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	3 ANTIHYPERTENSIVES
CARAC CREAM	-	NC DERMATOLOGICALS
CARAFATE SUSP	-	3 ULCER DRUGS
CARBAGLU TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	2 ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	3 ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	3 ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	2 ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	2 ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	3 ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2 ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	2 ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	2 ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	3 ANTIPARKINSON AGENTS
carbinoxamine soln (PALGIC equiv)	-	4 ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	4 ANTIHISTAMINES
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC ANTIHISTAMINES

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LMSPP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CARDENE SR CAP	-	4 CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	NC GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv)	-	2 MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC DERMATOLOGICALS
CAROSPIR SUSP	-	NC DIURETICS
CARTEOLOL OPHTH SOLN	-	2 OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	2 OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC BETA BLOCKERS
carvedilol tab (COREG equiv)	-	2 BETA BLOCKERS
CATAPRES-TTS PATCH	-	4 ANTIHYPERTENSIVES
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	5 ANTI-INFECTIVE AGENTS MISC.
CEDAX CAP	-	4 CEPHALOSPORINS
CEDAX SUSP	-	4 CEPHALOSPORINS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CEENU CAP	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefaclor cap (CECLOR equiv)	-	4 CEPHALOSPORINS
CEFACLOR ER TAB	-	4 CEPHALOSPORINS
CEFACLOR SUSP	-	4 CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	2 CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	2 CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	2 CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	3 CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	3 CEPHALOSPORINS
CEFDITOREN TAB	-	4 CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	4 CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	4 CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	4 CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	3 CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	3 CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	2 CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	2 CEPHALOSPORINS
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	3 ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	3 ANTICONVULSANTS
CENESTIN TAB	-	4 ESTROGENS
CENTANY OINT	-	4 DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1 CEPHALOSPORINS

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cephalexin susp (KEFLEX equiv)	-	2 CEPHALOSPORINS
CEPHALEXIN TAB	-	NC CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC OPHTHALMIC AGENTS
CERDELGA CAP	-	NC HEMATOPOIETIC AGENTS
CERVARIX INJ	ACA-VAC	\$0 VACCINES
CERVICAL CAP	ACA	\$0 MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	4 ANTIEMETICS
cesia tab (CYCLESSA equiv)	ACA	\$0 CONTRACEPTIVES
CETYLEV TAB	-	NC ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	3 MOUTH / THROAT / DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	3 ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	2 ANTIANXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	3 ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	2 MOUTH / THROAT / DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	2 ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	2 DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	2 DIURETICS
chlorpheniramine ER cap	-	2 ANTIHISTAMINES
chlorpromazine tab (THORAZINE equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
chlorpropamide tab (DIABINESE equiv)	-	2 ANTIDIABETICS
CHLORTHALIDONE TAB	-	2 DIURETICS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 500MG	-	2 MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	5 GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2 ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2 ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	2 ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	2 ANTIHYPERLIPIDEMICS

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QL Quantity Limit	RS	Restricted to Specialist
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SP Available through Specialty Pharmacy Program	ST	Step Therapy
VAC Vaccine Program	¢	RxCENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	2 ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	2 ANALGESICS - NONNARCOTIC
CIALIS TAB	-	NC CARDIOVASCULAR AGENTS - MISC.
cicatrace kit (REXASIL equiv)	-	NC DERMATOLOGICALS
CICLODAN KIT	-	NC DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	2 DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	2 DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	2 DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	3 DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	2 DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	2 HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	4 OPHTHALMIC AGENTS
CIMDUO TAB	-	3 ANTIVIRALS
CIMETIDINE SOLN	-	2 ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	2 ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5 GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	5 GASTROINTESTINAL AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CINRYZE INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	4 OTIC AGENTS
CIPRO SUSP 5%	-	4 FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	3 OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	4 FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	4 FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	2 OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	3 OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	3 FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1 FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	2 ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	2 ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC MULTIVITAMINS
CLARINEX REDITAB	-	NC ANTIHISTAMINES
CLARINEX SYRUP	-	NC ANTIHISTAMINES
CLARINEX TAB	-	NC ANTIHISTAMINES
CLARINEX-D TAB	-	NC COUGH / COLD / ALLERGY
CLARITHROMYC SUSP	-	3 MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	4 MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	2 MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	2 MACROLIDES
CLARITIN CAP	OTC	NC ANTIHISTAMINES
clemastine syrup (TAVIST equiv)	-	4 ANTIHISTAMINES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CLEMASTINE TAB	-	4 ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	4 ANTIHISTAMINES
CLENPIQ SOLN	-	3 LAXATIVES
CLEOCIN VAGINAL SUPP	-	4 VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	NC ESTROGENS
CLINDACIN KIT	-	NC DERMATOLOGICALS
CLINDAGEL	-	NC DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	2 ANTI-INFECTIVE AGENTS MISC.
clindamycin foam (EVOCLIN equiv)	-	NC DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	2 DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	2 DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	2 DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	4 ANTI-INFECTIVE AGENTS MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	2 DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	2 VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	4 DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	4 DERMATOLOGICALS
CLINDAMYCIN/BENZOYL PEROXIDE GEL, ACANYA GEL	-	4 DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CLINDESSE VAGINAL CREAM	-	4 VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 1
clobazam susp (ONFI equiv)	-	NC ANTICONVULSANTS
clobazam tab (ONFI equiv)	PA	5 ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC DERMATOLOGICALS
clobetasol foam (OLUX equiv)	PA	4 DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	PA	4 DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	3 DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	3 DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	3 DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	3 DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	3 DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	PA	4 DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	PA	4 DERMATOLOGICALS
CLOCORTOLONE CREAM, CLODERM CREAM	-	4 DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	4 ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	4 ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	2 ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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clonidine patch (CATAPRES-TTS equiv)	-	3 ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	2 ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	2 HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	3 ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	2 MOUTH / THROAT / DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2 DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	3 DERMATOLOGICALS
clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
COARTEM TAB	-	NC ANTIMALARIALS
CODEINE SULFATE SOLN	-	4 ANALGESICS - OPIOID
codeine sulfate tab	-	2 ANALGESICS - OPIOID
COLCHICINE CAP	-	NC GOUT AGENTS

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COLCHICINE TAB	-	3	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	2	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	3	ANTIHYPERTENSIVES
colesevelam tab (WELCHOL equiv)	-	3	ANTIHYPERTENSIVES
colestipol granule (COLESTID equiv)	-	4	ANTIHYPERTENSIVES
colestipol powder packet (COLESTID equiv)	-	4	ANTIHYPERTENSIVES
colestipol tab (COLESTID equiv)	-	2	ANTIHYPERTENSIVES
colistimethate sodium inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS MISC.
COLY-MYCIN S OTIC SUSP	-	3	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT INHALER	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	SP	5	ANTIVIRALS
CONDYLOX GEL	-	4	DERMATOLOGICALS
CONTRACEPTIVE FILM	ACA-OTC	\$0	VAGINAL PRODUCTS

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CONTRACEPTIVE FOAM	ACA-OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE GEL	ACA-OTC	\$0 VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	ACA-OTC	\$0 VAGINAL PRODUCTS
COPIKTRA CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM	-	NC DERMATOLOGICALS
CORDRAN TAPE	-	4 DERMATOLOGICALS
COREG CR CAP	-	NC BETA BLOCKERS
CORLANOR TAB	PA	4 CARDIOVASCULAR AGENTS - MISC.
CORTIFOAM	-	4 ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	3 CORTICOSTEROIDS
CORTISPORIN CREAM	-	4 DERMATOLOGICALS
CORTISPORIN OINT	-	4 DERMATOLOGICALS
CORZIDE TAB 80-5MG	-	4 ANTIHYPERTENSIVES
COSENTYX INJ (1-PACK)	LMSP-PA	5 DERMATOLOGICALS
COSENTYX INJ (2-PACK)	LMSP-PA	5 DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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 fo first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
COVERA-HS TAB	-	4 CALCIUM CHANNEL BLOCKERS
CREON CAP	-	3 DIGESTIVE AIDS
CRESEMBA CAP	-	NC ANTIFUNGALS
CRINONE GEL	PA	3 VAGINAL PRODUCTS
CRIXIVAN CAP	SP	5 ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	3 GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	2 OPHTHALMIC AGENTS
crotamiton lotion (EURAX equiv)	-	4 DERMATOLOGICALS
cryselle tab	ACA	\$0 CONTRACEPTIVES
CUPRIMINE CAP	-	NC ASSORTED CLASSES
CUTIVATE LOTION	-	NC DERMATOLOGICALS
CUVPOSA SOLN	-	4 ULCER DRUGS
cyanocobalamin inj	-	2 HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	2 MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	2 MUSCULOSKELETAL THERAPY AGENTS

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cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	2	OPHTHALMIC AGENTS
cyclophosphamide cap	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	4	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	SP	5	ASSORTED CLASSES
CYCLOSPORINE MODIFIED CAP	SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
cyclosporine modified cap (NEORAL equiv)	SP	5	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	SP	5	ASSORTED CLASSES
CYCLOSPORINE OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
cyproheptadine syrup	-	2	ANTIHISTAMINES
cyproheptadine tab	-	2	ANTIHISTAMINES
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	5	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days Only available through Walgreens 888-347-3416)	LD-PA-QL	5	OPHTHALMIC AGENTS

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CYTRA-3 SYRUP	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
DAKLINZA TAB	-	NC ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	3 ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	3 MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC DERMATOLOGICALS
dapsone tab	-	2 ANTI-INFECTIVE AGENTS MISC.
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5 ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	NC URINARY ANTISPASMODICS
DAURISMO TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAXBIA CAP	-	NC CEPHALOSPORINS

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DAYTRANA PATCH	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DDAVP NASAL SOLN	-	4 ENDOCRINE AND METABOLIC AGENTS - MISC.
DECON-A LIQUID	OTC	NC COUGH / COLD / ALLERGY
DELSTRIGO TAB	-	NC ANTIVIRALS
DELZICOL CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	4 TETRACYCLINES
DENAVIR CREAM	-	3 DERMATOLOGICALS
DEPACON INJ	-	NC ANTICONVULSANTS
DEPEN TITRATAB, D-PENAMINE TAB	-	3 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
DERMACINRX KIT	-	NC DERMATOLOGICALS
DESCOVY TAB	PA-SP	5 ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	3 ANTIDEPRESSANTS

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DESLORATADINE ODT	-	NC ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	NC ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	NC DERMATOLOGICALS
desonide lotion (DESOWEN equiv)	-	NC DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	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 (TOPICORT CREAM equiv)	-	3 DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	3 DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	3 DERMATOLOGICALS

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desvenlafaxine ER tab (PRISTIQ equiv)	-	3 ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	2 CORTICOSTEROIDS
dexamethasone elixir	-	2 CORTICOSTEROIDS
dexamethasone ophth soln	-	2 OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC CORTICOSTEROIDS
dexamethasone soln	-	2 CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	2 CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	DIA MEDICAL DEVICES AND B 3 SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	DIA MEDICAL DEVICES AND B 3 SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	DIA MEDICAL DEVICES AND B 3 SUPPLIES
DEXILANT CAP	-	NC ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv) (Covered for members 6 years or older; Step Therapy requires trial of dexmethylphenidate tab and ADDERALL XR CAP)	ST	4 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DEXPAK TAB	-	4 CORTICOSTEROIDS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
dextroamphetamine ER cap (DEXEDRINE equiv)	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	4	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	2	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	2	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	2	MULTIVITAMINS
DIAPHRAGM	ACA	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	4	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	2	ANTIANKXIETY AGENTS
DIAZEPAM SOLN	-	2	ANTIANKXIETY AGENTS
diazepam tab (VALIUM equiv)	-	2	ANTIANKXIETY AGENTS
DICLEGIS TAB	-	NC	ANTIEMETICS

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diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	4	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	2	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY
DICLOPR KIT	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	2	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	3	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	2	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	3	ANTIVIRALS
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	2	DERMATOLOGICALS

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DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, o FIRVANQ SOLN)	QL-ST	3 MACROLIDES
DIFLORASONE CREAM	-	NC DERMATOLOGICALS
diflorasone oint	-	NC DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	2 ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	2 CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	2 CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC MIGRAINE PRODUCTS
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	4 MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	3 ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	2 CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	2 CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	2 CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	2 CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	3 CALCIUM CHANNEL BLOCKERS

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diltiazem tab (CARDIZEM equiv)	-	2 CALCIUM CHANNEL BLOCKERS
DIPENTUM CAP	-	4 GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	2 ANTIHISTAMINES
diphenhydramine inj	-	3 ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	2 ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2 ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	2 HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	2 ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	3 ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	3 DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	2 ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	2 ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	2 ANTICONVULSANTS
DIVIGEL GEL, ELESTRIN GEL	-	NC ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	3 ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC ANALGESICS - NONNARCOTIC

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donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	4 ULCER DRUGS
DONNATAL EXTENTABS	-	NC ULCER DRUGS
DONNATAL TAB	-	NC ULCER DRUGS
DOPTELET TAB	-	NC HEMATOPOIETIC AGENTS
DORAL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
DORYX MPC TAB	-	NC TETRACYCLINES
DORYX TAB 200MG	-	NC TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	2 OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	2 OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	3 OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	2 ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	2 ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	2 ANTIDEPRESSANTS

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VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	4	DERMATOLOGICALS
doxercalciferol cap (HECTOROL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	4	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	2	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	4	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	4	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES

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doxycycline susp (VIBRAMYCIN equiv)	-	3	TETRACYCLINES
dronabinol cap (MARINOL equiv)	PA	3	ANTIEMETICS
DROXIA CAP	-	3	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	2	DERMATOLOGICALS
DST PLUS PAK KIT	-	NC	DERMATOLOGICALS
DUAC CS KIT	-	NC	DERMATOLOGICALS
DUETACT TAB	-	NC	ANTIDIABETICS
DULERA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	2	ANTIDEPRESSANTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	5	DERMATOLOGICALS
DUPIXENT SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DURAVENT PE TAB	-	NC	COUGH / COLD / ALLERGY
DUREZOL OPHTH EMULSION	-	3	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES

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DUZALLO TAB	-	NC GOUT AGENTS
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	3 ANALGESICS - OPIOID
DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DYMISTA NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIRC CR TAB	-	4 CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	3 DIURETICS
econazole cream (SPECTAZOLE equiv)	-	4 DERMATOLOGICALS
ECOZA FOAM	-	NC DERMATOLOGICALS
EDARBI TAB	-	NC ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC ANTIHYPERTENSIVES
EDLUAR SL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
EDURANT TAB	SP	5 ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	SP	5 ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	SP	5 ANTIVIRALS

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EGRIFTA INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
eletriptan tab (RELPAE equiv)	-	NC MIGRAINE PRODUCTS
ELIDEL CREAM	-	4 DERMATOLOGICALS
ELIGEN B12 TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB	-	3 ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	ACA	\$0 CONTRACEPTIVES
ELMIRON CAP	-	3 GENITOURINARY AGENTS - MISCELLANEOUS
EMADINE OPHTH SOLN	-	4 OPHTHALMIC AGENTS
EMBEDA CAP	-	NC ANALGESICS - OPIOID
EMCYT CAP	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC ANTIEMETICS
EMFLAZA SUSP	-	NC CORTICOSTEROIDS
EMFLAZA TAB	-	NC CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	3 MIGRAINE PRODUCTS
EMSAM PATCH	-	4 ANTIDEPRESSANTS

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EMTRIVA CAP	SP	5	ANTIVIRALS
EMTRIVA SOLN	SP	5	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	NC	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	2	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	2	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	3	VAGINAL PRODUCTS
ENGERIX-B INJ	ACA-VAC	\$0	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	ACA-VAC	\$0	VACCINES
ENJUVIA TAB	-	NC	ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	3	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	ACA	\$0	CONTRACEPTIVES

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ENSTILAR FOAM	-	NC DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	3 ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-SP	5 ANTIVIRALS
ENTOCORT EC CAP	-	4 CORTICOSTEROIDS
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	3 CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	-	NC ASSORTED CLASSES
EPANED PREMIXED SOLN	PA	4 ANTIHYPERTENSIVES
EPANED SOLN	PA	4 ANTIHYPERTENSIVES
EPCLUSA TAB, SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	5 ANTIVIRALS
EPIDIOLEX SOLN	-	NC ANTICONVULSANTS
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	3 DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	PA	4 DERMATOLOGICALS
EPIFOAM AEROSOL	-	3 DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	4 OPHTHALMIC AGENTS
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	3 VASOPRESSORS
epinephrine pen inj 0.3mg (EPIPEN equiv) (QL= 2 inj/fill)	QL	3 VASOPRESSORS
EPIPEN INJ 0.3MG	-	NC VASOPRESSORS
EPIVIR HBV SOLN	SP	5 ANTIVIRALS
eplerenone tab (INSPRA equiv)	¢	4 ANTIHYPERTENSIVES

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EPOGEN INJ	-	3 HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	NC ANTIHYPERTENSIVES
EQUETRO CAP	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ERGOCAL CAP	-	NC VITAMINS
ERGOLOID MESYLATES TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	NC MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv)	-	4 MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	4 DERMATOLOGICALS
ERYPED SUSP	-	4 MACROLIDES
ERY-TAB	-	4 MACROLIDES
erythromycin DR cap (ERYC equiv)	-	3 MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	3 MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	4 MACROLIDES
erythromycin gel	-	2 DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
erythromycin ophth oint	-	2	OPHTHALMIC AGENTS
erythromycin pad	-	2	DERMATOLOGICALS
erythromycin soln	-	2	DERMATOLOGICALS
erythromycin stearate tab	-	3	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all form except PCE)	-	3	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv	-	2	ANTI-INFECTIVE AGENTS MISC.
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	3	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	-	4	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	2	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	2	ESTROGENS
estradiol cream (ESTRACE equiv)	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	2	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	3	ESTROGENS
estradiol tab (ESTRACE equiv)	-	2	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	NC	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	4	ESTROGENS
ESTRASORB EMULSION	-	NC	ESTROGENS
ESTRATAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	2	ESTROGENS
estropipate tab (OGEN equiv)	-	2	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ethacrynic tab (EDECRIN equiv)	-	3	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	3	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	2	ANTICONVULSANTS

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etidronate disodium tab 200mg (DIDRONEL equiv)	-	4 ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	4 ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	2 ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	LMSP	5 ANTINEOPLASTICS
EUCRISA OINT	-	NC DERMATOLOGICALS
EURAX CREAM	-	3 DERMATOLOGICALS
EVAMIST SPRAY	-	NC ESTROGENS
EVIVO LIQUID	-	NC ANTIDIARRHEALS
EVOCLIN FOAM	-	NC DERMATOLOGICALS
EVOTAZ TAB	SP	5 ANTIVIRALS
EVZIO INJ	-	NC ANTIDOTES
EXALGO TAB	-	NC ANALGESICS - OPIOID
EXELDERM CREAM	-	4 DERMATOLOGICALS
EXELDERM SOLN	-	4 DERMATOLOGICALS
EXELON SOLN	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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exemestane tab (AROMASIN equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	MSP	5	ANTIDOTES
EXTAVIA INJ	LMSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ezetimibe tab (ZETIA equiv)	-	2	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	4	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	4	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	3	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	2	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4	ANTIPSYCHOTICS / ANTIMANIC AGENTS
FANAPT TITRATION PACK	PA	4	ANTIPSYCHOTICS / ANTIMANIC AGENTS

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FANSIDAR TAB	-	4	ANTIMALARIALS
FARESTON TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin)	QL-ST	3	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
felbamate susp (FELBATOL equiv)	-	3	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	3	ANTICONVULSANTS
FELBATOL TAB	-	3	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	4	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	4	VAGINAL PRODUCTS
FEMALE CONDOMS	ACA-OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMHRT TAB	-	NC	ESTROGENS
FEMRING (3 copays per Rx)	-	4	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	2	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERTENSIVES
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERTENSIVES

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	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 fo first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	2	ANTIHYPERSLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	2	ANTIHYPERSLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	4	ANTIHYPERSLIPIDEMICS
fenoprofen calcium tab	-	4	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv)	-	3	ANALGESICS - OPIOID
fantanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	4	ANALGESICS - OPIOID
ferrex 150 forte cap	-	2	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	2	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	5	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	5	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

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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	-	NC ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC ANTIDEPRESSANTS
FIBRIK CAP	-	NC MULTIVITAMINS
FINACEA FOAM	-	3 DERMATOLOGICALS
FINACEA GEL	-	3 DERMATOLOGICALS
FINACEA PLUS KIT	-	3 DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	2 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	-	NC HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB	-	NC ANTIMYASTHENIC / CHOLINERGIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
FIRST BACLOFEN SUSP KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
FIRST METRONIDAZOLE SUSP	-	4 ANTI-INFECTIVE AGENTS MISC.
FIRST MOUTHWASH BLM	-	4 MOUTH / THROAT / DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	4 ULCER DRUGS
FIRVANQ SOLN	-	2 ANTI-INFECTIVE AGENTS MISC.
FLAGYL ER TAB	-	4 ANTI-INFECTIVE AGENTS MISC.
FLAREX OPHTH SUSP	-	4 OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	2 ANTIARRHYTHMICS
FLECTOR PATCH (QL= 30 patches/fill)	QL	4 DERMATOLOGICALS
FLOLIPID SUSP	-	NC ANTIHYPERLIPIDEMICS
FLO-PRED SUSP	-	NC CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC MULTIVITAMINS
FLORIVA PLUS DROPS	-	3 MULTIVITAMINS
FLOVENT DISKUS INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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FLOVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	ACA-VAC	\$0	VACCINES
FLUBLOK INJ	ACA-VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	ACA-VAC	\$0	VACCINES
FLUCELVAX INJ	ACA-VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	ACA-VAC	\$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	2	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	2	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	3	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	2	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	ACA-VAC	\$0	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0	VACCINES
FLUNISOLIDE NASAL SPRAY (QL= 1 bottle/30 days)	QL	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	2	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	4	DERMATOLOGICALS
fluocinolone acetonide oint	-	2	DERMATOLOGICALS
fluocinolone acetonide soln	-	2	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	3	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	2	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC	DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
fluocinonide emollient cream	-	2	DERMATOLOGICALS
fluocinonide gel	-	2	DERMATOLOGICALS
fluocinonide oint	-	2	DERMATOLOGICALS
fluocinonide soln	-	2	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	-	NC	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	2	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	3	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	3	DERMATOLOGICALS
FLUOROURACIL SOLN	-	3	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)	-	2	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	2	ANTIDEPRESSANTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
fluoxetine tab 60mg	-	NC ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	4 DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	4 DERMATOLOGICALS
FLURAZEPAM CAP	-	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	2 OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	QL	2 NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	2 DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	2 DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	3 ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	NC ANTIHYPERLIPIDEMICS

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FLUVIRIN INJ	ACA-VAC	\$0 VACCINES
FLUVIRIN PF INJ	ACA-VAC	\$0 VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3 ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	2 ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ	ACA-VAC	\$0 VACCINES
FLUZONE INTRADERMAL INJ	ACA-VAC	\$0 VACCINES
FLUZONE QUAD INJ	ACA-VAC	\$0 VACCINES
FLUZONE/FLUARIX QUAD INJ	ACA-VAC	\$0 VACCINES
FML FORTE OPHTH SUSP	-	4 OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	4 OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	2 MULTIVITAMINS
folbee tab	-	2 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
FOLIKA-V TAB	-	NC MULTIVITAMINS
fondaparinux inj (ARIXTRA equiv)	PA	3 ANTICOAGULANTS
FORADIL AEROLIZER	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORFIVO XL TAB	-	NC ANTIDEPRESSANTS

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FORTAMET TAB	-	NC ANTIDIABETICS
FORTEO INJ	LMSP	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	4 ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	SP	5 ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	2 ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2 ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	4 GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	3 GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ	-	4 ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES

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FREESTYLE INSULINX TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	DIA MEDICAL DEVICES AND B 3 SUPPLIES
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	DIA MEDICAL DEVICES AND B 3 SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	DIA MEDICAL DEVICES AND B 3 SUPPLIES
FREESTYLE LITE METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
FREESTYLE PRECISION NEO METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
FREESTYLE TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
FROVA TAB	-	NC MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC MIGRAINE PRODUCTS
FULPHILA INJ	LMSP	5 HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	2 DIURETICS
furosemide soln (LASIX equiv)	-	2 DIURETICS
furosemide tab (LASIX equiv)	-	1 DIURETICS

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FUZEON INJ	LMSP	5 ANTIVIRALS
FYCOMPA TAB	-	NC ANTICONVULSANTS
FYCOMPA SUSP	-	NC ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	2 ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	3 ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	2 ANTICONVULSANTS
GALAFOLD CAP	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	¢	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	3 MINERALS & ELECTROLYTES
GANCICLOVIR CAP	-	3 ANTIVIRALS
GARDASIL 9 INJ	ACA-VAC	\$0 VACCINES
GARDASIL INJ	ACA-VAC	\$0 VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	4 OPHTHALMIC AGENTS

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GATTEX KIT	-	NC GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	NC LAXATIVES
GAZYVA INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC MOUTH / THROAT / DENTAL AGENTS
GELNIQUE	-	4 URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	2 ANTIHYPERLIPIDEMICS
GENOTROPIN INJ	LMSP-PA	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1 OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1 OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1 OPHTHALMIC AGENTS
gentamicin sulfate cream	-	2 DERMATOLOGICALS
gentamicin sulfate oint	-	2 DERMATOLOGICALS
GENVOYA TAB	SP	5 ANTIVIRALS
GIALAX KIT	-	NC LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	\$0 CONTRACEPTIVES
GILENYA CAP	LMSP	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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ACA	Affordable Care Act	DIAB1-2 Preferred
INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

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**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatiramer inj (COPAXONE equiv)	LMSp	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	3	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)	-	2	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	3	ANTIDIABETICS
GLUCAGEN INJ	-	3	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	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, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
glycopyrrolate tab (ROBINUL equiv)	-	3	ULCER DRUGS

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**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
GLYGEST PAK	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	3 ANTIDIABETICS
GOCOVRI CAP	-	NC ANTIPARKINSON AGENTS
GOLYTELY SOLN	-	NC LAXATIVES
GONITRO POWDER	-	NC ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
GRALISE TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	2 ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	4 ANTIEMETICS
GRANIX INJ	LMSP	5 HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	3 ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	3 ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	3 ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC COUGH / COLD / ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC COUGH / COLD / ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	2 COUGH / COLD / ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	2 COUGH / COLD / ALLERGY

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
GUANABENZ TAB	-	4 ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1 ANTIHYPERTENSIVES
GUANIDINE TAB	-	NC ANTIMYASTHENIC / CHOLINERGIC AGENTS
HAEGARDA INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
HALFLYTELY BOWEL PREP KIT	-	NC LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	3 DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	3 DERMATOLOGICALS
HALOG CREAM	-	NC DERMATOLOGICALS
HALOG OINT	-	NC DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
HARVONI TAB, LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	5 ANTIVIRALS
HAVRIX INJ, VAQTA INJ	ACA-VAC	\$0 VACCINES
HC-LIDOCAINE CREAM	-	NC DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
HDC DM SYRUP	-	NC COUGH / COLD / ALLERGY
HEMANGEOL SOLN	-	NC BETA BLOCKERS
HEMLIBRA INJ	MSP-PA	5 HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	ACA-VAC	\$0 VACCINES
HETLIOZ CAP	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
HEXALEN CAP	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ	MSP	5 PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	2 OPHTHALMIC AGENTS
HORIZANT TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ, ADMELOG INJ	-	NC ANTIDIABETICS
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	-	NC ANTIDIABETICS
HUMALOG MIX INJ	-	NC ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	NC ANTIDIABETICS
HUMALOG PEN INJ	-	NC ANTIDIABETICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
HUMATROPE INJ, ZOMACTON INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	NC ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	NC ANTIDIABETICS
HUMULIN N INJ	OTC	NC ANTIDIABETICS
HUMULIN N PEN INJ	OTC	NC ANTIDIABETICS
HUMULIN R INJ	OTC	NC ANTIDIABETICS
HUMULIN R INJ U-500	-	3 ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	3 ANTIDIABETICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
HURRISEAL MIS SNAP	-	NC MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	LMS-PA	5 ANTINEOPLASTICS
HYCLODEX SOLN	-	NC DERMATOLOGICALS
HYCOFENIX SOLN	-	NC COUGH / COLD / ALLERGY
hydralazine tab (APRESOLINE equiv)	-	2 ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1 DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1 DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	2 ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	2 ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	2 ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	4 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	4 COUGH / COLD / ALLERGY
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	4 COUGH / COLD / ALLERGY

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hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	4 COUGH / COLD / ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2 COUGH / COLD / ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	4 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)	-	2 DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	3 ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	2 DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC DERMATOLOGICALS
hydrocortisone oint	-	2 DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	3 DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	3 ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	2 CORTICOSTEROIDS
hydrocortisone valerate cream (WESTCORT equiv)	-	NC DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv)	-	NC ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	2 ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	2 ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC DERMATOLOGICALS

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HYDROXPROGESTERONE CAPROATE (BULK) POWDER	-	\$0 CHEMICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	2 ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone inj (MAKENA equiv)	MSP-PA	5 PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	2 ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	2 ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	2 ANTIANXIETY AGENTS
HYLAMEND GEL FIRST AID	-	NC ANTISEPTICS & DISINFECTANTS
HYOPHEN TAB	-	NC URINARY ANTI-INFECTIVES
hyoscyamine sulfate CR tab (LEVBID equiv)	-	2 ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	2 ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2 ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2 ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	2 ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	2 ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	2 URINARY ANTISPASMODICS
HYSINGLA ER TAB (QL= 1 tab/day)	QL	3 ANALGESICS - OPIOID

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ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 400mg	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 600mg	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 800mg	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	3	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	4	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	2	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	3	DERMATOLOGICALS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	ACA	\$0	CONTRACEPTIVES
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INCIVEK TAB	-	NC	ANTIVIRALS
INCRELEX INJ	MSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	2	DIURETICS
INDOCIN SUPP	-	3	ANALGESICS - ANTI-INFLAMMATORY

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
INDOCIN SUSP	-	3 ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ	LMSP	5 ANTIVIRALS
INGREZZA CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	NC BETA BLOCKERS
INSULIN SYRINGE	OTC	NC MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	SP	5 ANTIVIRALS
INTERMEZZO SL TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC VAGINAL PRODUCTS
INTRON-A INJ	MSP	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVEGA INJ	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
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INVELTYS OPHTH SUSP	-	NC OPTHALMIC AGENTS
INVIRASE CAP	SP	5 ANTIVIRALS
INVIRASE TAB	SP	5 ANTIVIRALS
INVOKAMET TAB	-	NC ANTIDIABETICS
INVOKAMET XR TAB	-	NC ANTIDIABETICS
INVOKANA TAB	-	NC ANTIDIABETICS
IODOFLEX PAD	-	NC ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	4 DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC DERMATOLOGICALS
IOPIDINE OPHTH SOLN 1%	-	3 OPTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	2 NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	2 ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	2 ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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IRON SUSP (Covered for members 1 year or younger)	ACA-OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	SP	5	ANTIVIRALS
ISENTRESS CHEW TAB	SP	5	ANTIVIRALS
ISENTRESS POWDER PACK	SP	5	ANTIVIRALS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	3	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	3	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	2	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	2	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	3	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	3	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	2	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	4	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	2	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	2	ANTIANGINAL AGENTS
isotretinoin cap (AC CUTANE equiv)	-	3	DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
isoxsuprine tab	-	3	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	3	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	4	ANTIFUNGALS
ivermectin tab (STROMEKTOL equiv)	-	3	ANTHELMINTICS
JADENU SPRINKLE	LMSP	5	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB	LMSP	5	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB	-	3	ANTIDIABETICS
JANUMET XR TAB	-	3	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-¢	3	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin)	QL-ST	3	ANTIDIABETICS
JENTADUETO TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	3	ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	ACA	\$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS

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JULUCA TAB	SP	5	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	ACA	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	ACA	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERTENSIVES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
K/NA CITRATE SOLN CITRIC ACID	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA TAB	SP	5	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	ACA	\$0	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	ACA	\$0	CONTRACEPTIVES
KERAFOAM	-	NC	DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
KERALAC CREAM	-	NC DERMATOLOGICALS
KERYDIN SOLN	-	NC DERMATOLOGICALS
KETEK TAB	-	4 ANTI-INFECTIVE AGENTS MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	2 DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2 DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	2 ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 1
KETOPROFEN CAP	-	2 ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	4 ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	2 OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	2 ANALGESICS - ANTI-INFLAMMATORY

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
KETOSTIX	OTC	DIA DIAGNOSTIC PRODUCTS B 1
ketotifen ophth soln (ZADITOR equiv) (OTC covere only)	OTC	2 OPTHALMIC AGENTS
KEVEYIS TAB	-	NC DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB	-	NC ANTIDEPRESSANTS
KINERET INJ (QL= 1 inj/day; Only available throug Rx Crossroads: 1-866-547-0644)	LD-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC AMINOGLYCOSIDES
KLOR-CON M15 TAB	-	3 MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	4 MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC ANTIDIABETICS
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	5 ANTIDIABETICS
K-PHOS TAB	-	3 MINERALS & ELECTROLYTES

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KRISTALOSE PACKET	-	4	LAXATIVES
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERTENSIVES
labetalol tab (NORMODYNE equiv)	-	2	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	3	OPHTHALMIC AGENTS
lactulose pack (KRISTALOSE equiv)	-	4	LAXATIVES
lactulose soln	-	2	LAXATIVES
LAMICTAL CHEW TAB 2MG	-	3	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	4	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	3	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	3	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	3	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	5	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	4	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	4	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	4	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS

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LANCET KIT	OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
LANCETS	OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
LANOXIN INJ	-	NC CARDIOTONICS
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC CARDIOTONICS
lansoprazole cap (PREVACID equiv) (Rx Only)	-	4 ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC ULCER DRUGS
LANSOPRAZOLE SUSP	-	4 ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	4 ULCER DRUGS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	3 GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	3 ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	3 ANTIDIABETICS
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	4 OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	2 OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	4 ANALGESICS - OPIOID
leflunomide tab (ARAVA equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY

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LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	NC	ANTIHYPERTENSIVES
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	LMSP	5	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	4	BETA BLOCKERS
LEVEMIR FLEXTOUCH INJ	-	3	ANTIDIABETICS
LEVEMIR INJ	-	3	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	2	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	2	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	2	ANTICONVULSANTS

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LEVITRA TAB	-	NC CARDIOVASCULAR AGENTS - MISC.
levobunolol ophth soln (BETAGAN equiv)	-	2 OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC ANTIHISTAMINES
levocetirizine tab (XYZAL equiv) (QL= 1 tab/day)	QL	3 ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	2 OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	2 FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	2 FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	ACA-OTC	\$0 CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	ACA	\$0 CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	3 ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC THYROID AGENTS
LEXETTE AER	-	NC DERMATOLOGICALS
LEXIVA SUSP	SP	5 ANTIVIRALS
LIALDA TAB	-	3 GASTROINTESTINAL AGENTS - MISC.
LIDOCAINE CREAM	-	NC DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	2 DERMATOLOGICALS

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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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	2 DERMATOLOGICALS
lidocaine lotion	-	NC DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	3 DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	3 MOUTH / THROAT / DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	4 DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	2 DERMATOLOGICALS
lidocaine viscous soln	-	2 MOUTH / THROAT / DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	3 ANORECTAL AGENTS
lidocaine/hydrocortisone cream	-	NC DERMATOLOGICALS
lidocaine/prilocaine cream (EMLA equiv)	-	2 DERMATOLOGICALS
LIDOCIN GEL	-	NC DERMATOLOGICALS
LIDOLOG KIT	-	NC CORTICOSTEROIDS
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC DERMATOLOGICALS
LIDOTREX GEL	-	NC DERMATOLOGICALS
lindane lotion	-	4 DERMATOLOGICALS
lindane shampoo	-	4 DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3 ANTI-INFECTIVE AGENTS MISC.

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3 ANTI-INFECTIVE AGENTS MISC.
LINZESS CAP	PA	3 GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	2 THYROID AGENTS
LIPTRUZET TAB	-	NC ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1 ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1 ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
lithium carbonate tab	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
lithium citrate soln	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
LITHOSTAT TAB	-	4 GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	4 ANTIHYPERLIPIDEMICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
L-METHYLFOLATE TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	4 CONTRACEPTIVES
LO MINASTRIN 24 FE CHEW TAB	-	4 CONTRACEPTIVES
LOCOID CREAM	-	NC DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC DERMATOLOGICALS
LOCOID OINT	-	NC DERMATOLOGICALS
LOCOID SOLN	-	NC DERMATOLOGICALS
LOESTRIN 24 FE TAB	-	4 CONTRACEPTIVES
LOFIBRA TAB, TRIGLIDE TAB	-	NC ANTIHYPERLIPIDEMICS
LOKELMA PAK	-	NC MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv)	SP	5 ANTIVIRALS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
loratadine cap (CLARITIN equiv)	OTC	NC ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	2 ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	2 ANTIANXIETY AGENTS
LORBRENA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORTAB ELIXIR	-	4 ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1 ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1 ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL	-	3 OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	3 OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	ACA	\$0 ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
LUCEMYRA TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUFYLLIN TAB	-	4 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC DERMATOLOGICALS
LUMIFY OPHTH SOLN 0.25%	-	NC OPHTHALMIC AGENTS

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**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3 OPTHALMIC AGENTS
LUXIQ FOAM	-	NC DERMATOLOGICALS
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	3 ANTICONVULSANTS
LYRICA CR TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	3 ANTICONVULSANTS
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MACRILEN PACK	-	NC DIAGNOSTIC PRODUCTS
MAKENA INJ	MSP-PA	5 PROGESTINS
MALARONE TAB	-	3 ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	4 DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	2 ANTIEMETICS
MAPROTILINE TAB	-	2 ANTIDEPRESSANTS
MARPLAN TAB	-	3 ANTIDEPRESSANTS
MATULANE CAP	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	5 ANTIVIRALS
MAXIDEX OPHTH SOLN	-	3 OPTHALMIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
mebendazole chew tab	-	2 ANTHELMINTICS
meclizine chew tab (BONINE equiv)	OTC	2 ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	-	2 ANTIEMETICS
MECLOFENAMATE CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv)	ACA-QL	\$0 CONTRACEPTIVES
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)	-	4 ANALGESICS - ANTI-INFLAMMATORY
MEFLOQUINE TAB	-	3 ANTIMALARIALS
mefloquine tab (LARIAM equiv)	-	3 ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	4 PROGESTINS
megestrol susp (MEGACE equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB	LMSP-PA	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
MELOXICAM COMFORT KIT	-	NC ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	ACA-VAC	\$0 VACCINES
MENHIBRIX INJ	ACA-VAC	\$0 VACCINES
MENOMUNE INJ	ACA-VAC	\$0 VACCINES
MENOSTAR PATCH	-	NC ESTROGENS
MENTAX CREAM	-	4 DERMATOLOGICALS
MENVEO INJ	ACA-VAC	\$0 VACCINES
meperidine tab (DEMEROL equiv)	-	2 ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	2 ANTIANXIETY AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
mercaptapurine tab (PURINETHOL equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR tab (LIALDA equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	LMSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON SYRUP	-	4	ANTIMYASTHENIC / CHOLINERGIC AGENTS
METANX CAP	-	NC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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metaxalone tab (SKELAXIN equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	4	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	2	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone soln	-	2	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	2	ANALGESICS - OPIOID
methadose tab	-	2	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	3	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	3	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	2	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	2	THYROID AGENTS
METHITEST TAB	PA	4	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS

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methotrexate inj	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE INJ	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (Trexall equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (Oxsoralen Ultra equiv)	-	3	DERMATOLOGICALS
methscopolamine tab (Pamine equiv)	-	4	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	2	DIURETICS
methylodopa tab (Aldomet equiv)	-	2	ANTIHYPERTENSIVES
methylodopa/hydrochlorothiazide tab (Aldoril equiv)	-	2	ANTIHYPERTENSIVES
methylergonovine tab (Methergine equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	3	OXYTOCICS
methylphenidate CD cap (Metadate CD equiv)	-	3	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate chew tab (Methylin equiv)	-	4	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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methylphenidate ER cap (RITALIN LA equiv)	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METHYLPHENIDATE ER TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab 72mg	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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methylphenidate tab (RITALIN equiv)	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	2 CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	2 CORTICOSTEROIDS
METHYLTESTOSTERONE CAP	-	NC ANDROGENS-ANABOLIC
METIPRANOLOL OPTH SOLN	-	3 OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	2 DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	2 BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1 BETA BLOCKERS
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	3 ANTIHYPERTENSIVES
METOZOLV ODT	-	NC GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	2 ANTI-INFECTIVE AGENTS MISC.
metronidazole cream (METROCREAM equiv)	-	3 DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	3 DERMATOLOGICALS

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OTC	Over-the-Counter	PA	Prior Authorization
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
metronidazole lotion (METROLOTION equiv)	-	2	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	2	ANTI-INFECTIVE AGENTS MISC.
metronidazole vaginal gel (METROGEL equiv)	-	2	VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	3	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	LMSP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	4	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
midodrine tab (PROAMATINE equiv)	-	2	VASOPRESSORS
MIGERGOT SUPP	-	3	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	4	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376 )	LD-PA	5	HEMATOPOIETIC AGENTS
MILLIPRED DP PAK	-	4	CORTICOSTEROIDS
MILLIPRED TAB	-	4	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	2	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	3	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	2	ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC	LAXATIVES

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MIRALAX POWDER	-	NC LAXATIVES
MIRAPEX ER TAB	-	NC ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC HEMATOPOIETIC AGENTS
MIRENA IUD	ACA	\$0 CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	2 ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	2 ANTIDEPRESSANTS
MIRVASO GEL	-	NC DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	2 ULCER DRUGS
MITIGARE CAP	-	NC GOUT AGENTS
M-M-R II INJ	ACA-VAC	\$0 VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
MODERIBA DOSE PACK	LMSP	5 ANTIVIRALS
MODERIBA PAK	LMSP	5 ANTIVIRALS
MODERIBA TAB	-	NC ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	2 ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	2 ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	2 ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	2 DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	2 DERMATOLOGICALS

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mometasone soln (ELOCON equiv)	-	2 DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	ACA	\$0 CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	4 URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP	-	NC ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	2 ANALGESICS - OPIOID
morphine sulfate soln	-	2 ANALGESICS - OPIOID
morphine sulfate supp	-	3 ANALGESICS - OPIOID
morphine sulfate tab	-	2 ANALGESICS - OPIOID
MOTOFEN TAB	-	NC ANTIDIARRHEALS
MOVANTIK TAB	PA	3 GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC LAXATIVES

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MOXATAG TAB	-	NC PENICILLINS
MOXATAG TAB 775MG	-	NC PENICILLINS
MOXEZA OPHTH SOLN	-	NC OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2 OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	3 FLUOROQUINOLONES
MUCINEX LIQUID	-	NC COUGH / COLD / ALLERGY
MUCINEX TAB	-	NC COUGH / COLD / ALLERGY
MULPLETA TAB	-	NC HEMATOPOIETIC AGENTS
MULTAQ TAB	-	3 ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	2 HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	2 HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	2 HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	2 MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	2 DERMATOLOGICALS
MYALEPT INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	SP	5 ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	SP	5 ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	5 ASSORTED CLASSES

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mycophenolate mofetil tab (CELLCEPT equiv)	SP	5 ASSORTED CLASSES
MYDAYIS CAP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
MYLERAN TAB	LMSP	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	3 URINARY ANTISPASMODICS
MYTELASE TAB	-	NC ANTIMYASTHENIC / CHOLINERGIC AGENTS
MYTESI TAB	-	NC ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	3 BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	4 ANTIHYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	4 DERMATOLOGICALS
NAFTIN GEL	-	4 DERMATOLOGICALS
NAFTIN GEL 2%	-	NC DERMATOLOGICALS
naloxone inj	-	4 ANTIDOTES
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	3 ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	2 ANTIDOTES

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NAMENDA XR CAP	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naphazoline ophth soln	-	4 OPHTHALMIC AGENTS
NAPRELAN CR TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
NAPRELAN CR TAB 375MG, 750MG	-	NC ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	2 ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	3 ANALGESICS - ANTI-INFLAMMATORY

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
naproxen susp (NAPROSYN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	3	ANTIDOTES
NARDIL TAB	-	3	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY	OTC	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	4	HEMATOPOIETIC AGENTS
NATAZIA TAB	-	4	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	4	ANTIDIABETICS
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	4	DERMATOLOGICALS
NEBUPENT NEB SOLN	-	3	ANTI-INFECTIVE AGENTS MISC.
NEBUSAL NEB SOLN	-	3	COUGH / COLD / ALLERGY
necon tab (ORTHO-NOVUM equiv)	ACA	\$0	CONTRACEPTIVES
necon tab 1-50 (NORYNIL equiv)	ACA	\$0	CONTRACEPTIVES

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NEFAZODONE TAB	-	2 ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	2 ANTIDEPRESSANTS
neomycin tab	-	2 AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	2 OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	2 OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	2 OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	2 OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	2 OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	2 OPHTHALMIC AGENTS
NEOSALUS FOAM	-	NC DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	4 COUGH / COLD / ALLERGY
NEPHRON FA TAB	-	3 HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC HEMATOPOIETIC AGENTS
NEUMEGA INJ	LMSP	5 HEMATOPOIETIC AGENTS
NEUPOGEN INJ	LMSP	5 HEMATOPOIETIC AGENTS

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NEUPRO PATCH	-	4	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	3	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine)	SP-ST	5	ANTIVIRALS
nevirapine susp (VIRAMUNE equiv)	SP	5	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	2	ANTIVIRALS
NEXAVAR TAB	MSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	4	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	4	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM CAP	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
niacin cap	OTC	2	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	2	VITAMINS
niacin ER tab (NIASPAN equiv)	-	2	ANTIHYPERTENSIVES
niacin tab	OTC	2	VITAMINS
NIACIN TR TAB	OTC	2	VITAMINS
niacinamide tab	OTC	2	VITAMINS
NIACOR TAB	-	2	ANTIHYPERTENSIVES
NIASPAN ER TAB	-	NC	ANTIHYPERTENSIVES
nicardipine cap (CARDENE equiv)	-	2	CALCIUM CHANNEL BLOCKERS

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nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SM KG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	ACA-OTC-QL-SM KG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SM KG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SM KG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	LMSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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nimodipine cap (NIMOTOP equiv)	-	4 CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	3 CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	4 ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3 ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	2 URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2 URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	3 URINARY ANTI-INFECTIVES
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	4 ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	2 ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	2 ANTIANGINAL AGENTS
nitroglycerin SR cap	-	2 ANTIANGINAL AGENTS
NITROMIST SPRAY	-	4 ANTIANGINAL AGENTS
NITYR TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	-	NC HEMATOPOIETIC AGENTS
nizatidine cap (AXID equiv)	-	2 ULCER DRUGS

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INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

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**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
nizatidine soln (AXID equiv)	-	4 ULCER DRUGS
NOCDURNA SL TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone tab (NORA-QD equiv)	ACA	\$0 CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	ACA--	2 PROGESTINS
NORITATE CREAM	-	NC DERMATOLOGICALS
NOROXIN TAB	-	4 FLUOROQUINOLONES
NORPACE CR CAP	-	3 ANTIARRHYTHMICS
NORTHERA CAP	-	NC VASOPRESSORS
nortrel tab (OVCON 35 equiv)	ACA	\$0 CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	2 ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2 ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	2 ANTIDEPRESSANTS
NORVIR CAP	SP	5 ANTIVIRALS
NORVIR POWDER PACK	SP	5 ANTIVIRALS
NORVIR SOLN	SP	5 ANTIVIRALS
NOVACORT GEL	-	NC DERMATOLOGICALS

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NOVOFINE PEN NEEDLE	OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
NOVOLIN INJ	OTC	3 ANTIDIABETICS
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	3 ANTIDIABETICS
NOVOLOG INJ, FIASP INJ	-	3 ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	3 ANTIDIABETICS
NOVOLOG MIX INJ	-	3 ANTIDIABETICS
NOVOLOG PENFILL INJ	-	3 ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	DIA MEDICAL DEVICES AND B 1 SUPPLIES
NOXAFIL SUSP	-	3 ANTIFUNGALS
NOXAFIL TAB	-	3 ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	2 THYROID AGENTS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	3 ANALGESICS - OPIOID
NUCYNTA TAB	-	4 ANALGESICS - OPIOID
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NULYTELY SOLN	-	NC LAXATIVES

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NUPLAZID CAP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
NUPLAZID TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
NUVARING	ACA	\$0 CONTRACEPTIVES
NUZYRA TAB	-	NC TETRACYCLINES
nystatin cream (MYCOSTATIN CREAM equiv)	-	2 DERMATOLOGICALS
nystatin oint	-	2 DERMATOLOGICALS
nystatin powder	-	2 ANTIFUNGALS
nystatin susp	-	2 MOUTH / THROAT / DENTAL AGENTS
nystatin tab	-	2 ANTIFUNGALS
nystatin topical powder	-	2 DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	2 VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	3 DERMATOLOGICALS
nystatin/triamcinolone oint	-	3 DERMATOLOGICALS
OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF-¢	5 GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	PA	4 ALLERGENIC EXTRACTS / BIOLOGICALS MISC
ODEFSEY TAB	SP	5 ANTIVIRALS

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ODOMZO CAP	LMSP-PA-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	5 RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	2 OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	4 OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	2 FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv)	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	4 ANTIDEPRESSANTS
OLLIZAC POWDER	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	2 ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2 ANTIHYPERTENSIVES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
olopatadine nasal spray (PATANASE equiv)	-	3 NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	3 OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	3 OPHTHALMIC AGENTS
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC DERMATOLOGICALS
OLYSIO CAP	-	NC ANTIVIRALS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	3 ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	2 ULCER DRUGS
OMEPRAZOLE TAB	OTC	NC ULCER DRUGS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC DIAGNOSTIC PRODUCTS
ondansetron ODT (ZOFTRAN equiv)	-	2 ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	2 ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	2 ANTIEMETICS
ONEXTON GEL	-	4 DERMATOLOGICALS
ONFI SUSP	-	NC ANTICONVULSANTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ONGLYZA TAB	-	NC ANTIDIABETICS
ONZETRA XSAIL	-	NC MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC ANALGESICS - OPIOID
OPANA TAB	-	NC ANALGESICS - OPIOID
opium tincture	-	4 ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5 CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC BIOLOGICALS MISC
ORAVIG TAB	-	4 MOUTH / THROAT / DENTAL AGENTS
ORAXYL CAP	-	4 TETRACYCLINES
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC CARDIOVASCULAR AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ORFADIN CAP	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	MSP-PA-QL-SF	5 RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5 RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	2 MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	4 MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	4 MUSCULOSKELETAL THERAPY AGENTS
ORTHO-PREFEST TAB	-	NC ESTROGENS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	3 ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	3 ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	3 ANTIVIRALS

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OSMOLEX ER TAB	-	NC ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	4 LAXATIVES
OSPHENA TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	L MSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	L MSP-PA-QL	5 ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	2 OTIC AGENTS
OTOVEL OTIC SOLN	-	NC OTIC AGENTS
OTOZIN OTIC DROPS	-	4 OTIC AGENTS
OVACE PLUS CREAM	-	4 DERMATOLOGICALS
OVACE PLUS LOTION	-	NC DERMATOLOGICALS
OVACE PLUS FOAM	-	NC DERMATOLOGICALS
oxandrolone tab (OXANDRIN equiv)	-	2 ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	3 ANALGESICS - ANTI-INFLAMMATORY
OXAZEPAM CAP	-	2 ANTIANXIETY AGENTS
oxazepam cap (SERAX equiv)	-	2 ANTIANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	2 ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	2 ANTICONVULSANTS

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OXERVATE OPHTH SOLN	-	NC OPTHALMIC AGENTS
oxiconazole nitrate cream (OXISTAT equiv)	-	4 DERMATOLOGICALS
OXISTAT LOTION	-	4 DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	2 URINARY ANTISPASMODICS
oxybutynin syrup	-	2 URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	2 URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	2 ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	3 ANALGESICS - OPIOID
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	3 ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	2 ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	2 ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	3 ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	2 ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	2 ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	4 ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	NC ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC ANALGESICS - OPIOID
OXYTROL PATCH	PA	4 URINARY ANTISPASMODICS

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OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3 ANTIDIABETICS
paliperidone ER tab (INVEGA equiv)	PA	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC DIGESTIVE AIDS
PANCRELIPASE CAP	-	NC DIGESTIVE AIDS
PANDEL CREAM	-	4 DERMATOLOGICALS
PANRETIN GEL	-	NC DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1 ULCER DRUGS
PARAGARD IUD	ACA	\$0 CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	4 AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	3 ANTIDEPRESSANTS

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paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PATADAY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	4	ULCER DRUGS
PCE TAB	-	4	MACROLIDES
PEAK FLOW METER	OTC	2	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride chew tab	-	4	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	2	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	2	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv)	ACA-QL	\$0	LAXATIVES
(Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)			
PEGANONE TAB	-	3	ANTICONVULSANTS
PEGASYS INJ	LMSP	5	ANTIVIRALS
PEGASYS INJ KIT	LMSP	5	ANTIVIRALS
PEG-INTRON INJ	LMSP	5	ANTIVIRALS
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
penicillin vk soln (VEETIDS equiv)	-	2	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	2	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS

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QL	Quantity Limit	RS	Restricted to Specialist
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SP	Available through Specialty Pharmacy Program	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
PENNSAID SOLN 1.5%	-	NC DERMATOLOGICALS
PENTASA CAP	-	NC GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	2 ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	4 ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	2 HEMATOLOGICAL AGENTS - MISC.
PERFOROMIST NEB SOLN	-	4 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	2 ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	2 DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA TAB	-	NC ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
phenelzine tab (NARDIL equiv)	-	2 ANTIDEPRESSANTS
phenobarbital elixir	-	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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phenobarbital tab	-	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	3 ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	2 OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	2 ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	3 ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	2 ANTICONVULSANTS
PHISOHEX LIQUID	-	4 ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	3 GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	2 MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	3 OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	3 VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	4 DERMATOLOGICALS
PIFELTRO TAB	-	NC ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	2 OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	2 MOUTH / THROAT / DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	4 OPHTHALMIC AGENTS

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pimecrolimus cream (ELIDEL equiv)	-	3 DERMATOLOGICALS
PIMOZIDE TAB	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	2 BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1 ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	3 ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	ACA-OTC	\$0 CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	LMSP-PA	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	LMSP-PA	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENVU SOLN	-	NC LAXATIVES
PNEUMOVAX INJ	ACA-VAC	\$0 VACCINES
PODIAPN CAP	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS

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PODOCON SOLN	-	3 DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	3 DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	3 PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	2 OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC COUGH / COLD / ALLERGY
POMALYST CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POTABA POWDER PACKET	-	3 VITAMINS
POTABA TAB	-	NC VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	2 MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	2 MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	2 MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	2 MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	2 MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	2 MINERALS & ELECTROLYTES

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potassium chloride powder packet (KLOR-CON equiv)	-	3	MINERALS & ELECTROLYTES
potassium chloride soln	-	3	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROKIT-K TAB equiv)	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	3	ANTICONVULSANTS
PRADAXA CAP	-	3	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	4	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	2	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	3	DERMATOLOGICALS
PRAMOSONE E CREAM	-	3	DERMATOLOGICALS
PRAMOSONE LOTION	-	4	DERMATOLOGICALS
PRAMOSONE OINT	-	3	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	2	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	2	ANORECTAL AGENTS

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pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	2 OTIC AGENTS
PRANDIMET TAB	-	NC ANTIDIABETICS
PRASCION RA CREAM	-	3 DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	2 HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	ACA	\$0 ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	3 ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	2 ANTIHYPERTENSIVES
PRECISION XTRA METER	OTC	\$0 MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	DIA DIAGNOSTIC PRODUCTS B 2
PRED MILD OPHTH SOLN	-	3 OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	3 OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2 DERMATOLOGICALS
prednicarbate cream (DERMATOP equiv)	-	3 DERMATOLOGICALS
PREDNICARBATE OIN	-	3 DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	3 CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	2 OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	3 OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	2 CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	2 CORTICOSTEROIDS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
prednisolone syrup (PRELONE equiv)	-	2 CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC OPHTHALMIC AGENTS
PREDNISON PAK	-	3 CORTICOSTEROIDS
PREDNISON SOLN	-	2 CORTICOSTEROIDS
PREDNISON TAB	-	1 CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC CORTICOSTEROIDS
PREMARIN TAB	-	3 ESTROGENS
PREMARIN VAGINAL CREAM	-	3 VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	3 ESTROGENS
PRENATAL VITAMINS (NON-PREFERRED)	-	4 MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	2 MULTIVITAMINS
PRESTALIA TAB	-	NC ANTIHYPERTENSIVES
PREVACID OTC CAP	OTC	4 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 PASTE	-	3 MOUTH / THROAT / DENTAL AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
PREVIDENT RINSE	-	3 MOUTH / THROAT / DENTAL AGENTS
PREVNAR 13 INJ	ACA-VAC	\$0 VACCINES
PREVYMIS TAB	-	NC ANTIVIRALS
PREZCOBIX TAB	SP	5 ANTIVIRALS
PREZISTA SUSP	SP	5 ANTIVIRALS
PREZISTA TAB	SP	5 ANTIVIRALS
PRIFTIN TAB	-	3 ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC ULCER DRUGS
PRILOSEC OTC DR TAB	-	NC ULCER DRUGS
PRIMAQUINE TAB	-	3 ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	2 ANTICONVULSANTS
PRIMSOL SOLN	-	4 ANTI-INFECTIVE AGENTS MISC.
PROAIR HFA INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	2 GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
PROCRIT INJ	-	3 HEMATOPOIETIC AGENTS

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PROCTOFOAM HC FOAM	-	3 ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	2 ANORECTAL AGENTS
PROCYSBI CAP	-	NC GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	3 MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	3 PROGESTINS
progesterone oil inj	-	NC PROGESTINS
PROGESTERONE SUPP	PA	4 VAGINAL PRODUCTS
PROGLYCEM SUSP	-	4 ANTIDIABETICS
PROLENSA OPHTH SOLN	-	3 OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA TAB	LMSP-PA	5 HEMATOPOIETIC AGENTS
promethazine DM syrup	-	4 COUGH / COLD / ALLERGY
promethazine supp (PHENERGAN equiv)	-	3 ANTIHISTAMINES
promethazine syrup	-	2 ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	2 ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	2 COUGH / COLD / ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	2 COUGH / COLD / ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	2 COUGH / COLD / ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2 COUGH / COLD / ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2 COUGH / COLD / ALLERGY

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propafenone ER cap (RYTHMOL SR equiv)	-	3 ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	2 ANTIARRHYTHMICS
PROPANTHELINE TAB	-	3 ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	2 OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	2 BETA BLOCKERS
PROPRANOLOL SOLN	-	2 BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	2 BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	2 ANTIHYPERTENSIVES
propylthiouracil tab	-	2 THYROID AGENTS
PROQUIN XR TAB	-	NC FLUOROQUINOLONES
PROSED DS TAB	-	NC URINARY ANTI-INFECTIVES
PROSTIGMIN TAB	-	3 ANTIMYASTHENIC / CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC MOUTH / THROAT / DENTAL AGENTS
PROTONIX PAK	-	NC ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	4 ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PROZAC WEEKLY CAP	-	NC ANTIDEPRESSANTS
PROZENA PAD	-	NC DERMATOLOGICALS

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PULMICORT FLEXHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	5 RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC HEMATOPOIETIC AGENTS
PURIXAN SUSP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	4 ULCER DRUGS
pyrazinamide tab	-	2 ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	3 ANTIMYASTHENIC / CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	2 ANTIMYASTHENIC / CHOLINERGIC AGENTS
QBRELIS SOLN	PA	4 ANTIHYPERTENSIVES
QBREXZA PAD	-	NC DERMATOLOGICALS
QNASL NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC ANTIDIABETICS
QUALAQUIN CAP	-	NC ANTIMALARIALS
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS

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**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
quetiapine XR tab (SEROQUEL XR equiv)	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	4 MULTIVITAMINS
QUILLICHEW ER TAB	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
QUILLIVANT XR SUSP	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	2 ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	2 ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	3 ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	4 ANTIARRHYTHMICS
quinidine sulfate tab	-	2 ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC ANTIMALARIALS
QVAR INHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	<b>NC =Not Covered</b>	<b>generic =small letters</b>	<b>BRANDS =CAPITAL LETTERS</b>
ACA	Affordable Care Act	DIAB1-2	Preferred
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
rabeprazole EC tab (ACIPHEX equiv)	-	4 ULCER DRUGS
RAGWITEK SL TAB	-	NC 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	-	3 ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	2 ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	2 ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	2 ULCER DRUGS
RAPAMUNE SOLN	SP	5 ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	¢	3 ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC CORTICOSTEROIDS
REBETOL SOLN	LMSP	5 ANTIVIRALS
REBIF INJ	LMSP	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
REGRANEX GEL (QL= 30gm/fill)	QL	3	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	3	ANTIVIRALS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB	-	NC	MIGRAINE PRODUCTS
RENAGEL TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	2	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	2	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5	ANTIHYPERTENSIVES
RESCRIPTOR TAB	SP	5	ANTIVIRALS
RESERPINE TAB	-	4	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	3	OPHTHALMIC AGENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
RETACRIT INJ	-	3 HEMATOPOIETIC AGENTS
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	3 DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC DERMATOLOGICALS
RETROVIR SYRUP	SP	5 ANTIVIRALS
REVATIO SUSP	-	NC CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	5 ASSORTED CLASSES
REXAPHENAC CREAM	-	NC DERMATOLOGICALS
REXULTI TAB	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
REYATAZ POWDER PACK	SP	5 ANTIVIRALS
REZYST CHEW TAB	-	NC ANTIDIARRHEALS
RHEUMATREX TAB	-	4 ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	NC DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC OPHTHALMIC AGENTS
RIBAPAK TAB	-	NC ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	3 ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC ANTIVIRALS
ribavirin tab (COPEGUS equiv)	LMSP	3 ANTIVIRALS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
RIDAURA CAP	-	3 ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	3 ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	3 ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	3 ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	-	NC ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	3 NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	2 ANTIVIRALS
RIOMET SOLN, METFORMIN SOLN	-	4 ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	4 ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	3 ANTIPSYCHOTICS / ANTIMANIC AGENTS

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**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>	
risperidone soln (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
RITALIN LA CAP 60MG	-	4	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ritonavir tab (NORVIR equiv)	SP	5	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2	MIGRAINE PRODUCTS
ropinirole ER tab (REQUIP XL equiv)	-	4	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	2	ANTIPARKINSON AGENTS
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	\$0 ANTIHYPERLIPIDEMICS
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	2 ANTIHYPERLIPIDEMICS
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	2 ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	\$0 ANTIHYPERLIPIDEMICS
ROWASA KIT	-	NC GASTROINTESTINAL AGENTS - MISC.
ROZEREM TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
RYBIX ODT	-	NC ANALGESICS - OPIOID
RYDAPT CAP	LMSP-PA	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC ANTIPARKINSON AGENTS
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	5 ANTICONVULSANTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
salicylic acid shampoo (SALEX equiv)	-	3 DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	3 ANALGESICS - NONNARCOTIC
SAMSCA TAB	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/fill)	QL	4 ANTIEMETICS
SANDIMMUNE CAP	SP	5 ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	SP	5 ASSORTED CLASSES
SANDOSTATIN INJ	LMSP	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	3 DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	4 ANTIPSYCHOTICS / ANTIMANIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
SARAFEM TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC ANTICOAGULANTS
SAVELLA PAK	-	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	3 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCARCIN GEL	-	NC DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC DERMATOLOGICALS
scopolamine patch (TRANSDERM-SCOP equiv)	-	4 ANTIEMETICS
seb-prev cream (OVACE CREAM equiv)	-	4 DERMATOLOGICALS
SECONAL CAP	-	3 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SEEBRI NEOHALER CAP	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB	-	NC ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	2 ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	2 ANTIPARKINSON AGENTS

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selenium sulfide lotion	-	2	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	3	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	SP	5	ANTIVIRALS
SELZENTRY TAB	SP	5	ANTIVIRALS
SENSIPAR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
sertraline conc (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (REVELA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 50 or older)	ACA-VAC	\$0	VACCINES

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SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
SIGNIFOR LAR INJ	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC DERMATOLOGICALS
sildenafil tab 20mg (REVATIO equiv)	PA	2 CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SILIPAC KIT	-	NC DERMATOLOGICALS
SILIQ INJ	-	NC DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	NC GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2 DERMATOLOGICALS
SILVERA PAD	-	NC DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	3 OPHTHALMIC AGENTS
SIMCOR TAB	-	NC ANTIHYPERLIPIDEMICS
SIMPONI ARIA INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY

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SIMPONI SC INJ	-	NC ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	ACA	\$0 ANTIHYPERLIPIDEMICS
sirolimus tab (RAPAMUNE equiv)	SP	5 ASSORTED CLASSES
SIRTURO TAB	-	NC ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	3 ANTI-INFECTIVE AGENTS MISC.
SKELID TAB	-	4 ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	4 DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2 ANTI-INFECTIVE AGENTS MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2 ANTI-INFECTIVE AGENTS MISC.
sodium chloride neb soln (HYPER-SAL equiv)	-	2 COUGH / COLD / ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	2 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

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
sodium fluoride cream (PREVIDENT 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)	-	2 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)	-	2 MOUTH / THROAT / DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	2 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)	-	2 MOUTH / THROAT / DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.

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ACA	Affordable Care Act	DIAB1-2 Preferred
INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢ RxCENTS

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sodium phenylbutyrate tab (BUPHENYL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	3	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	2	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	4	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	4	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	4	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	4	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	4	DERMATOLOGICALS

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sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	4	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	4	DERMATOLOGICALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	4	AMEBICIDES
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreen: 888-347-3416)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	4	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
SORIATANE CK KIT	-	3	DERMATOLOGICALS
SORILUX FOAM	-	4	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	2	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	2	BETA BLOCKERS

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**FirstCare FIVE Tier Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
SOTYLIZE SOLN	-	NC BETA BLOCKERS
SOVALDI TAB	-	NC ANTIVIRALS
SPECTRACEF TAB	-	4 CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	3 DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	2 DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2 DIURETICS
SPORANOX SOLN	PA	4 ANTIFUNGALS
SPRITAM TAB	-	NC ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	LMSP-PA-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	3 COUGH / COLD / ALLERGY

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STAMARIL INJ	-	NC VACCINES
stavudine cap (ZERIT equiv)	-	3 ANTIVIRALS
stavudine soln (ZERIT equiv)	-	3 ANTIVIRALS
STAVZOR CAP	-	NC ANTICONVULSANTS
STEGLATRO TAB	-	NC ANTIDIABETICS
STEGLUJAN TAB	-	NC ANTIDIABETICS
STELARA INJ	-	NC DERMATOLOGICALS
STIMATE NASAL SOLN	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	3 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	4 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB ( )	SP	5 ANTIVIRALS

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STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	4 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ	-	NC ANALGESICS - OPIOID
SUBOXONE SL TAB	-	NC ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC ANALGESICS - OPIOID
SUCLEAR KIT	-	NC LAXATIVES
SUCRAID SOLN	-	NC DIGESTIVE AIDS
sucralfate tab (CARAFATE equiv)	-	2 ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	2 OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	2 OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	2 SULFONAMIDES
SULFAMYLON CREAM	-	3 DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	2 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	3 MIGRAINE PRODUCTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUPRAX CAP	-	4	CEPHALOSPORINS
SUPRAX CHEW TAB	-	4	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	4	CEPHALOSPORINS
SUPRAX TAB	-	4	CEPHALOSPORINS
SUPREP SOLN	-	NC	LAXATIVES
SUSTIVA TAB	SP	5	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP	MSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	4	ULCER DRUGS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
SYMBICORT INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5 RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	3 ANTIVIRALS
SYMLINPEN INJ	-	NC ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC ANTICONVULSANTS
SYMPROIC TAB	PA	3 GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	3 ANTIVIRALS
SYNAGIS INJ	MSP-PA	5 PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	3 ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC ANTIEMETICS
SYNERA PATCH	-	NC DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	3 ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	3 ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	3 ANTIDIABETICS

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SYNRIBO INJ	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	2 THYROID AGENTS
SYNVEXIA TC CREAM	-	NC DERMATOLOGICALS
TABLOID TAB	-	3 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX SCALP SUSP	-	4 DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	SP	5 ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	3 DERMATOLOGICALS
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	5 CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSE TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ	-	NC HEMATOLOGICAL AGENTS - MISC.
TALTZ INJ	-	NC DERMATOLOGICALS
TALZENNA CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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tamsulosin cap (FLOMAX equiv)	-	2 GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC ANTIDIABETICS
TARCEVA TAB	LMSP-PA-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGADOX TAB	-	NC TETRACYCLINES
TARGRETIN GEL	LMSP	5 DERMATOLOGICALS
TARKA TAB	-	4 ANTIHYPERTENSIVES
TASIGNA CAP	LMSP-PA-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5 HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC CONTRACEPTIVES
tazarotene cream (TAZORAC equiv)	-	NC DERMATOLOGICALS
TAZORAC CREAM	-	NC DERMATOLOGICALS
TAZORAC GEL	-	NC DERMATOLOGICALS
TECFIDERA CAP	LMSP	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	LMSP	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC ANTIVIRALS

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TEGSEDI INJ	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	4 ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	4 ANTIHYPERTENSIVES
TEKTURNA TAB	¢	4 ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	3 ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HC <sup>®</sup> equiv)	-	NC ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	4 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	2 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	4 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	LMSP	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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tenofovir disoproxil fumarate tab (VIREAD equiv)	SP	5	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	2	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	2	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
TERCONAZOLE CREAM 8%	-	2	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
TESTIM GEL	-	NC	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC

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INF	Infertility	LD	Limited Distribution
LMSPP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

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**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv)	-	NC	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	ACA-VAC	\$0	TOXOIDS
tetrabenazine tab (XENAZINE equiv) ( )	LMSP-PA	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	4	TETRACYCLINES
TETRACYCLINE CAP	-	NC	TETRACYCLINES
TEVETEN HCT TAB	-	NC	ANTIHYPERTENSIVES
THALOMID CAP	MSP-PA	5	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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theophylline ER tab (UNIPHYL equiv)	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	2 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA TAB	-	NC GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
THYROLAR TAB	-	3 THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	3 ANTICONVULSANTS
TIBSOVO TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
ticlopidine tab (TICLID equiv)	-	2 HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP	-	NC NEUROMUSCULAR AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	3 OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1 OPHTHALMIC AGENTS

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timolol maleate tab (BLOCADREN equiv)	-	2	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	3	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	4	ANTI-INFECTIVE AGENTS MISC.
TIROSINT CAP	-	4	THYROID AGENTS
TIVICAY TAB (QL= 2 tabs/day)	QL-SP	5	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	5	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	4	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	5	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	2	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	2	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	4	OPHTHALMIC AGENTS
TODAY SPONGE	ACA-OTC	\$0	VAGINAL PRODUCTS

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tolazamide tab (TOLINASE equiv)	-	2	ANTIDIABETICS
TOLBUTAMIDE TAB	-	3	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	4	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	3	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	¢	3	URINARY ANTISPASMODICS
TOPICORT GEL	-	4	DERMATOLOGICALS
TOPICORT OINT	-	4	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	2	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	2	ANTICONVULSANTS
torsemide tab (DEMADEX equiv)	-	2	DIURETICS
TOUJEO MAX SOLOSTAR INJ	-	3	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	3	ANTIDIABETICS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS

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TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5 CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5 CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	3 ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC DERMATOLOGICALS
TRAMADOL ER CAP	-	NC ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	4 ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	2 ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	4 ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	2 ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	4 ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	3 HEMOSTATICS
TRANSDERM-SCOP PATCH	-	4 ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	3 ANTIDEPRESSANTS
TRAVATAN Z OPHTH SOLN (QL= 2.5ml/30 days)	QL	3 OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	2 ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC ANTIDEPRESSANTS
TRECTOR TAB	-	NC ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	3 ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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TREMFYA INJ	-	NC DERMATOLOGICALS
TRESIBA FLEXTOUCH INJ	-	3 ANTIDIABETICS
TRESIBA INJ	-	3 ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	5 ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	3 DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3 DERMATOLOGICALS
TRETIN-X CREAM	-	NC DERMATOLOGICALS
TREXIMET TAB	-	NC MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	4 ANALGESICS - OPIOID
triamcinolone cream	-	2 DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2 MOUTH / THROAT / DENTAL AGENTS
triamcinolone lotion	-	2 DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv) (QL= 1 bottle/30 days)	QL	2 NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	2 DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	4 DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	2	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	3	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	2	DIURETICS
triazolam tab (HALCION equiv)	-	2	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	2	HEMATOPOIETIC AGENTS
trientine cap (SYPRINE equiv)	MSP-PA	5	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	3	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	2	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	2	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	ACA	\$0	CONTRACEPTIVES
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS

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trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	\$0 LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	2 ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	2 ANTI-INFECTIVE AGENTS MISC.
trimipramine cap (SURMONTIL equiv)	-	4 ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	\$0 CONTRACEPTIVES
TRINTELLIX TAB	-	NC ANTIDEPRESSANTS
TRIUMEQ TAB	SP	5 ANTIVIRALS
TROKENDI XR CAP	-	NC ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	2 OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	PA	4 URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	4 URINARY ANTISPASMODICS
TRULANCE TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Step Therap requires trial of metformin IR or metformin ER)	QL-ST	4 ANTIDIABETICS
TRUMENBA INJ	ACA-VAC	\$0 VACCINES
TRUVADA TAB	PA-SP	5 ANTIVIRALS

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TUDORZA PRESSAIR INHALER	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
TUSSICAPS	-	NC COUGH / COLD / ALLERGY
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	4 COUGH / COLD / ALLERGY
TUSSI-PRES LIQUID	-	NC COUGH / COLD / ALLERGY
TUZISTRA XR SUSP	-	NC COUGH / COLD / ALLERGY
TWINRIX INJ	ACA-VAC	\$0 VACCINES
TYBOST TAB	-	NC ANTIVIRALS
tydemy tab (SAFYRAL equiv)	-	NC CONTRACEPTIVES
TYKERB TAB	LMSP-PA	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	LMSP	5 ENDOCRINE AND METABOLIC AGENTS - MISC.
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	5 CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB	-	NC ANTIVIRALS
TYZINE NASAL SOLN	-	4 NASAL AGENTS - SYSTEMIC AND TOPICAL
UCERIS RECTAL FOAM	PA	4 ANORECTAL AGENTS
U-CORT CREAM	-	3 DERMATOLOGICALS
UDENYCA INJ	-	NC HEMATOPOIETIC AGENTS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	4 DERMATOLOGICALS

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ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	3 GOUT AGENTS
ULTRAVATE LOTION	-	NC DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC DERMATOLOGICALS
UMECTA EMULSION	-	NC DERMATOLOGICALS
UMECTA PD EMULSION	-	NC DERMATOLOGICALS
UMECTA SUSP	-	NC DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5 CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC DERMATOLOGICALS
URAMAXIN GEL	-	NC DERMATOLOGICALS
urea cream	-	NC DERMATOLOGICALS
UREA EMULSION	-	NC DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC DERMATOLOGICALS
UREA LOTION	-	NC DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	NC DERMATOLOGICALS
UREA NAIL KIT	-	NC DERMATOLOGICALS
UREA SUSP	-	NC DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC DERMATOLOGICALS
UROQID #2 TAB	-	4 URINARY ANTI-INFECTIVES
ursodiol cap (ACTIGALL equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.

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ursodiol tab (URSO (FORTE) equiv)	-	2 GASTROINTESTINAL AGENTS - MISC.
UTA CAP	-	NC URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB	-	NC 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	5 DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	3 ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	3 ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	2 ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	2 ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	2 ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2 ANTIHYPERTENSIVES
VALTURNA TAB	-	4 ANTIHYPERTENSIVES
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	3 ANTI-INFECTIVE AGENTS MISC.

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ACA	Affordable Care Act	DIAB1-2	Preferred
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VANCOMYCIN INJ	-	NC ANTI-INFECTIVE AGENTS MISC.
VANCOMYCIN SOLN KIT	-	2 ANTI-INFECTIVE AGENTS MISC.
VANIQA CREAM	-	NC DERMATOLOGICALS
VANOS CREAM	-	NC DERMATOLOGICALS
vardenafil ODT (STAXYN equiv)	QL	NC CARDIOVASCULAR AGENTS - MISC.
vardenafil tab (LEVITRA equiv)	QL	NC CARDIOVASCULAR AGENTS - MISC.
VARIVAX INJ	ACA-VAC	\$0 VACCINES
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	3 ANTIEMETICS
VASCEPA CAP	-	NC ANTIHYPERLIPIDEMICS
vasolex oint (XENADERM equiv)	-	NC DERMATOLOGICALS
VAXCHORA SUSP	-	NC VACCINES
vcf vaginal gel (CONCEPTROL equiv)	ACA-OTC	\$0 VAGINAL PRODUCTS
VECTICAL OINT	-	4 DERMATOLOGICALS
VELPHORO CHEW TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	3 ASSORTED CLASSES
VELTIN GEL	-	NC DERMATOLOGICALS
VEMLIDY TAB	-	3 ANTIVIRALS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	2	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	2	ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	5	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil SR cap (VERELAN SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN PM equiv)	-	4	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	2	CALCIUM CHANNEL BLOCKERS

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

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**FirstCare FIVE Tier Formulary Cont.**

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**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VERDESO FOAM	-	NC DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC ANALGESICS - OPIOID
VEREGEN OINT	-	NC DERMATOLOGICALS
VERELAN SR CAP 360mg	-	4 CALCIUM CHANNEL BLOCKERS
VERSACLOZ SUSP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE TAB	¢	3 URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	3 OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	3 MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB	-	NC CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	4 TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3 ANTIDIABETICS
VICTRELIS CAP	-	NC ANTIVIRALS
VIDEX EC CAP 125MG	SP	5 ANTIVIRALS
VIDEX SOLN	SP	5 ANTIVIRALS

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**FirstCare FIVE Tier Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VIEKIRA XR TAB	-	NC ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	5 ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	4 OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC ANTIDEPRESSANTS
VIMOVO TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	3 ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	3 ANTICONVULSANTS
VIRACEPT POWDER	SP	5 ANTIVIRALS
VIRACEPT TAB	SP	5 ANTIVIRALS
VIREAD TAB	SP	5 ANTIVIRALS
VISICOL TAB	-	4 LAXATIVES
VISTOGARD PAK	-	NC ANTIDOTES
vitamin D cap (RX strength only)	-	2 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	SP	5 ANTIVIRALS
VITRAKVI CAP	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VITRAKVI SOLN	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVELLE-DOT PATCH	-	NC ESTROGENS
VIVITROL INJ	-	NC ANTIDOTES
VIVLODEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	ACA-QL-VAC	\$0 VACCINES
VIZIMPRO TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO PUMP	-	NC ANDROGENS-ANABOLIC
VOPAC 5 CREAM	-	NC DERMATOLOGICALS
VOPAC CREAM	-	NC DERMATOLOGICALS
VOPAC GB CREAM	-	NC DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	3 ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	3 ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	5 ANTIVIRALS
VOTRIENT TAB	LMSP-PA-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VRAYLAR CAP	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS
VRAYLAR PACK	-	NC ANTIPSYCHOTICS / ANTIMANIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VSL #3 CAP	-	NC ANTIDIARRHEALS
VYTONE CREAM 1.9-1%	-	NC DERMATOLOGICALS
VYVANSE CAP	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
VYVANSE CHEW TAB	-	3 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
VYZULTA SOLN	-	NC OPHTHALMIC AGENTS
warfarin tab (COUMADIN equiv)	-	2 ANTICOAGULANTS
WELCHOL PACK	-	NC ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	NC ANTIHYPERLIPIDEMICS
WESTCORT OINT	-	NC DERMATOLOGICALS
WPR PLUS	-	NC DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	ACA	\$0 CONTRACEPTIVES
XADAGO TAB (QL= 1 tab/day)	PA-QL	4 ANTIPARKINSON AGENTS
XALIX SOL	-	NC DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS

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VAC	Vaccine Program	¢	RxCENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
XARELTO STARTER PACK	-	3 ANTICOAGULANTS
XARELTO TAB	-	3 ANTICOAGULANTS
XARELTO TAB 2.5MG	-	NC ANTICOAGULANTS
XARTEMIS XR TAB	-	NC ANALGESICS - OPIOID
XATMEP SOLN	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELJANZ TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPHTH EMULSION	-	NC OPHTHALMIC AGENTS
XENADERM OINT	-	NC DERMATOLOGICALS
XENAZINE TAB	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XEPI CREAM	-	NC DERMATOLOGICALS
XERESE CREAM	-	4 DERMATOLOGICALS
XERMELO TAB	-	NC GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4 ANTI-INFECTIVE AGENTS MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	4 ANTI-INFECTIVE AGENTS MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	3 ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	3 ANTIDIABETICS
XIIDRA OPHTH SOLN	-	NC OPHTHALMIC AGENTS
XIMINO CAP	-	NC TETRACYCLINES
XODOL TAB 10MG-300MG	-	NC ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC ANALGESICS - OPIOID
XOFLUZA TAB	-	NC ANTIVIRALS
XOLEGEL	-	NC DERMATOLOGICALS
XOSPATA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	3 ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	ACA	\$0 CONTRACEPTIVES
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	3 ANTIDIABETICS
XURIDEN POWDER	-	NC ENDOCRINE AND METABOLIC AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
XYOSTED INJ	-	NC ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	5 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC ANTIHISTAMINES
XYZAL TAB	-	NC ANTIHISTAMINES
XYZBAC TAB	-	NC DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
YASMIN TAB	-	NC CONTRACEPTIVES
YAZ TAB	-	NC CONTRACEPTIVES
YBUPHEN TAB	-	NC ANALGESICS - ANTI-INFLAMMATORY
YODOXIN TAB	-	4 AMEBICIDES
YONSA TAB	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC HEMATOLOGICAL AGENTS - MISC.
YUPELRI SOLN	-	NC ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZADITOR OPHTH SOLN	OTC	NC OPHTHALMIC AGENTS

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zafirlukast tab (ACCOLATE equiv)	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	2	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZARXIO INJ	LMSP	5	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	2	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	4	ANTIPARKINSON AGENTS
ZELBORAF TAB	MSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENZEDI TAB	-	NC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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zenzedi tab 5mg (DEXEDRINE equiv)	-	NC ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ZEPATIER TAB	-	NC ANTIVIRALS
ZERIT SOLN	SP	5 ANTIVIRALS
ZETIA TAB	-	NC ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIANA GEL	-	NC DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	3 ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	3 ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	3 ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv)	-	4 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ZINBRYTA INJ	-	NC PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	2 MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN	-	NC OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS

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ZIRGAN OPHTH GEL	-	3	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	4	MACROLIDES
ZMAX SUSP	-	4	MACROLIDES
ZOCOR TAB 80MG	-	NC	ANTIHYPERLIPIDEMICS
ZOXYDOL ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP	LMSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
zolpidem ER tab 12.5mg (AMBIEN CR equiv) (Male QL= 1 tab/day, Female QL= 15 tab/30 days; Step therapy requires trial of zaleplon or eszopiclone and zolpidem IR)	QL-ST	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
zolpidem ER tab 6.25mg (AMBIEN CR equiv) (QL= 1 tab/day; Step Therapy requires trial of zaleplon or eszopiclone and zolpidem IR)	QL-ST	3	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ZOLPIMIST SPRAY	-	NC HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4 MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC COUGH / COLD / ALLERGY
zonisamide cap (ZONEGRAN equiv)	-	2 ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	4 HEMATOLOGICAL AGENTS - MISC.
ZORPRIN TAB	-	4 ANALGESICS - NONNARCOTIC
ZORTRESS TAB	PA-SP	5 ASSORTED CLASSES
ZORVOLEX CAP	-	NC ANALGESICS - ANTI-INFLAMMATORY
ZOSTAVAX INJ (Covered for members age 50 or older)	ACA-VAC	\$0 VACCINES
ZOVIRAX CREAM	-	4 DERMATOLOGICALS
ZOVIRAX OINT	-	NC DERMATOLOGICALS
ZUBSOLV SL TAB	-	3 ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC ANTIEMETICS
ZURAMPIC TAB	-	NC GOUT AGENTS
ZYCLARA CREAM	-	NC DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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**FirstCare FIVE Tier Formulary Cont.**

**Alphabetical Index**

**Last Updated 1/1/2019**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ZYFLO TAB	-	4 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	5 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	3 OPHTHALMIC AGENTS
ZYMAXID OPHTH SOLN	-	4 OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC ANTIHYPERLIPIDEMICS
ZYTIGA TAB 500MG	-	NC ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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By Therapeutic Class

**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2
dextroamphetamine tab (DEXEDRINE equiv)	-	2
ADDERALL XR CAP	-	3
dextroamphetamine ER cap (DEXEDRINE equiv)	-	3
VYVANSE CAP	-	3
VYVANSE CHEW TAB	-	3
dextroamphetamine soln (PROCENTRA equiv)	-	4
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
DYANAVEL XR SUSP, ADZENYS ER SUSP	-	NC
methamphetamine tab (DESOXYN equiv)	-	NC
MYDAYIS CAP	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
<b>ANALEPTICS</b>		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	3
CAFCIT INJ	-	NC
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
LOMAIRA TAB	-	NC
<b>ANTI-OBESITY AGENTS</b>		

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
BELVIQ XR TAB	-	NC
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
guanfacine ER tab (INTUNIV equiv)	-	2
atomoxetine cap (STRATTERA CAP equiv)	-	4
STRATTERA CAP	-	4
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
<b>STIMULANTS - MISC.</b>		
dexmethylphenidate tab (FOCALIN equiv)	-	2
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	2
methylphenidate tab (RITALIN equiv)	-	2
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	PA-QL	3
methylphenidate CD cap (METADATE CD equiv)	-	3
methylphenidate ER cap (RITALIN LA equiv)	-	3
METHYLPHENIDATE ER TAB	-	3
methylphenidate ER tab (CONCERTA equiv)	-	3
methylphenidate soln (METHYLIN equiv)	-	3
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	PA-QL	3
dexmethylphenidate ER cap (FOCALIN XR equiv) (Covered for members 6 years or older; Step Therapy requires trial of dexmethylphenidate tab and ADDERALL XR CAP)	ST	4
methylphenidate chew tab (METHYLIN equiv)	-	4
RITALIN LA CAP 60MG	-	4

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**FirstCare FIVE Tier Formulary**

**Category/Class**

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
methylphenidate ER tab 72mg	-	NC
QUILLICHEW ER TAB	-	NC
QUILLIVANT XR SUSP	-	NC
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
ODACTRA SL TAB	PA	4
<b>ALTERNATIVE MEDICINES</b>		
<b>ALTERNATIVE MEDICINE - R'S</b>		
RESERVAPAK SYRUP	-	NC
<b>AMEBICIDES</b>		
<b>AMEBICIDES</b>		
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	4
YODOXIN TAB	-	4
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
neomycin tab	-	2
paromomycin cap (HUMATIN equiv)	-	4
TOBI PODHALER (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	5
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	5
ARIKAYCE SUSP	-	NC

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>AMINOGLYCOSIDES Cont.</b>		
BETHKIS NEB SOLN	-	NC
KITABIS PAK NEB SOLN	-	NC
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	5
XELJANZ TAB	-	NC
XELJANZ XR TAB	-	NC
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RHEUMATREX TAB	-	4
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	LMSP-PA-QL	5
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	LMSP-PA-QL	5
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	LMSP-PA-QL	5
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	5
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	5
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	5
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	LMSP-PA-QL	5
SIMPONI ARIA INJ	-	NC
SIMPONI SC INJ	-	NC
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP	-	3
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		

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VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary**

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**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
KINERET INJ (QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-06	LD-PA-QL	5
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA SC INJ (QL= 2 inj/28 days)	PA-QL-SP	3
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ibuprofen tab 400mg	-	1
ibuprofen tab 600mg	-	1
ibuprofen tab 800mg	-	1
naproxen tab (NAPROSYN equiv)	-	1
diclofenac potassium tab (CATAFLAM equiv)	-	2
diclofenac sodium EC tab (VOLTAREN equiv)	-	2
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2
etodolac cap (LODINE equiv)	-	2
etodolac tab	-	2
flurbiprofen tab (ANSAID equiv)	-	2
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2
indomethacin cap (INDOCIN equiv)	-	2
indomethacin CR cap (INDOCIN SR equiv)	-	2
KETOPROFEN CAP	-	2
ketoprofen cap (ORUDIS equiv)	-	2
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	2

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
meloxicam tab (MOBIC equiv)	-	2
nabumetone tab (RELAFEN equiv)	-	2
naproxen EC tab (NAPROSYN EC equiv)	-	2
naproxen susp (NAPROSYN equiv)	-	2
sulindac tab (CLINORIL equiv)	-	2
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	3
INDOCIN SUPP	-	3
INDOCIN SUSP	-	3
naproxen sodium tab (ANAPROX equiv)	-	3
NAPROXEN SUSP	-	3
oxaprozin tab (DAYPRO equiv)	-	3
piroxicam cap (FELDENE equiv)	-	3
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	4
etodolac ER tab (LODINE XL equiv)	-	4
fenoprofen calcium tab	-	4
FENOPROFEN CAP	-	4
KETOPROFEN ER CAP	-	4
mefenamic acid cap (PONSTEL equiv)	-	4
TOLMETIN CAP	-	4
tolmetin cap (TOLECTIN DS equiv)	-	4
TOLMETIN TAB	-	4
KETOROLAC INJ	-	NC

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**FirstCare FIVE Tier Formulary**

**Category/Class**

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
NAPRELAN CR TAB 375MG, 750MG	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZORVOLEX CAP	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	5
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	5
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	-	2
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	5
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	5
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	5
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	5
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	5
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	5
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	5
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	5
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
BUTAL/APAP CAP	-	NC
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
<b>SALICYLATES</b>		
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 (Covered for males age 45-79; Covered for females (no age restriction) )	ACA-OTC	\$0

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - NONNARCOTIC Cont.</b>		
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	2
choline magnesium trisalicylate tab (TRILISATE equiv)	-	2
diflunisal tab (DOLOBID equiv)	-	2
salsalate tab (DISALCID equiv)	-	3
ZORPRIN TAB	-	4
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
codeine sulfate tab	-	2
HYDROMORPHONE SUPP	-	2
hydromorphone tab (DILAUDID equiv)	-	2
meperidine tab (DEMEROL equiv)	-	2
methadone soln	-	2
methadone tab (DOLOPHINE equiv)	-	2
methadose tab	-	2
morphine sulfate ER tab (MS CONTIN equiv)	-	2
morphine sulfate soln	-	2
morphine sulfate tab	-	2
oxycodone cap (OXYIR equiv)	-	2
oxycodone tab (ROXICODONE equiv)	-	2
tramadol tab (ULTRAM equiv)	-	2
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3
fentanyl patch (DURAGESIC equiv)	-	3

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INF	Infertility		LD	Limited Distribution	
LMSP	Lumicera Mandatory Specialty Pharmacy Program		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	
VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - OPIOID Cont.</b>		
HYSINGLA ER TAB (QL= 1 tab/day)	QL	3
levorphanol tab (LEVORPHANOL equiv)	-	3
morphine sulfate supp	-	3
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	3
oxycodone conc (ROXICODONE equiv)	-	3
oxycodone soln (ROXICODONE equiv)	-	3
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	3
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	4
CODEINE SULFATE SOLN	-	4
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	4
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	4
NUCYNTA TAB	-	4
tramadol ER tab (ULTRAM ER equiv)	-	4
ARYMO ER TAB	-	NC
AVINZA CAP	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL equiv)	-	NC
hydromorphone ER tab (EXALGO equiv)	-	NC
KADIAN CAP	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER BEAD CAP	-	NC

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**FirstCare FIVE Tier Formulary**

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**Last Updated\* 1/1/2019**

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<b>ANALGESICS - OPIOID Cont.</b>		
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB, OXYCONTIN CR TAB	-	NC
OXYCONTIN CR TAB	-	NC
OXYMORPHONE ER TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
ZOHYDRO ER CAP	-	NC
<b>OPIOID COMBINATIONS</b>		
acetaminophen/codeine soln	-	2
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	2
aspirin/codeine tab	-	2
hydrocodone/acetaminophen cap (LORCET equiv)	-	2
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	2
hydrocodone/acetaminophen tab (LORTAB equiv)	-	2
oxycodone/acetaminophen cap (TYLOX equiv)	-	2
oxycodone/acetaminophen tab (PERCOCET equiv)	-	2
oxycodone/aspirin tab (PERCODAN equiv)	-	2
pentazocine/acetaminophen tab (TALACEN equiv)	-	2

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANALGESICS - OPIOID Cont.</b>		
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	3
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	3
OXYCODONE/ACETAMINOPHEN SOLN	-	3
CAPITAL/CODEINE SUSP	-	4
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	4
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	4
LORTAB ELIXIR	-	4
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	4
tramadol/acetaminophen tab (ULTRACET equiv)	-	4
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	4
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
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
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
<b>OPIOID PARTIAL AGONISTS</b>		
BUNAVAIL FILM, SUBOXONE SL FILM	-	3

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VAC	Vaccine Program	¢	RxCENTS		

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**FirstCare FIVE Tier Formulary**

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<b>ANALGESICS - OPIOID Cont.</b>		
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	3
ZUBSOLV SL TAB	-	3
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	4
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	4
pentazocine/naloxone tab (TALWIN NX equiv)	-	4
BELBUCA FILM	-	NC
buprenorphine SL tab (SUBUTEX equiv)	-	NC
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	NC
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL TAB	-	NC
<b>ANDROGENS-ANABOLIC</b>		
<b>ANABOLIC STEROIDS</b>		
oxandrolone tab (OXANDRIN equiv)	-	2
ANADROL TAB	-	NC
<b>ANDROGENS</b>		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	2
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3
ANDROXY TAB	-	3
danazol cap (DANOCRINE equiv)	-	3
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3

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VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANDROGENS-ANABOLIC Cont.</b>		
TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)	PA-QL	3
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	3
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	3
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	3
METHITEST TAB	PA	4
METHYLTESTOSTERONE CAP	-	NC
TESTIM GEL	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
testosterone soln (AXIRON equiv)	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	3
CORTIFOAM	-	4
UCERIS RECTAL FOAM	PA	4
<b>RECTAL COMBINATIONS</b>		
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	2

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANORECTAL AGENTS Cont.</b>		
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	2
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	3
PROCTOFOAM HC FOAM	-	3
ANALPRAM-E KIT	-	4
<b>RECTAL STEROIDS</b>		
proctosol HC cream (ANUSOL HC equiv)	-	2
hydrocortisone supp (ANUSOL HC equiv)	-	3
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
mebendazole chew tab	-	2
BENZNIDAZOLE TAB	PA	3
ivermectin tab (STROMECTOL equiv)	-	3
praziquantel tab (BILTRICIDE equiv)	-	3
BILTRICIDE TAB	-	4
albendazole tab (ALBENZA equiv)	-	NC
ALBENZA TAB	-	NC
EMVERM TAB	-	NC
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
RANEXA TAB	-	3
<b>NITRATES</b>		
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	2
isosorbide dinitrate SL tab	-	2

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIANGINAL AGENTS Cont.</b>		
isosorbide dinitrate tab (ISORDIL equiv)	-	2
isosorbide mononitrate ER tab (IMDUR equiv)	-	2
isosorbide mononitrate tab (MONOKET equiv)	-	2
nitroglycerin patch (NITRO-DUR equiv)	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
nitroglycerin SR cap	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	4
NITRO-BID OINT	-	4
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	4
NITROMIST SPRAY	-	4
GONITRO POWDER	-	NC
<b>ANTIAXIETY AGENTS</b>		
<b>ANTIAXIETY AGENTS - MISC.</b>		
bupirone tab (BUSPAR equiv)	-	2
hydroxyzine pamoate cap (VISTARIL equiv)	-	2
hydroxyzine syrup (ATARAX equiv)	-	2
hydroxyzine tab (ATARAX equiv)	-	2
meprobamate tab (MILTOWN equiv)	-	2
bupirone tab 30mg (BUSPAR equiv)	-	NC
<b>BENZODIAZEPINES</b>		
alprazolam tab (XANAX equiv)	-	2

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<b>ANTIANSIETY AGENTS Cont.</b>		
chlordiazepoxide cap (LIBRIUM equiv)	-	2
diazepam conc (VALIUM equiv)	-	2
DIAZEPAM SOLN	-	2
diazepam tab (VALIUM equiv)	-	2
lorazepam conc (ATIVAN equiv)	-	2
lorazepam tab (ATIVAN equiv)	-	2
OXAZEPAM CAP	-	2
oxazepam cap (SERAX equiv)	-	2
clorazepate tab (TRANXENE-T equiv)	-	3
alprazolam ER tab (XANAX XR equiv)	-	4
alprazolam ODT (NIRAVAM equiv)	-	4
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
disopyramide cap (NORPACE equiv)	-	2
quinidine sulfate tab	-	2
disopyramide ER cap (NORPACE CR equiv)	-	3
NORPACE CR CAP	-	3
quinidine gluconate CR tab	-	3
QUINIDINE SULFATE ER TAB	-	4
<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine cap (MEXITIL equiv)	-	3
<b>ANTIARRHYTHMICS TYPE I-C</b>		

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIARRHYTHMICS Cont.</b>		
flecainide tab (TAMBOCOR equiv)	-	2
propafenone tab (RYTHMOL equiv)	-	2
propafenone ER cap (RYTHMOL SR equiv)	-	3
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	3
MULTAQ TAB	-	3
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
DUPIXENT SOLN	-	NC
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn neb soln (INTAL equiv)	-	2
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ipratropium neb soln (ATROVENT equiv)	-	2
ATROVENT HFA INHALER	-	3
INCRUSE ELLIPTA INHALER	-	3
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	3
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Thera requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)	QL-ST	3
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
<b>LEUKOTRIENE MODULATORS</b>		
montelukast chew tab (SINGULAIR equiv)	-	2
montelukast tab (SINGULAIR equiv)	-	2
montelukast granule pack (SINGULAIR equiv)	-	3
zafirlukast tab (ACCOLATE equiv)	-	4
zileuton ER tab (ZYFLO CR equiv)	-	4
ZYFLO TAB	-	4
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB	-	NC
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
budesonide inh susp (PULMICORT equiv)	-	2
FLOVENT DISKUS INHALER	-	2
FLOVENT HFA INHALER	-	2
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC
PULMICORT FLEXHALER	-	NC

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INF	Infertility		LD	Limited Distribution	
LMSP	Lumicera Mandatory Specialty Pharmacy Program		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	
VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
<b>SYMPATHOMIMETICS</b>		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	2
albuterol neb soln 0.5% (VENTOLIN equiv)	-	2
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	2
albuterol sulfate syrup	-	2
albuterol sulfate tab	-	2
ALBUTEROL TAB ER	-	2
albuterol/ipratropium neb soln (DUONEB equiv)	-	2
FLUTICASONE/SALMETEROL INHALER	-	2
METAPROTERENOL SYRUP	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
ADVAIR DISKUS INHALER	-	3
ADVAIR HFA INHALER	-	3
ANORO ELLIPTA INHALER	-	3
BREO ELLIPTA INHALER	-	3
COMBIVENT INHALER	-	3
COMBIVENT RESPIMAT INHALER	-	3
DULERA INHALER	-	3
FORADIL AEROLIZER	-	3
SEREVENT DISKUS INHALER	-	3

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
STIOLTO INHALER	-	3
TRELEGY ELLIPTA INHALER	-	3
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	3
albuterol neb soln 0.63mg (ACCUNEb equiv)	-	4
albuterol neb soln 1.25mg (ACCUNEb equiv)	-	4
BROVANA NEB SOLN	-	4
levalbuterol neb soln (XOPENEX equiv)	-	4
METAPROTERENOL TAB	-	4
PERFOROMIST NEB SOLN	-	4
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	4
AIRDUO RESPICLICK	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	-	NC
PROAIR HFA INHALER	-	NC
PROVENTIL HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
<b>XANTHINES</b>		
aminophylline tab	-	2
theophylline CR tab (QUIBRON-T equiv)	-	2
theophylline ER tab (UNIPHYL equiv)	-	2
theophylline soln	-	2

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VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
ELIXOPHYLLIN ELIXIR	-	3
LUFYLLIN TAB	-	4
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
warfarin tab (COUMADIN equiv)	-	2
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TAB	-	3
XARELTO STARTER PACK	-	3
XARELTO TAB	-	3
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
XARELTO TAB 2.5MG	-	NC
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)	QL	3
fondaparinux inj (ARIXTRA equiv)	PA	3
FRAGMIN INJ	-	4
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP	-	3
<b>ANTICONSULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		

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VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
clonazepam tab (KLONOPIN equiv)	-	2
clonazepam ODT (KLONOPIN equiv)	-	4
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	4
clobazam tab (ONFI equiv)	PA	5
clobazam susp (ONFI equiv)	-	NC
ONFI SUSP	-	NC
SYMPAZAN ORAL FILM	-	NC
<b>ANTICONVULSANTS - MISC.</b>		
lamotrigine tab (LAMICTAL equiv)	-	1
carbamazepine chew tab (TEGRETOL equiv)	-	2
carbamazepine susp (TEGRETOL equiv)	-	2
carbamazepine tab (TEGRETOL equiv)	-	2
gabapentin cap (NEURONTIN equiv)	-	2
gabapentin tab (NEURONTIN equiv)	-	2
lamotrigine chew tab (LAMICTAL equiv)	-	2
levetiracetam ER tab (KEPPRA XR equiv)	-	2
levetiracetam soln (KEPPRA equiv)	-	2
levetiracetam tab (KEPPRA equiv)	-	2
oxcarbazepine susp (TRILEPTAL equiv)	-	2
oxcarbazepine tab (TRILEPTAL equiv)	-	2
primidone tab (MYSOLINE equiv)	-	2
topiramate sprinkle cap (TOPAMAX equiv)	-	2

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VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
topiramate tab (TOPAMAX equiv)	-	2
zonisamide cap (ZONEGRAN equiv)	-	2
BANZEL SUSP	-	3
BANZEL TAB	-	3
carbamazepine ER cap (CARBATROL equiv)	-	3
carbamazepine ER tab (TEGRETOL XR equiv)	-	3
gabapentin soln (NEURONTIN equiv)	-	3
LAMICTAL CHEW TAB 2MG	-	3
LYRICA CAP	-	3
LYRICA SOLN	-	3
POTIGA TAB (QL= 3 tabs/day)	QL	3
VIMPAT SOLN	-	3
VIMPAT TAB (QL= 2 tabs/day)	QL	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	4
lamotrigine ER tab (LAMICTAL XR equiv)	-	4
lamotrigine ODT (LAMICTAL equiv)	-	4
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	4
APTIOM TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
EPIDIOLEX SOLN	-	NC

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VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	-	3
felbamate tab (FELBATOL equiv)	-	3
FELBATOL TAB	-	3
<b>GABA MODULATORS</b>		
tiagabine tab (GABITRIL equiv)	-	3
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	5
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreen 888-347-3416)	LD-PA	5
<b>HYDANTOINS</b>		
phenytoin cap (DILANTIN equiv)	-	2
phenytoin susp (DILANTIN equiv)	-	2
DILANTIN CAP 30MG	-	3
PEGANONE TAB	-	3
phenytoin chew tab (DILANTIN equiv)	-	3
<b>SUCCINIMIDES</b>		
ethosuximide soln (ZARONTIN equiv)	-	2
CELONTIN CAP	-	3
ethosuximide cap (ZARONTIN equiv)	-	3
<b>VALPROIC ACID</b>		

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTICONVULSANTS Cont.</b>		
divalproex ER tab (DEPAKOTE ER equiv)	-	2
divalproex sodium DR tab (DEPAKOTE equiv)	-	2
divalproex sprinkle cap (DEPAKOTE equiv)	-	2
valproic acid cap (DEPAKENE equiv)	-	2
valproic acid syrup (DEPAKENE equiv)	-	2
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	2
mirtazapine tab (REMERON equiv)	-	2
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion ER tab (WELLBUTRIN equiv)	-	2
bupropion tab (WELLBUTRIN equiv)	-	2
bupropion XL tab (WELLBUTRIN XL equiv)	-	2
MAPROTILINE TAB	-	2
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
phenelzine tab (NARDIL equiv)	-	2
MARPLAN TAB	-	3

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDEPRESSANTS Cont.</b>		
NARDIL TAB	-	3
tranylcypromine tab (PARNATE equiv)	-	3
EMSAM PATCH	-	4
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
fluoxetine cap (PROZAC equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
citalopram soln (CELEXA equiv)	-	2
citalopram tab (CELEXA equiv)	-	2
escitalopram tab (LEXAPRO equiv)	-	2
fluoxetine soln (PROZAC equiv)	-	2
fluoxetine tab (PROZAC equiv)	-	2
fluvoxamine tab (LUVOX equiv)	-	2
sertraline conc (ZOLOFT equiv)	-	2
sertraline tab (ZOLOFT equiv)	-	2
escitalopram soln (LEXAPRO equiv)	-	3
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
paroxetine ER tab (PAXIL CR equiv)	-	3
FLUOXETINE TAB 60MG	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC

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**FirstCare FIVE Tier Formulary**

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<b>ANTIDEPRESSANTS Cont.</b>		
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE TAB	-	2
nefazodone tab 50mg, 250mg	-	2
trazodone tab (DESYREL equiv)	-	2
OLEPTRO TAB	-	4
trazodone tab 300mg (DESYREL equiv)	-	NC
TRINTELLIX TAB	-	NC
VIIBRYD STARTER KIT	-	NC
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
duloxetine EC cap (CYMBALTA equiv)	-	2
venlafaxine ER cap (EFFEXOR XR equiv)	-	2
venlafaxine tab (EFFEXOR equiv)	-	2
desvenlafaxine ER tab (PRISTIQ equiv)	-	3
DESVENLAFAXINE ER TAB	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
KHEDEZLA ER TAB	-	NC
venlafaxine ER tab	-	NC
<b>TRICYCLIC AGENTS</b>		
amitriptyline tab (ELAVIL equiv)	-	1
AMOXAPINE TAB	-	2

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<b>ANTIDEPRESSANTS Cont.</b>		
doxepin cap (SINEQUAN equiv)	-	2
doxepin conc (SINEQUAN equiv)	-	2
imipramine tab (TOFRANIL equiv)	-	2
nortriptyline cap (PAMELOR equiv)	-	2
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2
NORTRIPTYLINE SOLN	-	2
desipramine tab (NORPRAMIN equiv)	-	3
clomipramine cap (ANAFRANIL equiv)	-	4
imipramine pamoate cap (TOFRANIL PM equiv)	-	4
protriptyline tab (VIVACTIL equiv)	-	4
trimipramine cap (SURMONTIL equiv)	-	4
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	2
miglitol tab (GLYSET equiv)	-	4
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	-	NC
<b>ANTIDIABETIC COMBINATIONS</b>		
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
glipizide/metformin tab (METAGLIP equiv)	-	2
AVANDAMET TAB	-	3
AVANDARYL TAB	-	3

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
GLYXAMBI TAB (QL= 1 tab/day)	QL	3
JANUMET TAB	-	3
JANUMET XR TAB	-	3
JENTADUETO TAB (QL= 2 tabs/day)	QL	3
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	3
SYNJARDY TAB (QL= 2 tabs/day)	QL	3
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	3
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	3
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	3
ACTOPLUS MET XR TAB	-	4
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
QTERN TAB	-	NC
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
<b>BIGUANIDES</b>		
metformin tab (GLUCOPHAGE equiv)	-	1
metformin ER tab (GLUCOPHAGE XR equiv)	-	2
RIOMET SOLN, METFORMIN SOLN	-	4
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
<b>DIABETIC OTHER</b>		
GLUCAGEN HYPOKIT INJ	-	3
GLUCAGON INJ KIT	-	3
PROGLYCEM SUSP	-	4
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	5
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	3

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<b>ANTIDIABETICS Cont.</b>		
TRADJENTA TAB (QL= 1 tab/day)	QL	3
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	4
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	3
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3
VICTOZA INJ (QL= 9ml/30 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	3
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	4
TRULICITY INJ (QL= 4 pens/28 days; Step Therapy requires trial of metformin IR or metformin ER)	QL-ST	4
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
<b>INSULIN</b>		

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
HUMULIN R INJ U-500	-	3
HUMULIN R U-500 KWIKPEN INJ	-	3
LANTUS INJ	-	3
LANTUS SOLOSTAR INJ	-	3
LEVEMIR FLEXTOUCH INJ	-	3
LEVEMIR INJ	-	3
NOVOLIN INJ	OTC	3
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	3
NOVOLOG INJ, FIASP INJ	-	3
NOVOLOG MIX FLEXPEN INJ	-	3
NOVOLOG MIX INJ	-	3
NOVOLOG PENFILL INJ	-	3
TOUJEO MAX SOLOSTAR INJ	-	3
TOUJEO SOLOSTAR INJ	-	3
TRESIBA FLEXTOUCH INJ	-	3
TRESIBA INJ	-	3
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ	-	NC
HUMALOG INJ, ADMELOG INJ	-	NC
HUMALOG KWIKPEN INJ, ADMELOG SOLOSTAR INJ	-	NC
HUMALOG MIX INJ	-	NC

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**FirstCare FIVE Tier Formulary**

**Category/Class**

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<b>ANTIDIABETICS Cont.</b>		
HUMALOG MIX KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
HUMULIN MIX INJ	OTC	NC
HUMULIN MIX PEN INJ	OTC	NC
HUMULIN N INJ	OTC	NC
HUMULIN N PEN INJ	OTC	NC
HUMULIN R INJ	OTC	NC
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	3
<b>MEGLITINIDE ANALOGUES</b>		
repaglinide tab (PRANDIN equiv)	-	2
nateglinide tab (STARLIX equiv)	-	4
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin)	QL-ST	3
JARDIANCE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin)	QL-ST	3
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
<b>SULFONYLUREAS</b>		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDIABETICS Cont.</b>		
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
chlorpropamide tab (DIABINESE equiv)	-	2
tolazamide tab (TOLINASE equiv)	-	2
TOLBUTAMIDE TAB	-	3
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB	-	NC
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	2
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2
opium tincture	-	4
loperamide cap (IMODIUM equiv)	-	NC
MOTOFEN TAB	-	NC
PAREGORIC TINCTURE	-	NC
<b>ANTIDOTES</b>		
<b>ANTIDOTES</b>		
VISTOGARD PAK	-	NC

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIDOTES Cont.</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	3
EXJADE TAB	MSP	5
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	5
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	5
JADENU TAB	LMSP	5
<b>OPIOID ANTAGONISTS</b>		
naltrexone tab (REVIA equiv)	-	2
NARCAN NASAL SPRAY (QL= 2 sprays/fill)	QL	3
naloxone inj	-	4
EVZIO INJ	-	NC
VIVITROL INJ	-	NC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
JADENU SPRINKLE	LMSP	5
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
CETYLEV TAB	-	NC
<b>OPIOID ANTAGONISTS</b>		
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	3
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	2
ondansetron ODT (ZOFRAN equiv)	-	2

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIEMETICS Cont.</b>		
ondansetron soln (ZOFTRAN equiv)	-	2
ondansetron tab (ZOFTRAN equiv)	-	2
ANZEMET TAB (QL= 9 tabs/fill)	QL	4
GRANISOL SOLN (QL= 60ml/fill)	QL	4
SANCUSO PATCH (QL= 4 patches/fill)	QL	4
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
maldemar tab (SCOPACE equiv)	-	2
meclizine chew tab (BONINE equiv)	OTC	2
meclizine tab (ANTIVERT equiv) (Rx Only)	-	2
trimethobenzamide cap (TIGAN equiv)	-	2
scopolamine patch (TRANSDERM-SCOP equiv)	-	4
TRANSDERM-SCOP PATCH	-	4
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3
dronabinol cap (MARINOL equiv)	PA	3
CESAMET CAP	-	4
DICLEGIS TAB	-	NC
SYNDROS SOLN	-	NC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		

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**FirstCare FIVE Tier Formulary**

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**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIEMETICS Cont.</b>		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematolo Specialist)	QL-RS	3
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematolo Specialist)	QL-RS	3
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	3
EMEND SUSP	-	NC
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
nystatin powder	-	2
nystatin tab	-	2
terbinafine tab (LAMISIL equiv)	-	2
flucytosine cap (ANCOBON equiv)	-	3
griseofulvin micro tab (GRIFULVIN V equiv)	-	3
griseofulvin susp (GRIFULVIN equiv)	-	3
griseofulvin tab (GRIS-PEG equiv)	-	3
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
fluconazole susp (DIFLUCAN equiv)	-	2
fluconazole tab (DIFLUCAN equiv)	-	2
ketoconazole tab (NIZORAL equiv)	-	2
itraconazole cap (SPORANOX equiv)	PA	3
NOXAFIL SUSP	-	3
NOXAFIL TAB	-	3
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	3

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<b>ANTIFUNGALS Cont.</b>		
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	3
itraconazole soln (SPORANOX equiv)	PA	4
SPORANOX SOLN	PA	4
CRESEMBA CAP	-	NC
TOLSURA CAP	-	NC
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
chlorpheniramine ER cap	-	2
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	2
diphenhydramine inj	-	3
carbinoxamine soln (PALGIC equiv)	-	4
carbinoxamine tab (PALGIC equiv)	-	4
clemastine syrup (TAVIST equiv)	-	4
CLEMASTINE TAB	-	4
clemastine tab (TAVIST equiv)	-	4
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC
KARBINAL ER SUSP	-	NC
<b>ANTIHISTAMINES - NON-SEDATING</b>		
levocetirizine tab (XYZAL equiv) (QL= 1 tab/day)	QL	3
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHISTAMINES Cont.</b>		
CLARINEX TAB	-	NC
CLARITIN CAP	OTC	NC
DESLORATADINE ODT	-	NC
desloratadine tab (CLARINEX equiv)	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
loratadine cap (CLARITIN equiv)	OTC	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
promethazine syrup	-	2
promethazine tab (PHENERGAN equiv)	-	2
promethazine supp (PHENERGAN equiv)	-	3
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine syrup	-	2
cyproheptadine tab	-	2
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	4
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
LIPTRUZET TAB	-	NC
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		

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<b>ANTIHYPERLIPIDEMICS Cont.</b>		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	3
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
<b>BILE ACID SEQUESTRANTS</b>		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2
cholestyramine powder (QUESTRAN equiv)	-	2
cholestyramine powder pack (QUESTRAN equiv)	-	2
colestipol tab (COLESTID equiv)	-	2
colesevelam pack (WELCHOL equiv)	-	3
colesevelam tab (WELCHOL equiv)	-	3
colestipol granule (COLESTID equiv)	-	4
colestipol powder packet (COLESTID equiv)	-	4
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	2
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	2
fenofibric acid DR cap (TRILIPIX equiv)	-	2
gemfibrozil tab (LOPID equiv)	-	2
FENOFIBRIC TAB, FIBRICOR TAB	-	4
ANTARA CAP, LOFIBRA CAP	-	NC

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

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTHYPERLIPIDEMICS Cont.</b>		
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
LOFIBRA TAB, TRIGLIDE TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab 10mg (LIPITOR equiv)	ACA	\$0
atorvastatin tab 20mg (LIPITOR equiv)	ACA	\$0
lovastatin tab (MEVACOR equiv)	ACA	\$0
pravastatin tab (PRAVACHOL equiv)	ACA	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	ACA-QL	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	ACA	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	1
atorvastatin tab 80mg (LIPITOR equiv)	-	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	2
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	2
fluvastatin cap (LESCOL equiv)	-	3
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	4
ADVICOR TAB	-	NC

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INF	Infertility	LD	Limited Distribution		
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERTENSIVES Cont.</b>		
ALTOPREV TAB	-	NC
FLOLIPID SUSP	-	NC
fluvastatin ER tab (LESCOL XL equiv)	-	NC
LESCOL XL TAB	-	NC
SIMCOR TAB	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
ezetimibe tab (ZETIA equiv)	-	2
ZETIA TAB	-	NC
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP	-	NC
<b>NICOTINIC ACID DERIVATIVES</b>		
niacin ER tab (NIASPAN equiv)	-	2
NIACOR TAB	-	2
NIASPAN ER TAB	-	NC
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
REPATHA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	LMSP-PA-QL	5
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
benazepril tab (LOTENSIN equiv)	-	1

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERTENSIVES Cont.</b>		
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
enalapril tab (VASOTEC equiv)	-	2
fosinopril tab (MONOPRIL equiv)	-	2
moexipril tab (UNIVASC equiv)	-	2
perindopril tab (ACEON equiv)	-	2
quinapril tab (ACCUPRIL equiv)	-	2
trandolapril tab (MAVIK equiv)	-	2
captopril tab (CAPOTEN equiv)	-	3
EPANED PREMIXED SOLN	PA	4
EPANED SOLN	PA	4
QBRELIS SOLN	PA	4
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	3
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
losartan tab (COZAAR equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	2
olmesartan tab (BENICAR equiv)	-	2
valsartan tab (DIOVAN equiv)	-	2
telmisartan tab (MICARDIS equiv)	-	3
ATACAND TAB	-	NC
candesartan tab (ATACAND equiv)	-	NC

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERTENSIVES Cont.</b>		
EDARBI TAB	-	NC
EPROSARTAN TAB	-	NC
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
guanfacine IR tab (TENEX equiv)	-	1
clonidine tab (CATAPRES equiv)	-	2
doxazosin tab (CARDURA equiv)	-	2
methyldopa tab (ALDOMET equiv)	-	2
prazosin cap (MINIPRESS equiv)	-	2
terazosin cap (HYTRIN equiv)	-	2
clonidine patch (CATAPRES-TTS equiv)	-	3
CATAPRES-TTS PATCH	-	4
GUANABENZ TAB	-	4
NEXICLON XR SUSP	-	4
NEXICLON XR TAB	-	4
RESERPINE TAB	-	4
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
amlodipine/benazepril cap (LOTREL equiv)	-	2
atenolol/chlorthalidone tab (TENORETIC equiv)	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2

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VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERTENSIVES Cont.</b>		
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	2
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	2
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	2
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	2
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	2
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	2
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2
amlodipine/olmesartan tab (AZOR equiv)	-	3
amlodipine/valsartan tab (EXFORGE equiv)	-	3
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	3
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	3
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	3
AMTURNIDE TAB	-	4
CORZIDE TAB 80-5MG	-	4
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	4
TARKA TAB	-	4
TEKAMLO TAB	-	4
TEKTURNA HCT TAB	-	4
trandolapril/verapamil ER tab (TARKA equiv)	-	4

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERTENSIVES Cont.</b>		
VALTURNA TAB	-	4
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	NC
PRESTALIA TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TEVETEN HCT TAB	-	NC
TRIBENZOR TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA TAB	¢	4
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPRA equiv)	¢	4
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	-	2
minoxidil tab (LONITEN equiv)	-	2
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole cap (FLAGYL equiv)	-	2
metronidazole tab (FLAGYL equiv)	-	2

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
trimethoprim tab (PROLOPRIM equiv)	-	2
NEBUPENT NEB SOLN	-	3
FIRST METRONIDAZOLE SUSP	-	4
FLAGYL ER TAB	-	4
PRIMSOL SOLN	-	4
tinidazole tab (TINDAMAX equiv)	-	4
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4
XIFAXAN TAB 550MG (QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA)	PA-QL	4
AEMCOLO TAB	-	NC
colistimethate sodium inj (COLY-MYCIN M equiv)	-	NC
IMPAVIDO CAP	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	2
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	3
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	3
atovaquone susp (MEPRON equiv)	-	3
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOLN	-	2

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
VANCOMYCIN SOLN KIT	-	2
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN)	QL-ST	3
VANCOMYCIN INJ	-	NC
<b>KETOLIDES</b>		
KETEK TAB	-	4
<b>LEPROSTATICS</b>		
dapsone tab	-	2
<b>LINCOSAMIDES</b>		
clindamycin cap (CLEOCIN equiv)	-	2
clindamycin soln (CLEOCIN equiv)	-	4
<b>MONOBACTAMS</b>		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	5
<b>OXAZOLIDINONES</b>		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	3
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	3
MALARONE TAB	-	3
FANSIDAR TAB	-	4

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIMALARIALS Cont.</b>		
COARTEM TAB	-	NC
<b>ANTIMALARIALS</b>		
chloroquine tab (ARALEN equiv)	-	2
hydroxychloroquine tab (PLAQUENIL equiv)	-	2
MEFLOQUINE TAB	-	3
mefloquine tab (LARIAM equiv)	-	3
PRIMAQUINE TAB	-	3
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
ARAKODA TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
pyridostigmine tab (MESTINON equiv)	-	2
PROSTIGMIN TAB	-	3
pyridostigmine CR tab (MESTINON equiv)	-	3
MESTINON SYRUP	-	4
FIRDAPSE TAB	-	NC
GUANIDINE TAB	-	NC
MYTELASE TAB	-	NC
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	3

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIMYCOBACTERIAL AGENTS Cont.</b>		
RIFATER TAB	-	NC
<b>ANTIMYCOBACTERIAL AGENTS</b>		
ISONIAZID SYRUP	-	2
isoniazid tab	-	2
pyrazinamide tab	-	2
ethambutol tab (MYAMBUTOL equiv)	-	3
PRIFTIN TAB	-	3
rifabutin cap (MYCOBUTIN equiv)	-	3
rifampin cap (RIFADIN equiv)	-	3
CYCLOSERINE CAP	-	NC
SIRTURO TAB	-	NC
TRECTOR TAB	-	NC
<b>ANTINEOPLASTICS</b>		
<b>ANTINEOPLASTICS MISC.</b>		
tretinoin cap (VESANOID equiv)	LMSP	5
<b>MITOTIC INHIBITORS</b>		
etoposide cap (VEPESID equiv)	LMSP	5
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP	LMSP-PA	5
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
CEENU CAP	-	3
cyclophosphamide cap	-	3

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**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
cyclophosphamide tab (CYTOXAN equiv)	-	3
GLEOSTINE/LOMUSTINE CAP	-	3
HEXALEN CAP	-	3
LEUKERAN TAB	-	3
melphalan tab (ALKERAN equiv)	-	3
MYLERAN TAB	LMSP	3
AFINITOR TAB (QL= 1 tab/day)	LMSP-PA-QL-SF	5
temozolomide cap (TEMODAR equiv)	LMSP	5
<b>ANTIMETABOLITES</b>		
methotrexate inj	-	2
methotrexate tab (TREXALL equiv)	-	2
mercaptapurine tab (PURINETHOL equiv)	-	3
METHOTREXATE INJ	-	3
TABLOID TAB	-	3
capecitabine tab (XELODA equiv)	LMSP	5
PURIXAN SUSP	-	NC
XATMEP SOLN	-	NC
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
GAZYVA INJ	-	NC
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5

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LMSP	Lumicera Mandatory Specialty Pharmacy Program		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	
VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP	MSP-PA-SF	5
ODOMZO CAP	LMSP-PA-SF	5
DAURISMO TAB	-	NC
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
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)	-	2
bicalutamide tab (CASODEX equiv)	-	2
letrozole tab (FEMARA equiv)	-	2
megestrol susp (MEGACE equiv)	-	2
megestrol tab (MEGACE equiv)	-	2
EMCYT CAP	-	3
exemestane tab (AROMASIN equiv)	-	3
FARESTON TAB	-	3
flutamide cap (EULEXIN equiv)	-	3
abiraterone tab 250mg (ZYTIGA equiv)	LMSP-PA-SF	5
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD	5
nilutamide tab (NILANDRON equiv)	LMSP	5
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-S F	5
ERLEADA TAB	-	NC

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 500MG	-	NC
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP	-	NC
<b>ANTINEOPLASTIC COMBINATIONS</b>		
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	5
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	5
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DISPERZ (QL= 1 tab/day)	LMSP-PA-QL-SF	5
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	5
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
BOSULIF TAB	MSP-PA-SF	5
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	5
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	5
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	5
FARYDAK CAP (QL= 6 caps/21 days)	MSP-PA-QL	5
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	5
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	5
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	5
imatinib tab (GLEEVEC equiv)	LMSP-PA-SF	5
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	5
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-S F	5
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	5
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL	5
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	5
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	5
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	5
MEKINIST TAB	LMSP-PA	5

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5
NEXAVAR TAB	MSP-PA-SF	5
NINLARO CAP	MSP-PA	5
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	5
RYDAPT CAP	LMSP-PA	5
SPRYCEL TAB	LMSP-PA-SF	5
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	5
SUTENT CAP	MSP-PA-SF	5
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL- SF	5
TAGRISO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5
TARCEVA TAB	LMSP-PA-SF	5
TASIGNA CAP	LMSP-PA-SF	5
TYKERB TAB	LMSP-PA	5
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	5
VOTRIENT TAB	LMSP-PA-SF	5
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-S F	5

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5
ZELBORAF TAB	MSP-PA-SF	5
ZOLINZA CAP	LMSP-PA-SF	5
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	5
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	5
ALUNBRIG PAK	-	NC
BRAFTOVI CAP	-	NC
COPIKTRA CAP	-	NC
LORBRENA TAB	-	NC
MEKTOVI TAB	-	NC
TALZENNA CAP	-	NC
TIBSOVO TAB	-	NC
VITRAKVI CAP	-	NC
VITRAKVI SOLN	-	NC
VIZIMPRO TAB	-	NC
XOSPATA TAB	-	NC
<b>ANTINEOPLASTICS MISC.</b>		
hydroxyurea cap (HYDREA equiv)	-	2
MATULANE CAP	-	3
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	5
ALFERON-N INJ	LMSP	5

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**FirstCare FIVE Tier Formulary**

**Category/Class**

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
bexarotene cap (TARGRETIN equiv)	LMSP-PA-SF	5
INTRON-A INJ	MSP	5
SYLATRON INJ	MSP-PA	5
PROLEUKIN INJ	-	NC
SYNRIBO INJ	-	NC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
leucovorin tab	-	2
MESNEX TAB	LMSP	5
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
carbidopa tab (LODOSYN equiv)	-	3
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine tab	-	2
trihexyphenidyl elixir (ARTANE equiv)	-	2
trihexyphenidyl tab (ARTANE equiv)	-	2
<b>ANTIPARKINSON COMT INHIBITORS</b>		
entacapone tab (COMTAN equiv)	-	3
tolcapone tab (TASMAR equiv)	-	4
<b>ANTIPARKINSON DOPAMINERGICS</b>		
amantadine cap (SYMMETREL equiv)	-	2
amantadine syrup (SYMMETREL equiv)	-	2
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2
carbidopa/levodopa ODT (PARCOPA equiv)	-	2

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**FirstCare FIVE Tier Formulary**

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<b>ANTIPARKINSON AGENTS Cont.</b>		
carbidopa/levodopa tab (SINEMET equiv)	-	2
pramipexole tab (MIRAPEX equiv)	-	2
ropinirole tab (REQUIP equiv)	-	2
amantadine tab	-	3
bromocriptine cap (PARLODEL equiv)	-	3
bromocriptine tab (PARLODEL equiv)	-	3
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	3
NEUPRO PATCH	-	4
pramipexole ER tab (MIRAPEX ER equiv)	-	4
ropinirole ER tab (REQUIP XL equiv)	-	4
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD	5
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
MIRAPEX ER TAB	-	NC
RYTARY CAP	-	NC
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
selegiline cap (ELDEPRYL equiv)	-	2
selegiline tab (ELDEPRYL equiv)	-	2
rasagiline tab (AZILECT equiv)	¢	3
XADAGO TAB (QL= 1 tab/day)	PA-QL	4
ZELAPAR ODT	-	4
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		

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**FirstCare FIVE Tier Formulary**

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<b>ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.</b>		
<b>ANTIPARKINSON DOPAMINERGICS</b>		
OSMOLEX ER TAB	-	NC
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
lithium carbonate cap (ESKALITH ER equiv)	-	2
lithium carbonate ER tab (LITHOBID equiv)	-	2
lithium carbonate tab	-	2
lithium citrate soln	-	2
<b>ANTIPSYCHOTICS - MISC.</b>		
ziprasidone cap (GEODON equiv)	-	2
EQUETRO CAP	-	3
LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine)	QL-ST	3
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
<b>BENZISOXAZOLES</b>		
risperidone soln (RISPERDAL equiv)	-	2
risperidone tab (RISPERDAL equiv)	-	2
paliperidone ER tab (INVEGA equiv)	PA	3
RISPERIDONE ODT	-	3
risperidone ODT (RISPERDAL M equiv)	-	3
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4

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**FirstCare FIVE Tier Formulary**

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
FANAPT TITRATION PACK	PA	4
INVEGA INJ	-	NC
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	2
haloperidol tab (HALDOL equiv)	-	2
<b>DIBENZAPINES</b>		
loxapine cap (LOXITANE equiv)	-	2
olanzapine tab (ZYPREXA equiv)	-	2
quetiapine tab (SEROQUEL equiv)	-	2
clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	3
CLOZAPINE ODT, FAZACLO ODT	-	3
clozapine tab (CLOZARIL equiv)	-	3
olanzapine ODT (ZYPREXA equiv)	-	3
quetiapine XR tab (SEROQUEL XR equiv)	-	3
SAPHRIS SL TAB (QL= 2 tabs/day)	PA-QL	4
ADASUVE INHALER	-	NC
VERSACLOZ SUSP	-	NC
<b>PHENOTHIAZINES</b>		
chlorpromazine tab (THORAZINE equiv)	-	2
fluphenazine tab (PROLIXIN equiv)	-	2
perphenazine tab (TRILAFON equiv)	-	2
prochlorperazine supp (COMPAZINE equiv)	-	2

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**FirstCare FIVE Tier Formulary**

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<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
prochlorperazine tab (COMPAZINE equiv)	-	2
thioridazine tab (MELLARIL equiv)	-	2
trifluoperazine tab (STELAZINE equiv)	-	2
<b>QUINOLINONE DERIVATIVES</b>		
aripiprazole tab (ABILIFY equiv)	-	2
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	4
ABILIFY SOLN	PA	4
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	4
aripiprazole soln (ABILIFY equiv)	PA	4
ABILIFY MYCITE TAB	-	NC
REXULTI TAB	-	NC
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	2
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
HYLAMEND GEL FIRST AID	-	NC
<b>CHLORINE ANTISEPTICS</b>		
PHISOHEX LIQUID	-	4
<b>IODINE ANTISEPTICS</b>		
IODOFLEX PAD	-	NC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
nevirapine tab (VIRAMUNE equiv)	-	2

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**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
CIMDUO TAB	-	3
didanosine DR cap (VIDEX EC equiv)	-	3
lamivudine soln (EPIVIR equiv)	-	3
lamivudine tab (EPIVIR equiv)	-	3
stavudine cap (ZERIT equiv)	-	3
stavudine soln (ZERIT equiv)	-	3
SYMFI (LO) TAB	-	3
SYMTUZA TAB	-	3
zidovudine cap (RETROVIR equiv)	-	3
zidovudine syrup (RETROVIR equiv)	-	3
zidovudine tab (RETROVIR equiv)	-	3
abacavir soln (ZIAGEN equiv)	SP	5
abacavir tab (ZIAGEN equiv)	SP	5
abacavir/lamivudine tab (EPZICOM equiv)	SP	5
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	SP	5
APTIVUS CAP	SP	5
APTIVUS SOLN	SP	5
atazanavir cap (REYATAZ equiv)	SP	5
ATRIPLA TAB	SP	5
BIKTARVY TAB	SP	5
COMPLERA TAB	SP	5
CRIXIVAN CAP	SP	5

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ACA	Affordable Care Act		DIAB1-2	Preferred	
INF	Infertility		LD	Limited Distribution	
LMSP	Lumicera Mandatory Specialty Pharmacy Program		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	
VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
DESCOVY TAB	PA-SP	5
EDURANT TAB	SP	5
efavirenz cap (SUSTIVA equiv)	SP	5
efavirenz tab (SUSTIVA equiv)	SP	5
EMTRIVA CAP	SP	5
EMTRIVA SOLN	SP	5
EVOTAZ TAB	SP	5
fosamprenavir tab (LEXIVA equiv)	SP	5
FUZEON INJ	LMSP	5
GENVOYA TAB	SP	5
INTELENCE TAB	SP	5
INVIRASE CAP	SP	5
INVIRASE TAB	SP	5
ISENTRESS (HD) TAB	SP	5
ISENTRESS CHEW TAB	SP	5
ISENTRESS POWDER PACK	SP	5
JULUCA TAB	SP	5
KALETRA TAB	SP	5
lamivudine/zidovudine tab (COMBIVIR equiv)	SP	5
LEXIVA SUSP	SP	5
lopinavir/ritonavir soln (KALETRA equiv)	SP	5
nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine	SP-ST	5

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**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
NEVIRAPINE SUSP (VIRAMUNE equiv)	SP	5
NORVIR CAP	SP	5
NORVIR POWDER PACK	SP	5
NORVIR SOLN	SP	5
ODEFSEY TAB	SP	5
PREZCOBIX TAB	SP	5
PREZISTA SUSP	SP	5
PREZISTA TAB	SP	5
RESCRIPTOR TAB	SP	5
RETROVIR SYRUP	SP	5
REYATAZ POWDER PACK	SP	5
ritonavir tab (NORVIR equiv)	SP	5
SELZENTRY SOLN	SP	5
SELZENTRY TAB	SP	5
STRIBILD TAB ( )	SP	5
SUSTIVA TAB	SP	5
tenofovir disoproxil fumarate tab (VIREAD equiv)	SP	5
TIVICAY TAB (QL= 2 tabs/day)	QL-SP	5
TRIUMEQ TAB	SP	5
TRUVADA TAB	PA-SP	5
VIDEX EC CAP 125MG	SP	5
VIDEX SOLN	SP	5

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
VIRACEPT POWDER	SP	5
VIRACEPT TAB	SP	5
VIREAD TAB	SP	5
VITEKTA TAB	SP	5
ZERIT SOLN	SP	5
DELSTRIGO TAB	-	NC
PIFELTRO TAB	-	NC
TYBOST TAB	-	NC
<b>CMV AGENTS</b>		
GANCICLOVIR CAP	-	3
valganciclovir soln (VALCYTE equiv)	-	3
valganciclovir tab (VALCYTE equiv)	-	3
PREVYMIS TAB	-	NC
<b>HEPATITIS AGENTS</b>		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	3
ribavirin cap (REBETOL equiv)	LMSP	3
ribavirin tab (COPEGUS equiv)	LMSP	3
VEMLIDY TAB	-	3
adefovir dipivoxil tab (HEPSERA equiv)	LMSP	5
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL-SP	5
EPCLUSA TAB, SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	5
EPIVIR HBV SOLN	SP	5

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VAC	Vaccine Program	¢	RxCENTS		

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
HARVONI TAB, LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	5
INFERGEN INJ	LMSP	5
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	5
MODERIBA DOSE PACK	LMSP	5
MODERIBA PAK	LMSP	5
PEGASYS INJ	LMSP	5
PEGASYS INJ KIT	LMSP	5
PEG-INTRON INJ	LMSP	5
REBETOL SOLN	LMSP	5
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	5
DAKLINZA TAB	-	NC
INCIVEK TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
TYZEKA TAB	-	NC
VICTRELIS CAP	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
<b>HERPES AGENTS</b>		

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VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIVIRALS Cont.</b>		
acyclovir cap (ZOVIRAX equiv)	-	2
acyclovir susp (ZOVIRAX equiv)	-	2
acyclovir tab (ZOVIRAX equiv)	-	2
valacyclovir tab (VALTREX equiv)	-	2
famciclovir tab (FAMVIR equiv)	-	4
SITAVIG TAB	-	NC
<b>INFLUENZA AGENTS</b>		
rimantadine tab (FLUMADINE equiv)	-	2
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	3
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	3
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	3
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	3
XOFLUZA TAB	-	NC
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
<b>ASSORTED CLASSES</b>		
<b>CHELATING AGENTS</b>		
DEPEN TITRATAB, D-PENAMINE TAB	-	3
CUPRIMINE CAP	-	NC
<b>IMMUNOMODULATORS</b>		
REVLIMID CAP (QL= 1 cap/day)	MSP-PA-QL	5
THALOMID CAP	MSP-PA	5
<b>IMMUNOSUPPRESSIVE AGENTS</b>		

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VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ASSORTED CLASSES Cont.</b>		
azathioprine tab (IMURAN equiv)	-	2
AZASAN TAB	-	4
cyclosporine cap (SANDIMMUNE equiv)	SP	5
cyclosporine modified cap (NEORAL equiv)	SP	5
cyclosporine modified soln (NEORAL equiv)	SP	5
mycophenolate DR tab (MYFORTIC equiv)	SP	5
mycophenolate mofetil cap (CELLCEPT equiv)	SP	5
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	5
mycophenolate mofetil tab (CELLCEPT equiv)	SP	5
RAPAMUNE SOLN	SP	5
SANDIMMUNE CAP	SP	5
SANDIMMUNE SOLN 100MG/ML	SP	5
sirolimus tab (RAPAMUNE equiv)	SP	5
tacrolimus cap (PROGRAF equiv)	SP	5
ZORTRESS TAB	PA-SP	5
ENVARUSUS XR TAB	-	NC
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene susp (SPS equiv)	-	2
sodium polystyrene powder (KAYEXALATE equiv)	-	3
VELTASSA POWDER	PA	3
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		

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VAC	Vaccine Program	¢	RxCENTS

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>BETA BLOCKERS Cont.</b>		
carvedilol tab (COREG equiv)	-	2
labetalol tab (NORMODYNE equiv)	-	2
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
metoprolol tab (LOPRESSOR equiv)	-	1
acebutolol cap (SECTRAL equiv)	-	2
atenolol tab (TENORMIN equiv)	-	2
betaxolol tab (KERLONE equiv)	-	2
bisoprolol tab (ZEBETA equiv)	-	2
metoprolol ER tab (TOPROL XL equiv)	-	2
BYSTOLIC TAB	¢	3
KAPSPARGO CAP	-	NC
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
<b>BETA BLOCKERS NON-SELECTIVE</b>		
pindolol tab (VISKEN equiv)	-	2
propranolol ER cap (INDERAL LA equiv)	-	2
PROPRANOLOL SOLN	-	2
propranolol tab (INDERAL equiv)	-	2
sotalol AF tab (BETAPACE AF equiv)	-	2
sotalol tab (BETAPACE equiv)	-	2
timolol maleate tab (BLOCADREN equiv)	-	2

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**FirstCare FIVE Tier Formulary**

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**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>BETA BLOCKERS Cont.</b>		
nadolol tab (CORGARD equiv)	-	3
LEVATOL TAB	-	4
HEMANGEOL SOLN	-	NC
INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
<b>BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b>CALCIUM CHANNEL BLOCKERS</b>		
amlodipine tab (NORVASC equiv)	-	2
diltiazem ER cap (CARDIZEM CD equiv)	-	2
diltiazem ER cap (CARDIZEM SR equiv)	-	2
diltiazem ER cap (DILACOR XR equiv)	-	2
diltiazem ER cap (TIAZAC equiv)	-	2
diltiazem tab (CARDIZEM equiv)	-	2
isradipine cap (DYNACIRC equiv)	-	2
nicardipine cap (CARDENE equiv)	-	2
nifedipine cap (PROCARDIA equiv)	-	2
nifedipine ER tab (ADALAT CC equiv)	-	2

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**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
verapamil SR cap (VERELAN SR equiv)	-	2
VERAPAMIL SR CAP 360mg	-	2
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	2
verapamil tab (CALAN equiv)	-	2
diltiazem ER tab (CARDIZEM LA equiv)	-	3
nisoldipine ER tab (SULAR equiv)	-	3
CARDENE SR CAP	-	4
COVERA-HS TAB	-	4
DYNACIRC CR TAB	-	4
felodipine ER tab (PLENDIL equiv)	-	4
nimodipine cap (NIMOTOP equiv)	-	4
verapamil SR cap (VERELAN PM equiv)	-	4
VERELAN SR CAP 360mg	-	4
<b>CARDIOTONICS</b>		
<b>CARDIAC GLYCOSIDES</b>		
digoxin soln (LANOXIN equiv)	-	2
digoxin tab (LANOXIN equiv)	-	2
LANOXIN INJ	-	NC
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
<b>CARDIOVASCULAR AGENTS - MISC.</b>		
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
amlodipine/atorvastatin tab (CADUET equiv)	-	3

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	3
<b>IMPOTENCE AGENTS</b>		
CIALIS TAB	-	NC
LEVITRA TAB	-	NC
vardenafil ODT (STAXYN equiv)	QL	NC
vardenafil tab (LEVITRA equiv)	QL	NC
VIAGRA TAB	-	NC
<b>PERIPHERAL VASODILATORS</b>		
ISOXSUPRINE TAB	-	3
<b>PROSTAGLANDIN VASODILATORS</b>		
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	5
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	5
ORENITRAM TAB	-	NC
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
LETAIRIS TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
TRACLEER TAB 32MG (QL=4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
TRACLEER TAB 62.5MG, 125MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil tab 20mg (REVATIO equiv)	PA	2
tadalafil tab (PAH) (ADCIRCA equiv)	LMSP-PA	5

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<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
REVATIO SUSP	-	NC
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5
<b>SINUS NODE INHIBITORS</b>		
CORLANOR TAB	PA	4
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
cephalexin cap (KEFLEX equiv)	-	1
cefadroxil cap (DURICEF equiv)	-	2
cefadroxil susp (DURICEF equiv)	-	2
cefadroxil tab (DURICEF equiv)	-	2
cephalexin susp (KEFLEX equiv)	-	2
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
cefuroxime susp (CEFTIN equiv)	-	2
cefuroxime tab (CEFTIN equiv)	-	2
cefprozil susp (CEFZIL equiv)	-	3
cefprozil tab (CEFZIL equiv)	-	3
cefaclor cap (CECLOR equiv)	-	4
CEFACLOR ER TAB	-	4

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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
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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CEPHALOSPORINS Cont.</b>		
CEFACLOR SUSP	-	4
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir cap (OMNICEF equiv)	-	3
cefdinir susp (OMNICEF equiv)	-	3
CEDAX CAP	-	4
CEDAX SUSP	-	4
CEFDITOREN TAB	-	4
cefixime susp (SUPRAX equiv)	-	4
cefpodoxime proxetil susp (VANTIN equiv)	-	4
cefpodoxime proxetil tab (VANTIN equiv)	-	4
SPECTRACEF TAB	-	4
SUPRAX CAP	-	4
SUPRAX CHEW TAB	-	4
SUPRAX SUSP 500MG/5ML	-	4
SUPRAX TAB	-	4

**CHEMICALS**

**BULK CHEMICALS - H'S**

HYDROXPROGESTERONE CAPROATE (BULK) POWDER	-	\$0
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**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

amethyst tab (LYBREL equiv)	ACA	\$0
apri tab (DESOGEN equiv)	ACA	\$0
aranelle tab (TRI-NORINYL equiv)	ACA	\$0

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<b>CONTRACEPTIVES Cont.</b>		
aviane tab (ALESSE equiv)	ACA	\$0
cesia tab (CYCLESSA equiv)	ACA	\$0
cryselle tab	ACA	\$0
enpresse tab (TRI-LEVELLEN equiv)	ACA	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	\$0
jolesa 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
LO LOESTRIN TAB	-	4
LO MINASTRIN 24 FE CHEW TAB	-	4
LOESTRIN 24 FE TAB	-	4
mibelas chew tab (MINASTRIN equiv)	-	4
NATAZIA TAB	-	4

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<b>CONTRACEPTIVES Cont.</b>		
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
rajani tab (BEYAZ equiv)	-	NC
TAYTULLA CAP	-	NC
tydemy tab (SAFYRAL equiv)	-	NC
YASMIN TAB	-	NC
YAZ TAB	-	NC
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
XULANE PATCH	ACA	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
NUVARING	ACA	\$0
<b>COPPER CONTRACEPTIVES - IUD (NEW)</b>		
PARAGARD IUD	ACA	\$0
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	ACA	\$0
levonorgestrel tab (PLAN B equiv)	ACA-OTC	\$0
LEVONORGESTREL TAB 0.75MG	ACA	\$0
PLAN B TAB	ACA-OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
IMPLANON IMPLANT, NEXPLANON IMPLANT	ACA	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	\$0

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**FirstCare FIVE Tier Formulary**

**Category/Class**

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<b>CONTRACEPTIVES Cont.</b>		
medroxyprogesterone inj (DEPO-PROVERA equiv)	ACA-QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	\$0
DEPO-PROVERA INJ	-	NC
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
MIRENA IUD	ACA	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	ACA	\$0
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
PREDNISONE TAB	-	1
DEXAMETHASONE CONC	-	2
dexamethasone elixir	-	2
dexamethasone soln	-	2
dexamethasone tab (DECADRON equiv)	-	2
hydrocortisone tab (CORTEF equiv)	-	2
methylprednisolone dose pack (MEDROL equiv)	-	2
methylprednisolone tab (MEDROL equiv)	-	2
prednisolone soln (PEDIAPRED equiv)	-	2
PREDNISOLONE SYRUP	-	2
prednisolone syrup (PRELONE equiv)	-	2
PREDNISONE SOLN	-	2
CORTISONE ACETATE TAB	-	3

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CORTICOSTEROIDS Cont.</b>		
prednisolone ODT (ORAPRED equiv)	-	3
PREDNISON PAK	-	3
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	4
budesonide SR cap (ENTOCORT EC equiv)	-	4
DEXPAK TAB	-	4
ENTOCORT EC CAP	-	4
MILLIPRED DP PAK	-	4
MILLIPRED TAB	-	4
dexamethasone pak (DEXPAK equiv)	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
<b>MINERALOCORTICIDS</b>		
fludrocortisone tab (FLORINEF equiv)	-	2
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON equiv)	-	2
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2
benzonatate cap 150mg (ZONATUSS equiv)	-	NC

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>COUGH/COLD/ALLERGY Cont.</b>		
ZONATUSS CAP 150MG	-	NC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	2
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	2
PROMETHAZINE VC SYRUP	-	2
promethazine VC syrup (PHENERGAN VC equiv)	-	2
PROMETHAZINE VC/CODEINE SYRUP	-	2
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/ days)	QL	4
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	4
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month)	QL	4
NEOTUSS PLUS LIQUID	-	4
promethazine DM syrup	-	4
TUSSI-ORGANI SYRUP (QL= 240ml/fill)	QL	4
CLARINEX-D TAB	-	NC
DECON-A LIQUID	OTC	NC
DURAVENT PE TAB	-	NC
HDC DM SYRUP	-	NC
HYCOFENIX SOLN	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>COUGH/COLD/ALLERGY Cont.</b>		
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUSSI-PRES LIQUID	-	NC
TUZISTRA XR SUSP	-	NC
<b>EXPECTORANTS</b>		
SSKI SOLN	-	3
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride neb soln (HYPER-SAL equiv)	-	2
NEBUSAL NEB SOLN	-	3
<b>MUCOLYTICS</b>		
acetylcysteine soln (MUCOMYST equiv)	-	2
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
clindamycin gel (CLEOCIN GEL equiv)	-	2
clindamycin lotion (CLEOCIN- T equiv)	-	2
clindamycin pad (CLEOCIN-T equiv)	-	2
clindamycin topical soln (CLEOCIN-T equiv)	-	2
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	2

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**FirstCare FIVE Tier Formulary**

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<b>DERMATOLOGICALS Cont.</b>		
erythromycin gel	-	2
erythromycin pad	-	2
erythromycin soln	-	2
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	2
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3
AVAR GEL	-	3
EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)	PA	3
isotretinoin cap (AC CUTANE equiv)	-	3
PRASCION RA CREAM	-	3
RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)	PA	3
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	3
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	3
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	3
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	3

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
SODIUM SULFACETAMIDE/SULFUR LOTION	-	3
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	3
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	3
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	3
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3
AVAR AEROSOL FOAM	-	4
AZELEX CREAM	PA	4
clindamycin/benzoyl peroxide gel (BENZAACLIN equiv)	-	4
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	4
CLINDAMYCIN/BENZOYL PEROXIDE GEL, ACANYA GEL	-	4
EPIDUO GEL 0.1-2.5%	PA	4
ONEXTON GEL	-	4
sodium sulfacetamide lotion (KLARON equiv)	-	4
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	4
SODIUM SULFACETAMIDE/SULFUR SUSP	-	4
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	4
ABSORICA CAP	-	NC
ACZONE GEL 7.5%	-	NC
ALTRENO LOTION	-	NC
AVAR PAD	-	NC
BENZAC WASH	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLINDACIN KIT	-	NC
CLINDAGEL	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
DUAC CS KIT	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
ROSULA WASH	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
SUMADAN KIT	-	NC
SUMADEN XLT KIT	-	NC
TRETIN-X CREAM	-	NC
VELTIN GEL	-	NC
ZIANA GEL	-	NC
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	NC
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
<b>ANALGESICS - TOPICAL</b>		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		
gentamicin sulfate cream	-	2
gentamicin sulfate oint	-	2
mupirocin oint (BACTROBAN OINT equiv)	-	2
ALTABAX OINT	-	4
CENTANY OINT	-	4
CORTISPORIN CREAM	-	4
CORTISPORIN OINT	-	4
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
<b>ANTIFUNGALS - TOPICAL</b>		
ciclopirox cream (LOPROX CREAM equiv)	-	2
ciclopirox gel (LOPROX GEL equiv)	-	2
ciclopirox nail soln (PENLAC equiv)	-	2
ciclopirox topical susp (LOPROX SUSP equiv)	-	2

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

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2
ketoconazole cream (NIZORAL CREAM equiv)	-	2
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2
nystatin cream (MYCOSTATIN CREAM equiv)	-	2
nystatin oint	-	2
nystatin topical powder	-	2
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	3
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	3
nystatin/triamcinolone cream	-	3
nystatin/triamcinolone oint	-	3
econazole cream (SPECTAZOLE equiv)	-	4
ERTACZO CREAM	-	4
EXELDERM CREAM	-	4
EXELDERM SOLN	-	4
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	4
MENTAX CREAM	-	4
naftifine cream (NAFTIN equiv)	-	4
NAFTIN GEL	-	4
oxiconazole nitrate cream (OXISTAT equiv)	-	4
OXISTAT LOTION	-	4
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
CICLODAN KIT	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
NAFTIN GEL 2%	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	3
FLECTOR PATCH (QL= 30 patches/fill)	QL	4
diclofenac soln 1.5% (PENNSAID equiv)	-	NC
DICLOPR KIT	-	NC
DST PLUS PAK KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PENNSAID SOLN 1.5%	-	NC

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
REXAPHENAC CREAM	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
fluorouracil cream (EFUDEX CREAM equiv)	-	2
FLUOROPLEX CREAM	-	3
FLUOROURACIL CREAM 0.5%	-	3
FLUOROURACIL SOLN	-	3
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	4
PICATO GEL (QL= 1 box/fill)	QL	4
TARGRETIN GEL	LMSP	5
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	5
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
PANRETIN GEL	-	NC
<b>ANTIPRURITICS - TOPICAL</b>		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	4
<b>ANTIPSORIATICS</b>		
8-MOP CAP	-	3
acitretin cap (SORIATANE equiv)	-	3

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
calcipotriene cream (DOVONEX CREAM equiv)	-	3
calcipotriene oint	-	3
calcipotriene soln (DOVONEX SOLN equiv)	-	3
methoxsalen cap (OXSORALEN ULTRA equiv)	-	3
SORIATANE CK KIT	-	3
SORILUX FOAM	-	4
VECTICAL OINT	-	4
COSENTYX INJ (1-PACK)	LMSP-PA	5
COSENTYX INJ (2-PACK)	LMSP-PA	5
SILIQ INJ	-	NC
STELARA INJ	-	NC
TALTZ INJ	-	NC
tazarotene cream (TAZORAC equiv)	-	NC
TAZORAC CREAM	-	NC
TAZORAC GEL	-	NC
TREMFYA INJ	-	NC
<b>ANTISEBORRHEIC PRODUCTS</b>		
selenium sulfide lotion	-	2
selenium sulfide shampoo (SELSEB equiv)	-	3
sodium sulfacetamide wash (OVACE WASH equiv)	-	3
OVACE PLUS CREAM	-	4
seb-prev cream (OVACE CREAM equiv)	-	4

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
sodium sulfacetamide gel (OVACE PLUS equiv)	-	4
sodium sulfacetamide shampoo (OVACE equiv)	-	4
sodium sulfacetamide/urea pad (ROSULA equiv)	-	4
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir oint (ZOVIRAX OINT equiv)	-	3
DENAVIR CREAM	-	3
XERESE CREAM	-	4
ZOVIRAX CREAM	-	4
ZOVIRAX OINT	-	NC
<b>BURN PRODUCTS</b>		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2
SULFAMYLON CREAM	-	3
<b>CORTICOSTEROIDS - TOPICAL</b>		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2
BETAMETHASONE AUGMENTED GEL	-	2
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2
betamethasone augmented oint (DIPROLENE OINT equiv)	-	2
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	2

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
betamethasone dipropionate lotion	-	2
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	2
betamethasone valerate cream	-	2
betamethasone valerate lotion	-	2
betamethasone valerate oint	-	2
fluocinolone acetonide cream	-	2
fluocinolone acetonide oint	-	2
fluocinolone acetonide soln	-	2
fluocinonide cream 0.05% (LIDEX equiv)	-	2
fluocinonide emollient cream	-	2
fluocinonide gel	-	2
fluocinonide oint	-	2
fluocinonide soln	-	2
fluticasone propionate cream (CUTIVATE equiv)	-	2
fluticasone propionate oint (CUTIVATE equiv)	-	2
hydrocortisone cream (PROCTOCORT equiv)	-	2
hydrocortisone lotion (HYTONE equiv)	-	2
hydrocortisone oint	-	2
mometasone cream (ELOCON equiv)	-	2
mometasone oint (ELOCON equiv)	-	2
mometasone soln (ELOCON equiv)	-	2
PREDNICARBATE CREAM	-	2

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**FirstCare FIVE Tier Formulary**

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**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
triamcinolone cream	-	2
triamcinolone lotion	-	2
triamcinolone oint	-	2
alclometasone cream (ACLOVATE equiv)	-	3
alclometasone oint (ACLOVATE OINT equiv)	-	3
clobetasol propionate cream (TEMOVATE equiv)	-	3
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	3
clobetasol propionate gel (TEMOVATE GEL equiv)	-	3
clobetasol propionate oint (TEMOVATE equiv)	-	3
clobetasol propionate soln (TEMOVATE equiv)	-	3
desoximetasone cream (TOPICORT CREAM equiv)	-	3
desoximetasone gel (TOPICORT equiv)	-	3
desoximetasone oint (TOPICORT equiv)	-	3
EPIFOAM AEROSOL	-	3
halobetasol propionate cream (ULTRAVATE equiv)	-	3
halobetasol propionate oint (ULTRAVATE equiv)	-	3
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	3
PRAMOSONE CREAM	-	3
PRAMOSONE E CREAM	-	3
PRAMOSONE OINT	-	3
prednicarbate cream (DERMATOP equiv)	-	3
PREDNICARBATE OIN	-	3

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
U-CORT CREAM	-	3
calcipotriene/betamethasone oint (TACLONEX equiv)	-	4
CAPEX SHAMPOO	-	4
clobetasol foam (OLUX equiv)	PA	4
clobetasol lotion (CLOBEX equiv)	PA	4
clobetasol shampoo (CLOBEX equiv)	PA	4
clobetasol spray (CLOBEX equiv)	PA	4
CLOCORTOLONE CREAM, CLODERM CREAM	-	4
CORDRAN TAPE	-	4
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	4
flurandrenolide cream (CORDRAN equiv)	-	4
flurandrenolide lotion (CORDRAN equiv)	-	4
PANDEL CREAM	-	4
PRAMOSONE LOTION	-	4
TACLONEX SCALP SUSP	-	4
TOPICORT GEL	-	4
TOPICORT OINT	-	4
triamcinolone spray (KENALOG equiv)	-	4
ALA SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE LOTION	-	NC
AMCINONIDE OINT	-	NC

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**FirstCare FIVE Tier Formulary**

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**Last Updated\* 1/1/2019**

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<b>DERMATOLOGICALS Cont.</b>		
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ equiv)	-	NC
BRYHALI LOTION	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CORDRAN CREAM	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide cream (DESOWEN equiv)	-	NC
desonide lotion (DESOWEN equiv)	-	NC
desonide oint (DESOWEN equiv)	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
ENSTILAR FOAM	-	NC
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
HALOG CREAM	-	NC
HALOG OINT	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC-LIDOCAINE CREAM	-	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
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone valerate cream (WESTCORT equiv)	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
IMPOYZ CREAM	-	NC
LEXETTE AER	-	NC
lidocaine/hydrocortisone cream	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
OLUX E FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ (QL= 2 inj/ 28 days)	LMSP-PA-QL	5
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
UREA EMULSION	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
urea gel (URAMAXIN equiv)	-	NC
UREA LOTION	-	NC
urea lotion (KERALAC LOTION equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
<b>EMOLLIENTS</b>		
ammonium lactate cream (LAC-HYDRIN equiv)	-	2
ammonium lactate lotion (LAC-HYDRIN equiv)	-	2
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT (QL= 90gm/30 days)	QL	3
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
<b>HAIR GROWTH AGENTS</b>		
finasteride tab (PROPECIA equiv)	-	NC
<b>HAIR REDUCTION AGENTS</b>		
VANIQA CREAM	-	NC
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	3
ZYCLARA CREAM	-	NC
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
pimecrolimus cream (ELIDEL equiv)	-	3
tacrolimus oint (PROTOPIC OINT equiv)	-	3

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INF	Infertility		LD	Limited Distribution	
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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	
VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
ELIDEL CREAM	-	4
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOCON SOLN	-	3
podofilox soln (CONDYLOX equiv)	-	3
salicylic acid shampoo (SALEX equiv)	-	3
CONDYLOX GEL	-	4
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
lidocaine cream 3% (LIDAMANTLE equiv)	-	2
lidocaine gel (XYLOCAINE equiv)	-	2
lidocaine soln (XYLOCAINE equiv)	-	2
lidocaine/prilocaine cream (EMLA equiv)	-	2
lidocaine oint (QL= 107gm/30 days)	QL	3
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	4
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	NC
lidocaine lotion	-	NC
LIDOCIN GEL	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNERA PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		
NEOSALUS FOAM	-	NC
<b>MISC. TOPICAL</b>		
aluminum chloride soln (DRYSOL equiv)	-	2
DRYSOL SOLN	-	2
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OINT	-	NC
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC
<b>ROSACEA AGENTS</b>		
metronidazole lotion (METROLOTION equiv)	-	2

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<b>DERMATOLOGICALS Cont.</b>		
azelaic acid gel (FINACEA equiv)	-	3
FINACEA FOAM	-	3
FINACEA GEL	-	3
FINACEA PLUS KIT	-	3
metronidazole cream (METROCREAM equiv)	-	3
metronidazole gel (METROGEL equiv)	-	3
DOXYCYCLINE CAP, ORACEA CAP	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSDAN KIT	-	NC
<b>SCABICIDES &amp; PEDICULICIDES</b>		
permethrin cream (ELIMITE CREAM equiv)	-	2
EURAX CREAM	-	3
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	3
crotamiton lotion (EURAX equiv)	-	4
LINDANE LOTION	-	4
lindane shampoo	-	4
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	4
NATROBA SUSP (QL= 1 bottle/fill)	QL	4
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	4
ULESFIA LOTION (QL= 4 bottles/fill)	QL	4

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<b>DERMATOLOGICALS Cont.</b>		
<b>SCAR TREATMENT PRODUCTS</b>		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL (QL= 30gm/fill)	QL	3
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN INJ	-	3
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
FREESTYLE LITE TEST STRIP	OTC	DIAB 2
<b>DIAGNOSTIC TESTS</b>		
CLINISTIX TEST STRIP	OTC	DIAB 1
KETO-DIASTIX TEST STRIP	OTC	DIAB 1

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<b>DIAGNOSTIC PRODUCTS Cont.</b>		
KETOSTIX	OTC	DIAB 1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	DIAB 2
ACCU-CHEK GUIDE TEST STRIP	OTC	DIAB 2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	DIAB 2
ACCU-CHEK TEST STRIP	OTC	DIAB 2
FREESTYLE INSULINX TEST STRIP	OTC	DIAB 2
FREESTYLE PRECISION NEO TEST STRIP	OTC	DIAB 2
FREESTYLE TEST STRIP	OTC	DIAB 2
PRECISION XTRA TEST STRIP	OTC	DIAB 2
TEST STRIP (all other test strips)	OTC	NC
<b>RADIOGRAPHIC CONTRAST MEDIA</b>		
OMNIPAQUE SOLN	-	NC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		

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<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.</b>		
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
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP	-	3
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
PANCRELIPASE CAP	-	NC
SUCRAID SOLN	-	NC
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	3
acetazolamide tab	-	3
methazolamide tab (NEPTAZANE equiv)	-	3

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<b>DIURETICS Cont.</b>		
KEVEYIS TAB	-	NC
<b>DIURETIC COMBINATIONS</b>		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	2
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	2
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	2
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	3
<b>LOOP DIURETICS</b>		
furosemide tab (LASIX equiv)	-	1
bumetanide tab (BUMEX equiv)	-	2
FUROSEMIDE SOLN	-	2
furosemide soln (LASIX equiv)	-	2
toremide tab (DEMADEX equiv)	-	2
ethacrynic tab (EDECIN equiv)	-	3
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride tab (MIDAMOR equiv)	-	2
spironolactone tab (ALDACTONE equiv)	-	2
DYRENIUM CAP	-	3
CAROSPIR SUSP	-	NC
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1

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<b>DIURETICS Cont.</b>		
chlorothiazide tab (DIURIL equiv)	-	2
CHLOROTHIAZIDE TAB 250MG	-	2
CHLORTHALIDONE TAB	-	2
indapamide tab (LOZOL equiv)	-	2
METHYCLOTHIAZIDE TAB	-	2
metolazone tab (ZAROXOLYN equiv)	-	2
DIURIL SUSP	-	3
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
alendronate tab (FOSAMAX equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	2
ALENDRONATE TAB 40MG	-	3
calcitonin nasal spray (MIACALCIN equiv)	-	3
FORTICAL NASAL SPRAY	-	3
risedronate tab (ACTONEL equiv)	-	3
FOSAMAX+D TAB	-	4
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	4
SKELID TAB	-	4
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	5
TYMLOS INJ	LMSP	5
<b>CALCIUM REGULATORS - MISC.</b>		
ALENDRONATE SOLN	-	4

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
etidronate disodium tab 200mg (DIDRONEL equiv)	-	4
FORTEO INJ	LMSP	5
MIACALCIN INJ	LMSP	5
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA TAB	-	NC
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	5
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	NC
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ	LMSP-PA	5
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	ACA	\$0
OSPHENA TAB	-	NC
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ	MSP	5
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL NASAL SOLN	-	3
<b>METABOLIC MODIFIERS</b>		

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
calcitriol cap (ROCALTROL equiv)	-	2
calcitriol soln (ROCALTROL equiv)	-	2
levocarnitine soln (CARNITOR equiv)	-	2
levocarnitine tab (CARNITOR equiv)	-	2
doxercalciferol cap (HECTOROL equiv)	-	3
paricalcitol cap (ZEMPLAR equiv)	-	3
SENSIPAR TAB	-	3
sodium phenylbutyrate powder (BUPHENYL equiv)	-	3
sodium phenylbutyrate tab (BUPHENYL equiv)	-	3
CALCITRIOL INJ	LMSP	5
calcitriol inj (CALCIJEX equiv)	LMSP	5
KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	5
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	5
PALYNZIQ INJ (QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	5
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	5
CARBAGLU TAB	-	NC
GALAFOLD CAP	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
XURIDEN POWDER	-	NC
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate inj (DDAVP equiv)	-	3
desmopressin acetate tab (DDAVP equiv)	-	3
desmopressin nasal soln (DDAVP equiv)	-	3
STIMATE NASAL SOLN	-	3
DDAVP NASAL SOLN	-	4
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	-	2
<b>SOMATOSTATIC AGENTS</b>		
octreotide inj (SANDOSTATIN equiv)	LMSP	5
SANDOSTATIN INJ	LMSP	5
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	5
SANDOSTATIN LAR INJ KIT	-	NC
SIGNIFOR LAR INJ	-	NC
SOMATULINE INJ	-	NC
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-341)	LD-PA-QL	5

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
SAMSCA TAB	-	NC
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	2
jinteli tab (FEMHRT equiv)	-	3
PREMPHASE TAB, PREMPRO TAB	-	3
estradiol/norethindrone tab (ACTIVELLA equiv)	-	4
ANGELIQ TAB	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
FEMHRT TAB	-	NC
ORTHO-PREFEST TAB	-	NC
<b>ESTROGENS</b>		
estradiol patch (CLIMARA equiv)	-	2
estradiol tab (ESTRACE equiv)	-	2
ESTROPIPATE TAB	-	2
estropipate tab (OGEN equiv)	-	2
estradiol patch (VIVELLE-DOT equiv)	-	3
PREMARIN TAB	-	3
CENESTIN TAB	-	4
ALORA PATCH	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ESTROGENS Cont.</b>		
ENJUVIA TAB	-	NC
ESTRASORB EMULSION	-	NC
ESTRATAB	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
VIVELLE-DOT PATCH	-	NC
<b>FLUROQUINOLONES</b>		
<b>FLUROQUINOLONES</b>		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	2
levofloxacin tab (LEVAQUIN equiv)	-	2
ofloxacin tab (FLOXIN equiv)	-	2
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	3
ciprofloxacin susp (CIPRO equiv)	-	3
moxifloxacin tab (AVELOX equiv)	-	3
CIPRO SUSP 5%	-	4
CIPROFLOXACIN 100MG TAB	-	4
CIPROFLOXACIN ER TAB	-	4
NOROXIN TAB	-	4
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC
<b>GASTROINTESTINAL AGENTS - MISC.</b>		

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB	-	NC
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	5
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OICALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF- ¢	5
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	2
ursodiol tab (URSO (FORTE) equiv)	-	2
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	3
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP	-	NC
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide soln (REGLAN equiv)	-	2
metoclopramide tab (REGLAN equiv)	-	2
METZOLV ODT	-	NC
<b>INFLAMMATORY BOWEL AGENTS</b>		
balsalazide cap (COLAZAL equiv)	-	2
sulfasalazine EC tab (AZULFIDINE equiv)	-	2
sulfasalazine tab (AZULFIDINE equiv)	-	2
APRISO CAP	-	3

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
LIALDA TAB	-	3
mesalamine enema (ROWASA equiv)	-	3
mesalamine supp (CANASA equiv)	-	3
DIPENTUM CAP	-	4
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	5
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	5
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
mesalamine DR tab (LIALDA equiv)	-	NC
mesalamine tab (ASACOL equiv)	-	NC
PENTASA CAP	-	NC
ROWASA KIT	-	NC
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	2
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
LINZESS CAP	PA	3
alosetron tab (LOTRONEX equiv)	-	4
VIBERZI TAB	-	NC
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB	PA	3
SYMPROIC TAB	PA	3

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate cap (PHOSLO equiv)	-	2
FOSRENOL POWDER PACK	-	3
lanthanum carbonate chew tab (FOSRENOL equiv)	-	3
PHOSLYRA SOLN	-	3
SEVELAMER CARBONATE TAB	-	3
sevelamer powder pak (RENVELA equiv)	-	3
sevelamer tab (RENVELA TAB equiv)	-	3
FOSRENOL CHEW TAB	-	4
RENVELA TAB	-	4
AURYXIA TAB	-	NC
RENAGEL TAB	-	NC
VELPHORO CHEW TAB	-	NC
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT	-	NC
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB	-	NC
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
CYTRA-3 SYRUP	-	2

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**FirstCare FIVE Tier Formulary**

**Category/Class**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
K/NA CITRATE SOLN CITRIC ACID	-	2
ORACIT SOLN	-	2
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	2
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	2
sodium citrate/citric acid soln (BICITRA equiv)	-	2
tricitrates soln (POLYCITRA-LC equiv)	-	2
potassium citrate CR tab (UROKIT-K TAB equiv)	-	3
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	5
PROCYSBI CAP	-	NC
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP	-	3
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin SR tab (UROXATRAL equiv)	-	2
finasteride tab (PROSCAR equiv)	-	2
tamsulosin cap (FLOMAX equiv)	-	2
dutasteride cap (AVODART equiv)	-	3
dutasteride/tamsulosin cap (JALYN equiv)	-	3
CARDURA XL TAB	-	NC
silodosin cap (RAPAFLO equiv)	-	NC
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIDIUM equiv)	-	2
<b>URINARY STONE AGENTS</b>		

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
LITHOSTAT TAB	-	4
THIOLA TAB	-	NC
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	2
DUZALLO TAB	-	NC
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	-	1
COLCHICINE TAB	-	3
ULORIC TAB (Step Therapy requires trial of allopurinol)	ST-¢	3
COLCHICINE CAP	-	NC
COLCRYS TAB	-	NC
MITIGARE CAP	-	NC
ZURAMPIC TAB	-	NC
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	2
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA INJ	MSP-PA	5
AFSTYLA KIT	-	NC
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ	-	NC
<b>COMPLEMENT INHIBITORS</b>		

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
BERINERT INJ	-	NC
CINRYZE INJ	-	NC
HAEGARDA INJ	-	NC
RUCONEST INJ	-	NC
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	5
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	-	2
<b>PLASMA KALLIKREIN INHIBITORS</b>		
TAKHZYRO INJ	-	NC
<b>PLATELET AGGREGATION INHIBITORS</b>		
anagrelide cap (AGRYLIN equiv)	-	2
cilostazol tab (PLETAL equiv)	-	2
clopidogrel tab 75mg (PLAVIX equiv)	-	2
dipyridamole tab (PERSANTINE equiv)	-	2
prasugrel tab (EFFIENT equiv)	-	2
ticlopidine tab (TICLID equiv)	-	2
aspirin/dipyridamole cap (AGGRENEX equiv)	-	3
BRILINTA TAB (Restricted to Cardiology Specialist)	RS	4
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	4
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
YOSPRALA TAB	-	NC
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376 )	LD-PA	5
CERDELGA CAP	-	NC
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	-	3
ENDARI POWDER PACK	-	NC
SIKLOS TAB	-	NC
<b>COBALAMINS</b>		
cyanocobalamin inj	-	2
NASCOBAL NASAL SPRAY	-	4
CALOMIST NASAL SPRAY	-	NC
<b>FOLIC ACID/FOLATES</b>		
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
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
EPOGEN INJ	-	3
PROCRIT INJ	-	3
RETACRIT INJ	-	3
FULPHILA INJ	LMSP	5

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<b>HEMATOPOIETIC AGENTS Cont.</b>		
GRANIX INJ	LMSP	5
LEUKINE INJ	LMSP	5
NEUMEGA INJ	LMSP	5
NEUPOGEN INJ	LMSP	5
PROMACTA TAB	LMSP-PA	5
ZARXIO INJ	LMSP	5
ARANESP INJ	-	NC
DOPTELET TAB	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NIVESTYM INJ	-	NC
UDENYCA INJ	-	NC
<b>HEMATOPOIETIC MIXTURES</b>		
ferrex 150 forte cap	-	2
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	2
folbee tab	-	2
multigen folic tab (CHROMAGEN FA equiv)	-	2
multigen plus tab (CHROMAGEN FORTE equiv)	-	2
multigen tab (CHROMAGEN equiv)	-	2
tricon cap (TRINSICON equiv)	-	2
NEPHRON FA TAB	-	3

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<b>HEMATOPOIETIC AGENTS Cont.</b>		
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
PUREFOLIX TAB	-	NC
<b>IRON</b>		
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
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
aminocaproic acid syrup (AMICAR equiv)	-	2
AMICAR SOLN	-	3
aminocaproic acid tab (AMICAR equiv)	-	3
tranexamic acid tab (LYSTEDA equiv)	-	3
AMICAR SYRUP	-	4
<b>HYPNOTICS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	2
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB	-	NC
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		

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

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
<b>BARBITURATE HYPNOTICS</b>		
phenobarbital elixir	-	2
phenobarbital tab	-	2
SECONAL CAP	-	3
BUTISOL ELIXIR	-	4
BUTISOL TAB	-	4
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
SILENOR TAB	-	NC
<b>NON-BARBITURATE HYPNOTICS</b>		
estazolam tab (PROSOM equiv)	-	2
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2
FLURAZEPAM CAP	-	2
temazepam cap 15mg (RESTORIL equiv)	-	2
temazepam cap 30mg (RESTORIL equiv)	-	2
triazolam tab (HALCION equiv)	-	2
zaleplon cap (SONATA equiv)	-	2
zolpidem ER tab 12.5mg (AMBIEN CR equiv) (Male QL= 1 tab/day, Female QL= 15 tab/30 days; Step therapy requires trial of zaleplon or eszopiclone and zolpidem IR)	QL-ST	3
zolpidem ER tab 6.25mg (AMBIEN CR equiv) (QL= 1 tab/day; Step Therapy require trial of zaleplon or eszopiclone and zolpidem IR)	QL-ST	3
SOMNOTE CAP	-	4
temazepam cap 22.5mg (RESTORIL equiv)	-	4
temazepam cap 7.5mg (RESTORIL equiv)	-	4

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INF	Infertility		LD	Limited Distribution	
LMSP	Lumicera Mandatory Specialty Pharmacy Program		MSP	Mandatory Specialty Pharmacy Program	
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QL	Quantity Limit		RS	Restricted to Specialist	
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<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>		
AMBIEN CR TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ CAP	-	NC
ROZEREM TAB	-	NC
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
peg 3350/electrolytes soln (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, all other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	\$0
CLENPIQ SOLN	-	3
gavilyte-h kit	-	NC
GOLYTELY SOLN	-	NC
HALFLYTELY BOWEL PREP KIT	-	NC
MOVIPREP SOLN	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
SUCLEAR KIT	-	NC

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<b>LAXATIVES Cont.</b>		
SUPREP SOLN	-	NC
<b>LAXATIVES - MISCELLANEOUS</b>		
lactulose soln	-	2
KRISTALOSE PACKET	-	4
lactulose pack (KRISTALOSE equiv)	-	4
GIALAX KIT	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
<b>SALINE LAXATIVES</b>		
OSMOPREP TAB	-	4
VISICOL TAB	-	4
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin susp (ZITHROMAX equiv)	-	2
azithromycin tab (ZITHROMAX equiv)	-	2
ZITHROMAX POWDER PACK	-	4
ZMAX SUSP	-	4
<b>CLARITHROMYCIN</b>		
clarithromycin susp (BIAXIN equiv)	-	2
clarithromycin tab (BIAXIN equiv)	-	2
CLARITHROMYC SUSP	-	3
clarithromycin ER tab (BIAXIN XL equiv)	-	4

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<b>MACROLIDES Cont.</b>		
<b>ERYTHROMYCINS</b>		
erythromycin DR cap (ERYC equiv)	-	3
erythromycin ethylsuccinate susp (ERYPED equiv)	-	3
erythromycin stearate tab	-	3
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	3
ERYPED SUSP	-	4
ERY-TAB	-	4
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	4
PCE TAB	-	4
<b>FIDAXOMICIN</b>		
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)	QL-ST	3
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CERVICAL CAP	ACA	\$0
DIAPHRAGM	ACA	\$0
FEMALE CONDOMS	ACA-OTC	\$0
<b>DIABETIC SUPPLIES</b>		
ACCU-CHECK GUIDE CARE METER	OTC	\$0
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE INSULINX METER	OTC	\$0

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
V-GO INJ KIT (QL= 1 kit/day)	QL	3
CALIBRATION LIQUID	OTC	DIAB 1
LANCET KIT	OTC	DIAB 1
LANCETS	OTC	DIAB 1
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	DIAB 3
DEXCOM G6 SENSOR (QL= 3 sensors/28 days)	PA-QL	DIAB 3
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	DIAB 3
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	DIAB 3
FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)	PA-QL	DIAB 3
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	DIAB 3
DIABETIC METER (all other diabetic meters)	OTC	NC

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	OTC	DIAB 1
<b>ORAL HYGIENE PRODUCTS</b>		
HURRISEAL MIS SNAP	-	NC
<b>PARENTERAL THERAPY SUPPLIES</b>		
B-D INSULIN SYRINGE	--OTC	DIAB 1
B-D PEN NEEDLE	OTC	DIAB 1
NOVOFINE PEN NEEDLE	OTC	DIAB 1
NOVOTWIST PEN NEEDLE	OTC	DIAB 1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	DIAB 1
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	OTC	2
AEROCHAMBER	OTC	3
<b>MIGRAINE PRODUCTS</b>		
<b>MIGRAINE COMBINATIONS</b>		

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<b>MIGRAINE PRODUCTS Cont.</b>		
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	3
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	3
MIGERGOT SUPP	-	3
PRODRIN TAB	-	3
ergotamine/caffeine tab (CAFERGOT equiv)	-	4
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
<b>MIGRAINE PRODUCTS</b>		
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days)	QL	4
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
ERGOMAR SL TAB	-	NC
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	3
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	3
AJOVY INJ	-	NC
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POWDER PACKET	-	NC
<b>SEROTONIN AGONISTS</b>		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2

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<b>MIGRAINE PRODUCTS Cont.</b>		
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	3
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	3
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/ days)	QL	3
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	3
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
almotriptan tab (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
eletriptan tab (RELPAX equiv)	-	NC
FROVA TAB	-	NC
frovatriptan tab (FROVA equiv)	-	NC
ONZETRA XSAIL	-	NC
RELPAX TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
ZECUITY PAD	-	NC
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>FLUORIDE</b>		

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<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	\$0
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	-	2
<b>PHOSPHATE</b>		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	2
K-PHOS TAB	-	3
<b>POTASSIUM</b>		
potassium bicarbonate effer tab (K-LYTE equiv)	-	2
potassium chloride effer tab (K-LYTE/CL equiv)	-	2
potassium chloride ER cap (MICRO-K equiv)	-	2
POTASSIUM CHLORIDE ER TAB	-	2
potassium chloride ER tab (KLOR-CON equiv)	-	2
potassium chloride micro tab (K-DUR equiv)	-	2
KLOR-CON M15 TAB	-	3
potassium chloride powder packet (KLOR-CON equiv)	-	3

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<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
potassium chloride soln	-	3
KLOR-CON POWDER PACKET 25MEQ	-	4
<b>ZINC</b>		
zinc sulfate cap	-	2
GALZIN CAP	-	3
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
trientine cap (SYPRINE equiv)	MSP-PA	5
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
CYCLOSPORINE MODIFIED CAP	SP	5
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK	-	NC
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	5
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	5
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine viscous soln	-	2
LIDOCAINE ORAL SOLN 4%	-	3
FIRST MOUTHWASH BLM	-	4
<b>ANTIALLERGY AGENTS - MOUTH/THROAT</b>		
APHTHASOL PASTE	-	3
<b>ANTI-INFECTIVES - THROAT</b>		

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<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
clotrimazole troches (MYCELEX TROCHES equiv)	-	2
nystatin susp	-	2
ORAVIG TAB	-	4
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate soln (PERIDEX equiv)	-	2
<b>DENTAL PRODUCTS</b>		
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 equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	ACA	\$0
sodium fluoride gel (PREVIDENT equiv)	-	2
sodium fluoride paste (PREVIDENT equiv)	-	2
sodium fluoride rinse (PREVIDENT equiv)	-	2
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	2
PREVIDENT PASTE	-	3
PREVIDENT RINSE	-	3
<b>STEROIDS - MOUTH/THROAT</b>		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2
<b>THROAT PRODUCTS - MISC.</b>		
pilocarpine tab (SALAGEN equiv)	-	2
cevimeline cap (EVOXAC equiv)	-	3
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC

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**Category/Class**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
DIALYVITE TAB	-	2
dialyvite tab (NEPHRO-VITE equiv)	-	2
DIALYVITE/ZINC TAB	-	2
FOLBEE PLUS CZ TAB	-	2
renaphro cap (NEPHROCAP equiv)	-	2
FIBRIK CAP	-	NC
<b>MULTIPLE VITAMINS &amp; FLUORIDE-FOLIC ACID</b>		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin/minerals tab (STROVITE equiv)	-	2
<b>MULTIVITAMINS</b>		
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	2
<b>PED MV W/ FLUORIDE</b>		
pediatric multiple vitamins/fluoride soln	-	2
FLORIVA PLUS DROPS	-	3
pediatric multiple vitamins/fluoride chew tab	-	4
QUFLORA PEDIATRIC CHEW TAB	-	4
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
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VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary**

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**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MULTIVITAMINS Cont.</b>		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	2
PRENATAL VITAMINS (NON-PREFERRED)	-	4
CITRANATAL CAP MEDLEY	-	NC
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
baclofen tab 10mg, 20mg	-	2
carisoprodol tab (SOMA equiv)	-	2
CHLORZOXAZONE TAB 500MG	-	2
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	2
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	2
methocarbamol tab (ROBAXIN equiv)	-	2
orphenadrine citrate ER tab (NORFLEX equiv)	-	2
tizanidine tab (ZANAFLEX equiv)	-	2
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	4
metaxalone tab (SKELAXIN equiv)	-	4
METAXALONE TAB 400MG	-	4
tizanidine cap (ZANAFLEX equiv)	-	4
BACLOFEN TAB	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
FIRST BACLOFEN SUSP KIT	-	NC

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<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
SOMA TAB 250MG	-	NC
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	3
<b>MUSCLE RELAXANT COMBINATIONS</b>		
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	4
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	4
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
<b>NASAL ANESTHETICS</b>		
GOPRELTO SOLN	-	NC
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	2
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	3
olopatadine nasal spray (PATANASE equiv)	-	3

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	-	2
<b>NASAL ANTI-INFECTIVES</b>		
BACTROBAN NASAL OINT	-	4
<b>NASAL STEROIDS</b>		
fluticasone nasal spray (FLONASE equiv) (QL= 1 bottle/30 days)	QL	2
triamcinolone nasal spray (NASACORT equiv) (QL= 1 bottle/30 days)	QL	2
FLUNISOLIDE NASAL SPRAY (QL= 1 bottle/30 days)	QL	4
BECONASE AQ NASAL SPRAY	-	NC
budesonide nasal spray (RHINOCORT AQUA equiv)	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
NASACORT OTC NASAL SPRAY	OTC	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	NC
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
TYZINE NASAL SOLN	-	4

**NEUROMUSCULAR AGENTS**

**ALS AGENTS**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>NEUROMUSCULAR AGENTS Cont.</b>		
riluzole tab (RILUTEK equiv)	-	3
TIGLUTIK SUSP	-	NC
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
LACRISERT OPHTH INSERT	-	3
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
betaxolol ophth soln (BETOPTIC-S equiv)	-	2
CARTEOLOL OPHTH SOLN	-	2
carteolol ophth soln (OCUPRESS equiv)	-	2
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	2
levobunolol ophth soln (BETAGAN equiv)	-	2
BETIMOL OPHTH SOLN	-	3
BETOPTIC-S OPHTH SOLN	-	3
COMBIGAN OPHTH SOLN	-	3
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	3
ISTALOL OPHTH SOLN	-	3
METIPRANOLOL OPHTH SOLN	-	3
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	3
TIMOLOL OPHTH GEL SOLN	-	3
TIMOPTIC OCUDOSE OPHTH SOLN	-	4
<b>CYCLOPLEGIC MYDRIATICS</b>		

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
atropine ophth oint	-	2
atropine ophth soln (ISOPTO ATROPINE equiv)	-	2
cyclopentolate ophth soln (CYCLOGYL equiv)	-	2
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	2
tropicamide ophth soln (MYDRIACYL equiv)	-	2
CYCLOMYDRIL OPHTH SOLN	-	3
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	3
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	3
ISOPTO HYOSCINE OPHTH SOLN	-	3
<b>MIOTICS</b>		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	2
ISOPTO CARBACHOL OPHTH SOLN	-	3
PHOSPHOLINE OPHTH SOLN	-	3
PILOPINE HS OPHTH GEL	-	4
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
brimonidine ophth soln 0.2%	-	2
ALPHAGAN P OPHTH SOLN 0.1%	-	3
apraclonidine ophth soln (IOPIDINE equiv)	-	3
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	3
IOPIDINE OPHTH SOLN 1%	-	3
SIMBRINZA OPHTH SUSP	-	3
LUMIFY OPHTH SOLN 0.25%	-	NC

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<b>OPHTHALMIC AGENTS Cont.</b>		
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	2
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	2
ciprofloxacin ophth soln (CILOXAN equiv)	-	2
erythromycin ophth oint	-	2
levofloxacin ophth soln (QUIXIN equiv)	-	2
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2
NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN	-	2
ofloxacin ophth soln (OCUFLOX equiv)	-	2
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	2
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	2
tobramycin ophth soln (TOBREX equiv)	-	2
AZASITE SOLN	-	3
BACITRACIN OPHTH OINT	-	3
trifluridine ophth soln (VIROPTIC equiv)	-	3
ZIRGAN OPHTH GEL	-	3
CILOXAN OPHTH OINT	-	4
gatifloxacin ophth soln (ZYMAXID equiv)	-	4
TOBREX OPHTH OINT	-	4

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<b>OPHTHALMIC AGENTS Cont.</b>		
VIGAMOX OPHTH SOLN	-	4
ZYMAXID OPHTH SOLN	-	4
BESIVANCE OPHTH SUSP	-	NC
MOXEZA OPHTH SOLN	-	NC
<b>OPHTHALMIC DECONGESTANTS</b>		
phenylephrine ophth soln (MYDFRIN equiv)	-	2
naphazoline ophth soln	-	4
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)	RS	3
CEQUA (PF) OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION	-	NC
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN	-	NC
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA OPHTH SOLN	-	NC
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	2
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE OPHTH SOLN	-	NC
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC

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<b>OPHTHALMIC AGENTS Cont.</b>		
<b>OPHTHALMIC STEROIDS</b>		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	2
dexamethasone ophth soln	-	2
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	2
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	2
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	2
prednisolone ophth soln (PRED FORTE equiv)	-	2
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	2
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	2
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	3
BLEPHAMIDE OPHTH SOLN	-	3
DUREZOL OPHTH EMULSION	-	3
LOTEMAX OPHTH GEL	-	3
LOTEMAX OPHTH OINT	-	3
MAXIDEX OPHTH SOLN	-	3
PRED MILD OPHTH SOLN	-	3
PRED-G OPHTH SOLN	-	3
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	3
TOBRADEX OPHTH OINT	-	3
VEXOL OPHTH SUSP	-	3
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	3

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<b>OPHTHALMIC AGENTS Cont.</b>		
BLEPHAMIDE S.O.P. OPHTH OINT	-	4
FLAREX OPHTH SUSP	-	4
FML FORTE OPHTH SUSP	-	4
FML S.O.P. OPHTH OINT	-	4
TOBRADEX ST OPHTH SUSP	-	4
INVELTYS OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
<b>OPHTHALMICS - MISC.</b>		
azelastine ophth soln (OPTIVAR equiv)	-	2
cromolyn ophth soln (CROLOM equiv)	-	2
diclofenac sodium ophth soln (VOLTAREN equiv)	-	2
dorzolamide ophth soln (TRUSOPT equiv)	-	2
flurbiprofen ophth soln (OCUFEN equiv)	-	2
ketorolac ophth soln (ACULAR (LS) equiv)	-	2
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	2
ALAMAST OPHTH SOLN	-	3
ALOCRIAL OPHTH SOLN	-	3
ALOMIDE OPHTH SOLN	-	3
AZOPT OPHTH SUSP	-	3
bromfenac ophth soln (BROMDAY equiv)	-	3

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<b>OPHTHALMIC AGENTS Cont.</b>		
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	3
ILEVRO OPHTH SUSP	-	3
NEVANAC OPHTH SUSP	-	3
olopatadine ophth soln 0.1% (PATANOL equiv)	-	3
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	3
PROLENSA OPHTH SOLN	-	3
ACUVAIL OPHTH SOLN	-	4
BEPREVE OPHTH SOLN	-	4
EMADINE OPHTH SOLN	-	4
epinastine ophth soln (ELESTAT equiv)	-	4
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	4
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	5
BROMSITE OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	2
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	3
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3
TRAVATAN Z OPHTH SOLN (QL= 2.5ml/30 days)	QL	3

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

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
acetic acid otic soln (VOSOL equiv)	-	2
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	2
<b>OTIC ANTI-INFECTIVES</b>		
CIPROFLOXACIN OTIC SOLN	-	3
ofloxacin otic soln (FLOXIN equiv)	-	4
<b>OTIC COMBINATIONS</b>		
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	2
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	2
otomax-HC otic soln (CORTANE-B equiv)	-	2
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	2
CIPRODEX OTIC SUSP	-	3
COLY-MYCIN S OTIC SUSP	-	3
CIPRO HC OTIC SUSP	-	4
OTOZIN OTIC DROPS	-	4
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
OTOVEL OTIC SOLN	-	NC
<b>OTIC STEROIDS</b>		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OTIC AGENTS Cont.</b>		
fluocinolone otic oil (DERMOTIC equiv)	-	3
ACETASOL HC OTIC SOLN	-	4
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	3
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	MSP	5
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	MSP-PA	5
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	2
AMOXICILLIN CHEW TAB 250MG	-	2
ampicillin cap (PRINCIPEN equiv)	-	2
ampicillin susp (PRINCIPEN equiv)	-	2
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
<b>NATURAL PENICILLINS</b>		
penicillin vk soln (VEETIDS equiv)	-	2

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**FirstCare FIVE Tier Formulary**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>PENICILLINS Cont.</b>		
penicillin vk tab (VEETIDS equiv)	-	2
<b>PENICILLIN COMBINATIONS</b>		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	2
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	4
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	2
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	3
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	2
progesterone cap (PROMETRIUM equiv)	-	3
megestrol ES susp (MEGACE ES equiv)	-	4
hydroxyprogesterone inj (MAKENA equiv)	MSP-PA	5
MAKENA INJ	MSP-PA	5
progesterone oil inj	-	NC
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
disulfiram tab (ANTABUSE equiv)	-	2

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
acamprosate calcium DR tab (CAMPRAL equiv)	-	3
LUCEMYRA TAB	-	NC
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharma 866-997-3688)	LD-PA-QL	5
<b>ANTIDEMENTIA AGENTS</b>		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	2
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	2
galantamine tab (RAZADYNE equiv)	¢	2
memantine tab (NAMENDA equiv)	-	2
rivastigmine cap (EXELON equiv)	-	2
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	3
EXELON SOLN	-	3
galantamine ER cap (RAZADYNE ER equiv)	-	3
GALANTAMINE SOLN	-	3
memantine ER cap (NAMENDA XR equiv)	-	3
memantine soln (NAMENDA equiv)	-	3
NAMENDA XR TITRATION PACK	-	3
NAMZARIC CAP (Step Therapy requires trial of donepezil and memantine)	ST	3
NAMZARIC STARTER PACK (Step Therapy requires trial of donepezil and memantine)	ST	3
rivastigmine patch (EXELON equiv)	-	3

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
NAMENDA XR CAP	-	NC
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	2
PERPHENAZINE/ AMITRIPTYLINE TAB	-	2
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	3
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA PAK	-	3
SAVELLA TAB (QL= 2 tabs/day)	QL	3
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI TAB	-	NC
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
tetrabenazine tab (XENAZINE equiv) ( )	LMSP-PA	5
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
XENAZINE TAB	-	NC
<b>MULTIPLE SCLEROSIS AGENTS</b>		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	3
AUBAGIO TAB	LMSP	5
AVONEX INJ	LMSP	5
EXTAVIA INJ	LMSP	5
GILENYA CAP	LMSP	5
glatiramer inj (COPAXONE equiv)	LMSP	5
PLEGRIDY INJ	LMSP-PA	5

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
PLEGRIDY PEN INJ	LMSP-PA	5
REBIF INJ	LMSP	5
TECFIDERA CAP	LMSP	5
TECFIDERA STARTER PACK	LMSP	5
ZINBRYTA INJ	-	NC
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	3
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
PIMOZIDE TAB	-	3
ERGOLOID MESYLATES TAB	-	NC
ergoloid mesylates tab (HYDERGINE equiv)	-	NC
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB	-	NC
<b>SMOKING DETERRENTS</b>		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
CHANTIX TAB (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	\$0
NICOTINE KIT	ACA-OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	ACA-OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	ACA-QL-SMKG	\$0
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ	-	NC
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL-S F	5
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	5

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<b>RESPIRATORY AGENTS - MISC. Cont.</b>		
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	MSP-PA-QL-S F	5
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL-S F	5
PULMOZYME INH SOLN	LMSP	5
SYMDEKO TAB (QL= 2 tabs/day)	MSP-PA-QL-S F	5
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL- SF	5
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL- SF	5
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL- SF	5
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-S F	5
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE TAB	-	2
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TAB	-	NC
<b>TETRACYCLINES</b>		

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<b>TETRACYCLINES Cont.</b>		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2
doxycycline hyclate tab (VIBRATAB equiv)	-	2
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	2
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	2
doxycycline monohydrate tab (ADOXA equiv)	-	2
minocycline cap (MINOCIN equiv)	-	2
doxycycline susp (VIBRAMYCIN equiv)	-	3
minocycline tab (DYNACIN equiv)	-	3
demeclocycline tab (DECLOMYCIN equiv)	-	4
doxycycline hyclate DR tab (DORYX equiv)	-	4
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	4
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	4
ORAXYL CAP	-	4
tetracycline cap	-	4
VIBRAMYCIN SYRUP	-	4
ACTICLATE TAB 75MG, 150MG	-	NC
ADOXA PAK	-	NC
DORYX MPC TAB	-	NC
DORYX TAB 200MG	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>TETRACYCLINES Cont.</b>		
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
TARGADOX TAB	-	NC
TETRACYCLINE CAP	-	NC
XIMINO CAP	-	NC
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
methimazole tab (TAPAZOLE equiv)	-	2
propylthiouracil tab	-	2
<b>THYROID HORMONES</b>		
ARMOUR THYROID TAB, NATURE THROID TAB	-	2
liothyronine tab (CYTOMEL equiv)	-	2
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	2
SYNTHROID TAB	-	2
THYROLAR TAB	-	3
TIROSINT CAP	-	4
levothyroxine tab (SYNTHROID equiv)	-	NC
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
ADACEL/BOOSTRIX INJ	ACA-VAC	\$0
TETANUS/DIPHThERIA TOXOID INJ	ACA-VAC	\$0

**ULCER DRUGS**

**ANTISPASMODICS**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
dicyclomine cap (BENTYL equiv)	-	2
dicyclomine tab (BENTYL equiv)	-	2
hyoscyamine sulfate CR tab (LEVBIID equiv)	-	2
hyoscyamine sulfate elixir (LEVSIN equiv)	-	2
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2
hyoscyamine sulfate soln (LEVSIN equiv)	-	2
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	2
hyoscyamine tab (LEVSIN equiv)	-	2
BELLADONNA ALKALOID/OPIUM SUPP	-	3
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	3
dicyclomine soln (BENTYL equiv)	-	3
glycopyrrolate tab (ROBINUL equiv)	-	3
PROPANTHELINE TAB	-	3
CANTIL TAB	-	4
CUVPOSA SOLN	-	4
DONNATAL ELIXIR	-	4
methscopolamine tab (PAMINE equiv)	-	4
pb-belladonna elixir (DONNATAL equiv)	-	4
SYMAX DUOTAB	-	4
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL EXTENTABS	-	NC

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INF	Infertility	LD Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	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
VAC	Vaccine Program	¢ RxCENTS

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
DONNATAL TAB	-	NC
<b>H-2 ANTAGONISTS</b>		
CIMETIDINE SOLN	-	2
cimetidine tab (TAGAMET equiv)	-	2
famotidine tab (PEPCID equiv)	-	2
nizatidine cap (AXID equiv)	-	2
ranitidine cap (ZANTAC equiv)	-	2
ranitidine syrup (ZANTAC equiv)	-	2
ranitidine tab (Rx Only) (ZANTAC equiv)	-	2
famotidine susp (PEPCID equiv)	-	3
nizatidine soln (AXID equiv)	-	4
ZANTAC EFFER TAB	-	NC
<b>MISC. ANTI-ULCER</b>		
sucralfate tab (CARAFATE equiv)	-	2
CARAFATE SUSP	-	3
<b>PROTON PUMP INHIBITORS</b>		
pantoprazole EC tab (PROTONIX equiv)	-	1
omeprazole DR cap (PRILOSEC equiv)	-	2
esomeprazole cap (NEXIUM equiv)	-	4
FIRST OMEPRAZOLE SUSP	-	4
lansoprazole cap (PREVACID equiv) (Rx Only)	-	4
LANSOPRAZOLE SUSP	-	4

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
PREVACID OTC CAP	OTC	4
rabeprazole EC tab (ACIPHEX equiv)	-	4
ACIPHEX SPRINKLE CAP	-	NC
DEXILANT CAP	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM CAP	-	NC
NEXIUM GRANULE PACK	-	NC
OMEPRAZOLE TAB	OTC	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PROTONIX PAK	-	NC
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
misoprostol tab (CYTOTEC equiv)	-	2
<b>ULCER THERAPY COMBINATIONS</b>		
ZEGERID CAP OTC	OTC	2
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	4
PYLERA CAP	-	4
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC

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VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
ZEGERID POWDER PACK	-	NC
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVE COMBINATIONS</b>		
UROQID #2 TAB	-	4
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UTA cap	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
methenamine mandelate tab	-	2
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	2
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2
methenamine hippurate tab (HIPREX equiv)	-	3
nitrofurantoin susp (FURADANTIN equiv)	-	3
MONUROL GRANULE PACK	-	4
<b>URINARY ANTISPASMODICS</b>		
<b>BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB	-	3
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)</b>		
oxybutynin ER tab (DITROPAN XL equiv)	-	2
oxybutynin syrup	-	2

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VAC	Vaccine Program		¢	RxCENTS	

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>URINARY ANTISPASMODICS Cont.</b>		
oxybutynin tab (DITROPAN equiv)	-	2
tolterodine tab (DETROL equiv)	¢	3
VESICARE TAB	¢	3
GELNIQUE	-	4
OXYTROL PATCH	PA	4
tropium chloride SR cap (SANCTURA XR equiv)	PA	4
tropium tab (SANCTURA equiv)	-	4
TOVIAZ TAB	-	NC
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
tolterodine SR cap (DETROL LA equiv)	-	3
darifenacin SR tab (ENABLEX equiv)	-	NC
ENABLEX TAB	-	NC
<b>URINARY ANTISPASMODICS</b>		
hyoscyamine tab (LEVSIN equiv)	-	2
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol tab (URECHOLINE equiv)	-	2
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b>		
flavoxate tab (URISPAS equiv)	-	NC
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
BXSERO INJ	ACA-VAC	\$0
MENACTRA INJ	ACA-VAC	\$0
MENHIBRIX INJ	ACA-VAC	\$0

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
MENOMUNE INJ	ACA-VAC	\$0
MENVEO INJ	ACA-VAC	\$0
PNEUMOVAX INJ	ACA-VAC	\$0
PREVNAR 13 INJ	ACA-VAC	\$0
TRUMENBA INJ	ACA-VAC	\$0
VIVOTIF CAP (QL= 4 caps/fill)	ACA-QL-VAC	\$0
VAXCHORA SUSP	-	NC
<b>VIRAL VACCINES</b>		
AFLURIA INJ	ACA-VAC	\$0
AFLURIA INJ, FLUZONE INJ	ACA-VAC	\$0
CERVARIX INJ	ACA-VAC	\$0
ENGERIX-B INJ	ACA-VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	ACA-VAC	\$0
FLUAD INJ	ACA-VAC	\$0
FLUBLOK INJ	ACA-VAC	\$0
FLUBLOK QUAD PF INJ	ACA-VAC	\$0
FLUCELVAX INJ	ACA-VAC	\$0
FLUCELVAX QUAD INJ	ACA-VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	ACA-VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0
FLUVIRIN INJ	ACA-VAC	\$0
FLUVIRIN PF INJ	ACA-VAC	\$0

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VAC	Vaccine Program	¢	RxCENTS		

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
FLUZONE HIGH DOSE PF INJ	ACA-VAC	\$0
FLUZONE INTRADERMAL INJ	ACA-VAC	\$0
FLUZONE QUAD INJ	ACA-VAC	\$0
FLUZONE/FLUARIX QUAD INJ	ACA-VAC	\$0
GARDASIL 9 INJ	ACA-VAC	\$0
GARDASIL INJ	ACA-VAC	\$0
HAVRIX INJ, VAQTA INJ	ACA-VAC	\$0
HEPLISAV-B INJ	ACA-VAC	\$0
M-M-R II INJ	ACA-VAC	\$0
SHINGRIX INJ (Covered for members age 50 or older)	ACA-VAC	\$0
TWINRIX INJ	ACA-VAC	\$0
VARIVAX INJ	ACA-VAC	\$0
ZOSTAVAX INJ (Covered for members age 50 or older)	ACA-VAC	\$0
STAMARIL INJ	-	NC
<b>VAGINAL PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
ACIDIC VAGINAL JELLY	-	3
FEM PH GEL	-	4
INTRAROSA SUPP	-	NC
<b>SPERMICIDES</b>		
CONTRACEPTIVE FILM	ACA-OTC	\$0
CONTRACEPTIVE FOAM	ACA-OTC	\$0

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VAC	Vaccine Program	¢	RxCENTS		

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
CONTRACEPTIVE GEL	ACA-OTC	\$0
CONTRACEPTIVE SUPP	ACA-OTC	\$0
TODAY SPONGE	ACA-OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	ACA-OTC	\$0
<b>VAGINAL ANTI-INFECTIVES</b>		
clindamycin vaginal cream (CLEOCIN equiv)	-	2
metronidazole vaginal gel (METROGEL equiv)	-	2
NYSTATIN VAGINAL TAB	-	2
terconazole cream (TERAZOL equiv)	-	2
TERCONAZOLE CREAM 8%	-	2
terconazole supp (TERAZOL equiv)	-	2
AVC VAGINAL CREAM	-	3
CLEOCIN VAGINAL SUPP	-	4
CLINDESSE VAGINAL CREAM	-	4
<b>VAGINAL ESTROGENS</b>		
estradiol cream (ESTRACE equiv)	-	2
ESTRING (3 copays per Rx)	-	3
PREMARIN VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	4
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	NC
IMVEXXY SUPP	-	NC
VAGIFEM TAB	-	NC

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL	PA	3
ENDOMETRIN INSERT	PA	3
PROGESTERONE SUPP	PA	4
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	3
epinephrine pen inj 0.3mg (EPIPEN equiv) (QL= 2 inj/fill)	QL	3
ADRENALICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ, EPIPEN JR INJ	-	NC
EPIPEN INJ 0.3MG	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		
midodrine tab (PROAMATINE equiv)	-	2
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
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
vitamin D cap (RX strength only)	-	2
phytonadione tab (MEPHYTON equiv)	-	3
ERGOCAL CAP	-	NC

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**FirstCare FIVE Tier Formulary**

**Category/Class**

**Last Updated\* 1/1/2019**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VITAMINS Cont.</b>		
<b>WATER SOLUBLE VITAMINS</b>		
niacin cap	OTC	2
niacin CR tab (SLO-NIACIN equiv)	OTC	2
niacin tab	OTC	2
NIACIN TR TAB	OTC	2
niacinamide tab	OTC	2
POTABA POWDER PACKET	-	3
POTABA TAB	-	NC

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**FirstCare FIVE Tier Formulary**  
**Prior Authorization Drug List**  
**Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABILIFY DISCMELT	4
ABILIFY SOLN	4
abiraterone tab 250mg	5
ABSTRAL SL TAB	4
ACTEMRA ACTPEN INJ	5
ACTEMRA SC INJ	3
ACTIMMUNE INJ	5
adapalene cream	3
adapalene gel	3
ADAPALENE LOTION	3
adapalene/benzoyl peroxide gel 0.1-2.5%	3
ADEMPAS TAB	5
AFINITOR DISPERZ	5
AFINITOR TAB	5
AIMOVIG INJ	3
ALECENSA CAP	5
ALINIA SUSP	3
ALINIA TAB	3
ALUNBRIG TAB 30MG	5
ALUNBRIG TAB 90MG, 180MG	5
ANDRODERM PATCH	3

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**FirstCare FIVE Tier Formulary cont.**

**Prior Authorization Drug List**

**Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
aripiprazole ODT	4
aripiprazole soln	4
armodafinil tab	3
AZELEX CREAM	4
BENLYSTA AUTO-INJECTOR	5
BENLYSTA INJ	5
BENZNIDAZOLE TAB	3
bexarotene cap	5
BOSULIF TAB	5
budesonide ER tab	4
CABOMETYX TAB	5
CALQUENCE CAP	5
CAPRELSA TAB	5
CHOLBAM CAP	5
CIMZIA INJ	5
CIMZIA STARTER INJ KIT	5
clobazam tab	5
clobetasol foam	4
clobetasol lotion	4
clobetasol shampoo	4
clobetasol spray	4

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**FirstCare FIVE Tier Formulary cont.****Prior Authorization Drug List****Last Updated\* 1/1/2019**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
COMETRIQ KIT	5
CORLANOR TAB	4
COSENTYX INJ (1-PACK)	5
COSENTYX INJ (2-PACK)	5
COTELLIC TAB	5
CRINONE GEL	3
CYSTAGON CAP	5
CYSTARAN OPHTH SOLN	5
dalfampridine ER tab	3
DARAPRIM TAB	5
DESCOVY TAB	5
DEXCOM G6 RECEIVER	DIAB 3
DEXCOM G6 SENSOR	DIAB 3
DEXCOM G6 TRANSMITTER	DIAB 3
diclofenac gel	4
DIFFERIN OTC GEL 0.1%	2
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALOFIN CREAM	4
dronabinol cap	3
DUPIXENT INJ	5
EMGALITY INJ	3

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**FirstCare FIVE Tier Formulary cont.****Prior Authorization Drug List****Last Updated\* 1/1/2019**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ENBREL INJ 25MG	5
ENBREL INJ 50MG	5
ENBREL MINI INJ	5
ENBREL SURECLICK INJ 50MG	5
ENDOMETRIN INSERT	3
ENTRESTO TAB	3
EPANED PREMIXED SOLN	4
EPANED SOLN	4
EPCLUSA TAB, SOFOSBUVIR/VELPATASVIR TAB	5
EPIDUO FORTE GEL	3
EPIDUO GEL 0.1-2.5%	4
ERIVEDGE CAP	5
ESBRIET CAP	5
ESBRIET TAB 267MG	5
ESBRIET TAB 801MG	5
FANAPT TAB	4
FANAPT TITRATION PACK	4
FARYDAK CAP	5
fentanyl citrate lollipop	3
FENTORA TAB	4

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

Products listed may not be all inclusive and are subject to change.

**FirstCare FIVE Tier Formulary cont.****Prior Authorization Drug List****Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
FERRIPROX SOLN	5
FERRIPROX TAB	5
fondaparinux inj	3
FREESTYLE LIBRE RECEIVER	DIAB 3
FREESTYLE LIBRE SENSOR (10-DAY)	DIAB 3
FREESTYLE LIBRE SENSOR (14-DAY)	DIAB 3
GENOTROPIN INJ	5
GILOTRIF TAB	5
HARVONI TAB, LEDIPASVIR/SOFOSBUVIR TAB	5
HEMLIBRA INJ	5
HUMIRA INJ 10MG	5
HUMIRA INJ 20MG	5
HUMIRA INJ 40MG	5
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	5
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	5
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACI	5
HUMIRA PEN INJ 40MG	5
HYCAMTIN CAP	5
hydroxyprogesterone inj	5

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**FirstCare FIVE Tier Formulary cont.**

**Prior Authorization Drug List**

**Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
IBRANCE CAP	5
ICLUSIG TAB	5
IDHIFA TAB	5
imatinib tab	5
IMBRUVICA CAP 140MG	5
IMBRUVICA CAP 70MG	5
IMBRUVICA TAB	5
INLYTA TAB	5
IRESSA TAB	5
itraconazole cap	3
itraconazole soln	4
JAKAFI TAB	5
JYNARQUE PAK	5
KALYDECO PAK	5
KALYDECO TAB	5
KEVZARA INJ	5
KINERET INJ	5
KISQALI PAK	5
KISQALI TAB	5
KORLYM TAB	5
KUVAN POWDER PACK	5

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Products listed may not be all inclusive and are subject to change.



**FirstCare FIVE Tier Formulary cont.**

**Prior Authorization Drug List**

**Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
KUVAN TAB	5
LAZANDA NASAL SPRAY	4
LENVIMA CAP	5
LETAIRIS TAB	5
LINZESS CAP	3
LONSURF TAB	5
LYNPARZA CAP	5
LYNPARZA TAB	5
MAKENA INJ	5
MAVYRET TAB	5
MEKINIST TAB	5
METHITEST TAB	4
miglustat cap	5
modafinil tab	3
MOVANTIK TAB	3
NATPARA INJ	5
NERLYNX TAB	5
NEXAVAR TAB	5
NINLARO CAP	5
NUEDEXTA CAP	3
OCALIVA TAB	5

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Products listed may not be all inclusive and are subject to change.

**FirstCare FIVE Tier Formulary cont.**

**Prior Authorization Drug List**

**Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ODACTRA SL TAB	4
ODOMZO CAP	5
OFEV CAP	5
OLUMIANT TAB	5
OPSUMIT TAB	5
ORENCIA CLICK INJ	5
ORENCIA SC INJ 125MG/ML	5
ORENCIA SC INJ 50MG/0.4ML	5
ORENCIA SC INJ 87.5MG/0.7ML	5
ORKAMBI GRANULES PACKET	5
ORKAMBI TAB	5
OTEZLA STARTER PACK	5
OTEZLA TAB	5
OXYTROL PATCH	4
paliperidone ER tab	3
PALYNZIQ INJ	5
PLEGRIDY INJ	5
PLEGRIDY PEN INJ	5
PRALUENT INJ	5
PROGESTERONE SUPP	4
PROMACTA TAB	5

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Products listed may not be all inclusive and are subject to change.

**FirstCare FIVE Tier Formulary cont.****Prior Authorization Drug List****Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
QBRELIS SOLN	4
REPATHA INJ	5
REPATHA PUSHTRONEX INJ	5
RETIN-A MICRO GEL 0.04%, 0.1%	3
REVLIMID CAP	5
RUBRACA TAB	5
RYDAPT CAP	5
SABRIL TAB	5
SAPHRIS SL TAB	4
SIGNIFOR INJ	5
sildenafil tab 20mg	2
SKLICE LOTION	4
SOLOSEC GRANULES PACKET	4
SOMAVERT INJ	5
SPORANOX SOLN	4
SPRYCEL TAB	5
STIVARGA TAB	5
STRENSIQ INJ	5
SUTENT CAP	5
SYLATRON INJ	5
SYMDEKO TAB	5

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Products listed may not be all inclusive and are subject to change.

**FirstCare FIVE Tier Formulary cont.****Prior Authorization Drug List****Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SYMPROIC TAB	3
SYNAGIS INJ	5
tadalafil tab (PAH)	5
TAFINLAR CAP	5
TAGRISSO TAB	5
TARCEVA TAB	5
TASIGNA CAP	5
TAVALISSE TAB	5
testosterone gel 1% 25mg	3
testosterone gel 1% 50mg	3
testosterone gel 1% pump	3
testosterone gel 1.62% 1.25gm	3
testosterone gel 1.62% 2.5gm	3
TESTOSTERONE GEL PUMP	3
testosterone gel pump 1.62%	3
tetrabenazine tab	5
THALOMID CAP	5
TRACLEER TAB 32MG	5
TRACLEER TAB 62.5MG, 125MG	5
tretinoin cream	3
tretinoin gel	3

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Products listed may not be all inclusive and are subject to change.

**FirstCare FIVE Tier Formulary cont.**

**Prior Authorization Drug List**

**Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
trientine cap	5
tropium chloride SR cap	4
TRUVADA TAB	5
TYKERB TAB	5
TYVASO INH SOLN	5
UCERIS RECTAL FOAM	4
UPTRAVI TAB	5
VALCHLOR GEL	5
VELTASSA POWDER	3
VENCLEXTA STARTER PACK	5
VENCLEXTA TAB	5
VENTAVIS INH SOLN	5
VERZENIO TAB	5
vigabatrin powder pack	5
VOSEVI TAB	5
VOTRIENT TAB	5
XADAGO TAB	4
XALKORI CAP	5
XIFAXAN TAB 550MG	4
XTANDI CAP	5
XULTOPHY INJ	3

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Products listed may not be all inclusive and are subject to change.

**FirstCare FIVE Tier Formulary cont.**

**Prior Authorization Drug List**

**Last Updated\* 1/1/2019**

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

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
XYREM SOLN	5
ZEJULA CAP	5
ZELBORAF TAB	5
ZOLINZA CAP	5
ZORTRESS TAB	5
ZYDELIG TAB	5
ZYKADIA CAP	5

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## FirstCare FIVE Tier Formulary

Last Updated\* 1/1/2019

### RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

	Product & Strength	Quantity	Member Copay	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 cost of the medication is reduced. Members may obtain tablet-splitting devices free of charge by contacting Customer Service.

### RxCents Program Medications

BYSTOLIC TAB	eplerenone tab	galantamine tab	JANUVIA TAB
OCALIVA TAB	rasagiline tab	TEKTURNA TAB	tolterodine tab
ULORIC TAB	VESICARE TAB		

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**FirstCare FIVE Tier Formulary**

**Last Updated\* 1/1/2019**

**Over-the-Counter (OTC)**

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

**Over-the-Counter (OTC) Medications**

ACCU-CHECK GUIDE CARE METER	ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE TEST STRIP
ACCU-CHEK NANO 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	CLINISTIX TEST STRIP	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%
FEMALE CONDOMS	ferrous sulfate elixir	FERROUS SULFATE LIQUID	ferrous sulfate soln
FERROUS SULFATE SYRUP	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER
FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP
FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	guaifenesin/codeine syrup
IRON SUSP	KETO-DIASTIX TEST STRIP	KETOSTIX	ketotifen ophth soln
LANCET KIT	LANCETS	levonorgestrel tab	meclizine chew tab

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niacin cap	niacin CR tab	niacin tab	NIACIN TR TAB
niacinamide tab	nicotine gum	NICOTINE KIT	nicotine lozenge
nicotine patch	NOVOFINE PEN	NOVOLIN INJ	NOVOTWIST PEN
	NEEDLE		NEEDLE
NOVOTWIST/NOVOFINE	PEAK FLOW METER	PLAN B TAB	PRECISION XTRA
PEN NEEDLE			METER
PRECISION XTRA TEST	PREVACID OTC CAP	TODAY SPONGE	vcf vaginal gel
STRIP			
vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT	ZEGERID CAP OTC

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## FirstCare FIVE Tier Formulary

Last Updated\* 1/1/2019

### Mandatory Specialty Pharmacy (MSP)

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

#### **Mandatory Specialty Pharmacy (MSP) Medications**

abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTIMMUNE INJ	adefovir dipivoxil tab
ADEMPAS TAB	AFINITOR DISPERZ	AFINITOR TAB	ALECENSA CAP
ALFERON-N INJ	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	APOKYN INJ
AUBAGIO TAB	AVONEX INJ	BENLYSTA AUTO-INJECTOR	BENLYSTA INJ
bexarotene cap	BOSULIF TAB	CABOMETYX TAB	calcitriol inj
CALQUENCE CAP	capecitabine tab	CAPRELSA TAB	CAYSTON INH SOLN
CHOLBAM CAP	CIMZIA INJ	CIMZIA STARTER INJ KIT	COMETRIQ KIT
COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	COTELLIC TAB	CYSTAGON CAP
CYSTARAN OPHTH SOLN	dalfampridine ER tab	DARAPRIM TAB	DUPIXENT INJ
ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG
EPCLUSA TAB, SOFOSBUVIR/VELPATA SVIR TAB	ERIVEDGE CAP	ESBRIET CAP	ESBRIET TAB 267MG
ESBRIET TAB 801MG	etoposide cap	EXJADE TAB	EXTAVIA INJ

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

FARYDAK CAP	FERRIPROX SOLN	FERRIPROX TAB	FORTEO INJ
FULPHILA INJ	FUZEON INJ	GENOTROPIN INJ	GILENYA CAP
GILOTRIF TAB	glatiramer inj	GRANIX INJ	HARVONI TAB, LEDIPASVIR/SOFOSBUV IR TAB
HEMLIBRA INJ	HIZENTRA INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG
HUMIRA INJ 40MG	HUMIRA INJ	HUMIRA INJ PEDIATRIC	HUMIRA INJ
	CROHNS/UC/HIDRADENI	CROHNS STARTER	PSORIASIS/UVEITIS
	TIS STARTER PACK	PACK	STARTER PACK
HUMIRA PEN INJ 40MG	HYCAMTIN CAP	hydroxyprogesterone inj	IBRANCE CAP
ICLUSIG TAB	IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA TAB	INCRELEX INJ	INFERGEN INJ
INLYTA TAB	INTRON-A INJ	IRESSA TAB	JADENU SPRINKLE
JADENU TAB	JAKAFI TAB	JYNARQUE PAK	KALYDECO PAK
KALYDECO TAB	KEVZARA INJ	KINERET INJ	KISQALI PAK
KISQALI TAB	KORLYM TAB	KUVAN POWDER PACK	KUVAN TAB
LENVIMA CAP	LETAIRIS TAB	LEUKINE INJ	LONSURF TAB
LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB	MAKENA INJ
MAVYRET TAB	MEKINIST TAB	MESNEX TAB	MIACALCIN INJ
miglustat cap	MODERIBA DOSE PACK	MODERIBA PAK	MYLERAN TAB
NATPARA INJ	NERLYNX TAB	NEUMEGA INJ	NEUPOGEN INJ
NEXAVAR TAB	nilutamide tab	NINLARO CAP	OCALIVA TAB
octreotide inj	ODOMZO CAP	OFEV CAP	OLUMIANT TAB
OPSUMIT TAB	ORENCIA CLICK INJ	ORENCIA SC INJ	ORENCIA SC INJ
		125MG/ML	50MG/0.4ML
ORENCIA SC INJ	ORKAMBI GRANULES	ORKAMBI TAB	OTEZLA STARTER PACK
87.5MG/0.7ML	PACKET		
OTEZLA TAB	PALYNZIQ INJ	PEGASYS INJ	PEGASYS INJ KIT
PEG-INTRON INJ	PLEGRIDY INJ	PLEGRIDY PEN INJ	PRALUENT INJ

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

PROMACTA TAB	PULMOZYME INH SOLN	REBETOL SOLN	REBIF INJ
REPATHA INJ	REPATHA	REVLIMID CAP	ribavirin cap
ribavirin tab	PUSHTRONEX INJ	RYDAPT CAP	SABRIL TAB
SANDOSTATIN INJ	RUBRACA TAB	SOMAVERT INJ	SPRYCEL TAB
STIVARGA TAB	SIGNIFOR INJ	SUTENT CAP	SYLATRON INJ
SYMDEKO TAB	STRENSIQ INJ	tadalafil tab (PAH)	TAFINLAR CAP
TAGRISSE TAB	SYNAGIS INJ	TARGRETIN GEL	TASIGNA CAP
TAVALISSE TAB	TARCEVA TAB	TECFIDERA STARTER	temozolomide cap
tetrabenazine tab	TECFIDERA CAP	PACK	
TRACLEER TAB 32MG	THALOMID CAP	TOBI PODHALER	tobramycin neb soln
	TRACLEER TAB 62.5MG,	tretinoin cap	trientine cap
	125MG		
TYKERB TAB	TYMLOS INJ	TYVASO INH SOLN	UPTRAVI TAB
VALCHLOR GEL	VENCLEXTA STARTER	VENCLEXTA TAB	VENTAVIS INH SOLN
	PACK		
VERZENIO TAB	vigabatrin powder pack	VOSEVI TAB	VOTRIENT TAB
XALKORI CAP	XTANDI CAP	XYREM SOLN	ZARXIO INJ
ZEJULA CAP	ZELBORAF TAB	ZOLINZA CAP	ZYDELIG TAB
ZYKADIA CAP			

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

## FirstCare FIVE Tier Formulary

Last Updated\* 1/1/2019

### Step Therapy (ST)

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

#### Step Therapy (ST) Medications

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of metformin IR or metformin ER
dexamethylphenidate ER cap	Covered for members 6 years or older; Step Therapy requires trial of dexamethylphenidate tab and ADDERALL XR CAP
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
FARXIGA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
JARDIANCE TAB	QL= 1 tab/day; Step Therapy requires trial of metformin
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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

**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
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
OZEMPIC INJ	QL= 1 pack/28 days; Step Therapy requires trial of metformin IR or metformin ER
risedronate DR tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL
TRULICITY INJ	QL= 4 pens/28 days; Step Therapy requires trial of metformin IR or metformin ER
ULORIC TAB	Step Therapy requires trial of allopurinol
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
VICTOZA INJ	QL= 9ml/30 days; Step Therapy requires trial of metformin IR or metformin ER
zolpidem ER tab 12.5mg	Male QL= 1 tab/day, Female QL= 15 tab/30 days; Step therapy requires trial of zaleplon or eszopiclone and zolpidem IR
zolpidem ER tab 6.25mg	QL= 1 tab/day; Step Therapy requires trial of zaleplon or eszopiclone and zolpidem IR

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\*  
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**FirstCare FIVE Tier Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 1/1/2019**

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

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

## FirstCare FIVE Tier Formulary

Last Updated\* 1/1/2019

### Quantity Limit (QL)

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

#### Quantity Limit (QL) Medications

<b>Drug Name</b>	<b>Quantity Limit</b>
ABILIFY DISCMELT	QL= 2 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
AFINITOR DISPERZ	QL= 1 tab/day
AFINITOR TAB	QL= 1 tab/day
AIMOVIG INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ANDRODERM PATCH	QL= 1 patch/day
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist

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**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
bimatoprost ophth soln	QL= 2.5ml/30 days
budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days
BUPRENORPHINE PATCH, BUTRANS PATCH	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR or metformin ER
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of metformin IR or metformin ER
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
celecoxib cap	QL= 2 caps/day
CHANTIX PAK	Limited to 180 days/plan year

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Products listed may not be all inclusive and are subject to change.

**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
CHANTIX TAB	Limited to 180 days/plan year
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
COTELLIC TAB	QL= 3 tabs/day
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	QL= 8 sprays/fill, 2 fills/30 days
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
DUPIXENT INJ	QL= 2 inj/ 28 days

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**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
EMGALITY INJ	QL= 1 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
enoxaparin inj	QL= 17 days supply
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPCLUSA TAB, SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 2 inj/fill
epinephrine pen inj 0.3mg	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
eszopiclone tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FARXIGA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin
FARYDAK CAP	QL= 6 caps/21 days
fentanyl citrate lollipop	QL= 120 lozenges/30 days

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**FirstCare FIVE Tier Formulary Cont.**

**Last Updated\* 1/1/2019**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
FENTORA TAB	QL= 120 tabs/30 days
FLECTOR PATCH	QL= 30 patches/fill
FLUNISOLIDE NASAL SPRAY	QL= 1 bottle/30 days
fluticasone nasal spray	QL= 1 bottle/30 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (10-DAY)	QL= 3 sensors/30 days
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
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, LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year

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**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
hydrocodone/chlorpheniramine CR sus	QL= 120ml/fill; 2 fills/30 days
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID	QL= 120ml/fill, 2 fills/month
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
INLYTA TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day; Step Therapy requires trial of metformin

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**FirstCare FIVE Tier Formulary Cont.**

**Last Updated\* 1/1/2019**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Rx Crossroads: 1-866-547-064
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LATUDA TAB	QL= 1 tab/day; Step Therapy requires trial of quetiapine
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; Only available through Walgreens 888-347-3416
levocetirizine tab	QL= 1 tab/day
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day

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**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
modafinil tab	QL= 2 tabs/day
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NARCAN NASAL SPRAY	QL= 2 sprays/fill
NATROBA SUSP	QL= 1 bottle/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NUCYNTA ER TAB	QL= 2 tabs/day
NUEDEXTA CAP	QL= 2 caps/day
OICALIVA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416

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**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
OFEV CAP	QL= 2 caps/day
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORKAMBI GRANULES PACKET	QL= 2 packets/day
ORKAMBI TAB	QL= 4 tabs/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days; Step Therapy requires trial of metformin IR or metformin ER
PALYNZIQ INJ	QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PICATO GEL	QL= 1 box/fill

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**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
REVLIMID CAP	QL= 1 cap/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 20mg	QL= 1.5 tabs/day
rosuvastatin tab 40mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist

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**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
SKLICE LOTION	QL= 1 tube/fill
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREC DULERA, or FLUTICASONE/SALMETEROL
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SYMDEKO TAB	QL= 2 tabs/day
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAGRISSE TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306

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**FirstCare FIVE Tier Formulary Cont.****Last Updated\* 1/1/2019****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
TIVICAY TAB	QL= 2 tabs/day
TRACLEER TAB 32MG	QL=4 tabs/day; Only available through Walgreens 888-347-3416
TRACLEER TAB 62.5MG, 125MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z OPHTH SOLN	QL= 2.5ml/30 days
triamcinolone nasal spray	QL= 1 bottle/30 days
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year
TRULICITY INJ	QL= 4 pens/28 days; Step Therapy requires trial of metformin IR or metformin ER
TUSSI-ORGANI SYRUP	QL= 240ml/fill
ULESFIA LOTION	QL= 4 bottles/fill
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 888-773-7376

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**FirstCare FIVE Tier Formulary Cont.**

**Last Updated\* 1/1/2019**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
vancomycin cap	QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN
vardenafil ODT	
vardenafil tab	
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days; Step Therapy requires trial of metformin IR or metformin ER
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill
VOSEVI TAB	QL= 1 tab/day
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
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-I allowed via PA
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day

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**FirstCare FIVE Tier Formulary Cont.**

**Last Updated\* 1/1/2019**

**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
XTAMPZA ER CAP	QL= 120 caps/30 days
XTANDI CAP	QL= 4 caps/day
XULTOPHY INJ	QL= 15ml/30 days
XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab 12.5mg	Male QL= 1 tab/day, Female QL= 15 tab/30 days; Step therapy requires trial of zaleplon or eszopiclone and zolpidem IR
zolpidem ER tab 6.25mg	QL= 1 tab/day; Step Therapy requires trial of zaleplon or eszopiclone and zolpidem IR
zolpidem tab	QL= 1 tab/day
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZYKADIA CAP	QL= 3 caps/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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