

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.

MercyCare Select 4-Tier QHP Formulary
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
8-MOP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DERMATOLOGICALS
abacavir soln (ZIAGEN equiv)	-	4	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	4	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	4	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	4	ANTIVIRALS
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY SOLN	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTI-DIABETICS
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	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
ACETASOL HC OTIC SOLN	-	3	OTIC AGENTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	2	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	2	VAGINAL PRODUCTS
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
acitretin cap (SORIATANE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTONEL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOPLUS MET XR TAB	-	3	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	PA	3	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ACZONE GEL 7.5%	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	PA	3	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADDYI TAB	PA	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADMELOG INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR INJ	-	NC	ANTIDIABETICS
ADRENALICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADVAIR DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	2	MEDICAL DEVICES AND SUPPLIES
AEROSPAN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AGGRENOX CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ	-	NC	MIGRAINE PRODUCTS
AKNE-MYCIN OINT	-	3	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill)	QL	2	ANTIEMETICS
ALA SCALP LOTION	-	NC	DERMATOLOGICALS
ALAMAST OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ALBATUSIN LIQUID	-	3	COUGH/COLD/ALLERGY
albendazole tab (ALBENZA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	2	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	2	DERMATOLOGICALS
ALCOHOL SWABS	-	NC	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS
ALECENSA CAP (QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALENDRONATE SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ ()	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ALKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	2	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	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTROXEX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.1%	-	2	OPHTHALMIC AGENTS
ALPHAGAN P OPHTH SOLN 0.15%	-	NC	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	3	ANTI-ANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	NC	ANTI-ANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTI-ANXIETY AGENTS
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	3	DERMATOLOGICALS
ALTACE TAB	-	3	ANTI-HYPERTENSIVES
ALTOPREV TAB	-	NC	ANTI-HYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
aluminum chloride soln (DRYSOL equiv)	-	NC	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVESCO INHALER	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTI-PARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTI-PARKINSON AGENTS
amantadine tab	-	2	ANTI-PARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
AMBIEN TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	PA	3	DERMATOLOGICALS
AMCINONIDE OINT	PA	3	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
AMICAR SOLN	-	NC	HEMOSTATICS
AMICAR SYRUP	-	NC	HEMOSTATICS
AMICAR TAB	-	NC	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	HEMOSTATICS
aminophylline tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	PA	3	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	NC	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1	DERMATOLOGICALS
AMOXAPINE TAB	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1	PENICILLINS
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AMPICILLIN CAP	-	1	PENICILLINS
ampicillin cap (PRINCIPEN equiv)	-	1	PENICILLINS
ampicillin susp (PRINCIPEN equiv)	-	1	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMTURNIDE TAB	-	3	ANTIHYPERTENSIVES
ANADROL TAB	PA	3	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM	-	NC	ANDROGENS-ANABOLIC

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ANDROGEL PUMP 1.62%	-	NC	ANDROGENS-ANABOLIC
ANDROID CAP, TESTRED CAP	-	NC	ANDROGENS-ANABOLIC
ANDROXY TAB	PA	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	3	ESTROGENS
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP	-	NC	ANTIHYPERTENSIVES
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERTENSIVES
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1	OTIC AGENTS
ANUSOL-HC SUPP	-	NC	ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	PA-QL	3	ANTIEMETICS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APHTHASOL PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
APIDRA INJ	PA	3	ANTIDIABETICS
APIDRA SOLOSTAR INJ	PA	3	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
APRISO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
APTIOM TAB	PA	3	ANTICONVULSANTS
APTIVUS CAP	-	4	ANTIVIRALS
APTIVUS SOLN	-	4	ANTIVIRALS
ARAKODA TAB, KRINTAFEL TAB	-	NC	ANTIMALARIALS
aranelle tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
ARANESP INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOPOIETIC AGENTS
ARCAPTA NEOHALER (QL= 30 units/fill)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP	-	NC	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	PA	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv) (QL= 2 tabs/day)	QL	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv)	PA	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ARMONAIR RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	1	ANTIASTHMATIC 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.

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ASMANEX HFA INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENEX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	4	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 40mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atorvastatin tab 80mg (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	2	ANTIMALARIALS
ATRIPLA TAB	-	4	ANTIVIRALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN SUSP	-	3	PENICILLINS
AURYXIA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVI-Q INJ, EPIPEN JR INJ	-	NC	VASOPRESSORS
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	2	ANTIDIABETICS
AVAR AEROSOL FOAM	-	3	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
AVC VAGINAL CREAM	-	2	VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
AVONEX INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AZASAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	3	OPHTHALMIC AGENTS
AZELEX CREAM (QL= 1 tube(30gm)/30 days)	QL	3	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCO TAB	-	NC	MULTIVITAMINS
AZILECT TAB	-	NC	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	2	OPHTHALMIC AGENTS
AZOR TAB	-	NC	ANTIHYPERTENSIVES
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
BACLOFEN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 10mg, 20mg	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BALCOLTRA TAB	-	NC	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	PA	2	ANTICONSULSANTS
BANZEL TAB	PA	2	ANTICONSULSANTS
BASAGLAR INJ	-	NC	ANTIDIABETICS
BAXDELA TAB	-	NC	FLUOROQUINOLONES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB (QL= 15 tabs/fill)	PA-QL	3	HYPNOTICS
BELVIQ XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	NC	ANTIHYPERTENSIVES
BENICAR TAB	-	NC	ANTIHYPERTENSIVES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	3	DERMATOLOGICALS
BENZNIDAZOLE TAB	PA	2	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	1	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	-	1	ANTIPARKINSON AGENTS
BEPREVE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP	-	NC	ANTICOAGULANTS
bexarotene cap (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	NC	CONTRACEPTIVES
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	4	ANTIVIRALS
BILTRICIDE TAB	-	NC	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
BOSULIF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	PA	2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	NC	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	2	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	2	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BRONCOPECTOL SYRUP	-	3	COUGH/COLD/ALLERGY
BROVANA NEB SOLN	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRYHALI LOTION	-	NC	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv) (Covered for members age 8 or younger with Prior Authorization)	PA	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill; OTC Only)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide nasal spray (RHINOCORT AQUA equiv) (Rx Only)	OTC-QL	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide SR cap (ENTOCORT EC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	2	ANALGESICS - OPIOID
BUPHENYL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	2	ANALGESICS - OPIOID
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	2	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	PA	2	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	2	ANTIDEPRESSANTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
bupirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
bupirone tab 30mg (BUSPAR equiv)	-	NC	ANTIANKXIETY 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	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
BUTISOL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2	ANALGESICS - OPIOID
BUTRANS PATCH	-	NC	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days)	QL	3	ANTIDIABETICS
BYSTOLIC TAB	-	2	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFICIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CAFICIT SOLN	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
CAFERGOT TAB	-	NC	MIGRAINE PRODUCTS
caffeine citrate soln (CAFICIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv) (QL= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
calcipotriene oint (QL= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv) (QL= 60ml/30 days)	PA-QL	2	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv) (QL= 60gm/30 days)	PA-QL	3	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT (QL= 100gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND 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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMBIA POWDER PACKET	-	NC	MIGRAINE PRODUCTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
candesartan tab (ATACAND equiv)	-	2	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2	ANTIHYPERTENSIVES
CANTIL TAB	-	3	ULCER DRUGS
capecitabine tab (XELODA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3	DERMATOLOGICALS
CAPITAL/CODEINE SUSP	-	3	ANALGESICS - OPIOID
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	2	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	2	ULCER DRUGS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbinoxamine soln (PALGIC equiv)	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	3	ANTIHISTAMINES
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC	ANTIHISTAMINES
CARDENE SR CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA XL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	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	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CATAPRES-TTS PATCH	-	NC	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTI-INFECTIVE AGENTS - MISC.
CEDAX CAP	-	3	CEPHALOSPORINS
CEDAX SUSP	-	NC	CEPHALOSPORINS
CEENU CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
cefaclor cap (CECLOR equiv)	-	3	CEPHALOSPORINS
CEFACTOR ER TAB	-	3	CEPHALOSPORINS
CEFACTOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime susp (SUPREX equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
CEFTIN SUSP	-	3	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	2	ANTICONVULSANTS
CENESTIN TAB	-	3	ESTROGENS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
cetirizine chew tab (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	2	ANTIMALARIALS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	1	DIURETICS
chlorpheniramine ER cap	-	1	ANTIHISTAMINES
chlorpheniramine/pseudoephedrine drops (ACCUHIST equiv)	-	NC	COUGH/COLD/ALLERGY
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORPROPAMIDE TAB	-	1	ANTIDIABETICS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
chlorpropamide tab (DIABINESE equiv)	-	1	ANTIDIABETICS
CHLORTHALIDONE TAB	-	1	DIURETICS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 500MG	-	1	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	OTC	1	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1	ANALGESICS - NONNARCOTIC
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1	ANALGESICS - NONNARCOTIC
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	NC	ANTIVIRALS
CIMETIDINE SOLN	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP 5%	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	2	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
CIPROFLOXACIN ER TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	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
clarithromycin ER tab (BIAXIN XL equiv)	-	3	MACROLIDES
clarithromycin susp (BIAXIN equiv)	-	1	MACROLIDES
CLARITHROMYCIN SUSP	-	2	MACROLIDES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
clemastine syrup (TAVIST equiv)	-	3	ANTIHISTAMINES
CLEMASTINE TAB	-	3	ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	3	ANTIHISTAMINES
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL SUPP	-	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	3	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
CLINDAGEL	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv)	-	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv) (QL= 30g/fill)	PA-QL	3	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv)	-	NC	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	4	ANTICONVULSANTS
clobetasol E foam (OLUX-E equiv) (QL= 50gm/fill)	QL	3	DERMATOLOGICALS
clobetasol foam (OLUX equiv) (QL= 50gm/fill)	QL	3	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv) (QL= 59ml/fill)	QL	3	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/fill)	QL	2	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE-E equiv) (QL= 45gm/fill)	QL	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
clobetasol propionate ointment (TEMOVATE equiv) (QL= 45gm/fill)	QL	2	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv) (QL= 50ml/fill)	QL	2	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv) (QL= 118ml/fill)	QL	3	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv) (QL= 59ml/fill)	QL	3	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	3	DERMATOLOGICALS
CLODERM CREAM	-	3	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	PA	3	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	3	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	2	ANTIAXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2	DERMATOLOGICALS
clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COARTEM TAB	-	3	ANTIMALARIALS
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
codeine sulfate tab	-	1	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
COLCHICINE TAB, COLCRYS TAB	-	NC	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERTENSIVES
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERTENSIVES
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERTENSIVES
colestipol powder packet (COLESTID equiv)	-	3	ANTIHYPERTENSIVES
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERTENSIVES
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COLYTE SOLN	-	2	LAXATIVES
COMBIGAN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMPLERA TAB	-	4	ANTIVIRALS
CONCEPTROL GEL	OTC	NC	VAGINAL PRODUCTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
COPAXONE INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	3	DERMATOLOGICALS
CORDRAN LOTION	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B AQUEOUS OTIC SOLN	-	NC	OTIC AGENTS
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	NC	CORTICOSTEROIDS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORZIDE TAB 80-5MG	-	NC	ANTIHYPERTENSIVES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
COVERA-HS TAB	-	3	CALCIUM CHANNEL BLOCKERS
CPM CAP	-	3	ANTIHISTAMINES
CREON CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	DIGESTIVE AIDS
CRESEMBA CAP	PA	3	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTIHYPERLIPIDEMICS
CRESTOR TAB 20MG	-	NC	ANTIHYPERLIPIDEMICS
CRESYLATE OTIC SOLN	-	3	OTIC AGENTS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIVAN CAP	-	4	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
crotonon lotion (EURAX equiv)	-	3	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUPRIMINE CAP	-	NC	ASSORTED CLASSES
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVPOSA SOLN	-	3	ULCER DRUGS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE CAP	MSP--	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	PA	3	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	1	ASSORTED CLASSES
CYCLOSPORINE MODIFIED CAP	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
cyclosporine modified soln (NEORAL equiv)	-	2	ASSORTED CLASSES
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYMBALTA CAP	-	NC	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	OPHTHALMIC AGENTS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	NC	MIGRAINE PRODUCTS
DAKLINZA TAB	-	NC	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	PA	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	PA	3	URINARY ANTISPASMODICS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAXBIA CAP	-	NC	CEPHALOSPORINS
DAYTRANA PATCH	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DAZIDOX TAB	-	NC	ANALGESICS - OPIOID
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	M	M	MOUTH/THROAT/DENTAL AGENTS
DECON-A ELIXIR	-	3	COUGH/COLD/ALLERGY
DELSTRIGO TAB	-	NC	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	3	TETRACYCLINES
DENAVIR CREAM (QL= 5gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPAKENE SYRUP	-	NC	ANTICONVULSANTS
DEPEN TITRATAB, D-PENAMINE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
DEPLIN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	NC	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG	M	M	CONTRACEPTIVES
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DESCOVY TAB	-	4	ANTIVIRALS
desipramine tab (NORPRAMIN equiv) (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
DESLORATADINE ODT	-	NC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	PA	3	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	2	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)	-	2	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	QL--	NC	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
dexamethasone ophth soln	-	1	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone soln	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXILANT CAP	-	NC	ULCER DRUGS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	3	CORTICOSTEROIDS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIABETA TAB	-	3	ANTIDIABETICS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvit tab (NEPHRO-VITE equiv)	-	NC	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
DIAZEPAM SOLN	-	1	ANTIAXIETY AGENTS
diazepam tab (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
DIBENZYLINE CAP	-	NC	ANTIHYPERTENSIVES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.

Alphabetical Index

Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
DICLEGIS TAB	-	NC	ANTIEMETICS
diclofenac gel (SOLARAZE equiv) ()	-	NC	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 2 tubes/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
DICLOPR KIT	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	1	ANTIVIRALS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1%	OTC	1	DERMATOLOGICALS
DIFICID TAB (QL= 20 tabs/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	MIGRAINE PRODUCTS
DILANTIN CAP 30MG (QL= 3 caps/day)	QL	3	ANTICONVULSANTS
DILATRATE SR CAP	-	3	ANTIANGINAL AGENTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
DIPENTUM CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPROLENE OINT	-	NC	DERMATOLOGICALS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL, ELESTRIN GEL	-	3	ESTROGENS
dofetilide cap (TIKOSYN equiv)	PA	2	ANTIARRHYTHMICS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOMETUSS-DMX LIQ	-	NC	COUGH/COLD/ALLERGY
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL EXTENTABS	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTelet TAB	-	NC	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (QL= 45gm/fill)	QL	3	DERMATOLOGICALS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXYCYCLINE CAP, ORACEA CAP	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
DOXYCYCLINE HYCLATE DR CAP	-	3	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab 100mg (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 50mg, 75mg (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
DRITHO-SCALP CREAM	-	3	DERMATOLOGICALS
dronabinol cap (MARINOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIEMETICS
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	NC	DERMATOLOGICALS
DST PLUS PAK KIT	-	NC	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
DUAC CS KIT	-	3	DERMATOLOGICALS
DUAVEE TAB	-	2	ESTROGENS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUPIXENT INJ (QL= 2 inj/ 28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
DUPIXENT INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUREZOL OPHTH EMULSION	-	2	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
DYMISTA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIRC CR TAB	-	3	CALCIUM CHANNEL BLOCKERS
DYRENIUM CAP	-	2	DIURETICS
econazole cream (SPECTAZOLE equiv) (QL= 30gm/fill)	QL	3	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	3	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	3	ANTIHYPERTENSIVES
EDECRIN TAB	-	NC	DIURETICS
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
EDURANT TAB	-	4	ANTIVIRALS
efavirenz cap (SUSTIVA equiv)	-	4	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	4	ANTIVIRALS
EFFIENT TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
EGRIFTA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
eletriptan tab (RELPAE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ELIDEL CREAM	-	NC	DERMATOLOGICALS
ELIGEN B12 TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	GENITOURINARY AGENTS - MISCELLANEOUS
EMADINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	3	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
EMEND PAK	-	NC	ANTIEMETICS
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ (QL=1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMSAM PATCH	PA	3	ANTIDEPRESSANTS
EMTRIVA CAP	-	4	ANTIVIRALS
EMTRIVA SOLN	-	4	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	NC	URINARY ANTISPASMODICS
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENJUVA TAB	-	3	ESTROGENS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
ENTOCORT EC CAP	-	NC	CORTICOSTEROIDS
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ENVARUS XR TAB	-	NC	ASSORTED CLASSES
EPANED PREMIXED SOLN	-	NC	ANTIHYPERTENSIVES
EPANED SOLN	-	NC	ANTIHYPERTENSIVES
EPCLUSA TAB	-	NC	ANTIVIRALS
EPIDIOLEX SOLN	-	NC	ANTICONVULSANTS
EPIDUO FORTE GEL	-	NC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	3	OPHTHALMIC AGENTS
EPINEPHRINE INJ 0.15MG (IMPAX)- CVS Only (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (IMPAX)- CVS Only (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
epinephrine pen inj 0.3mg (EPIPEN equiv) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN INJ 0.3MG (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN JR INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIVIR HBV SOLN	-	4	ANTIVIRALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
EPIVIR SOLN	-	NC	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	-	3	ANTIHYPERTENSIVES
EPOGEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOPOIETIC AGENTS
EPROSARTAN TAB	-	3	ANTIHYPERTENSIVES
EPZICOM TAB	-	NC	ANTIVIRALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ergoloid mesylates tab (HYDERGINE equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	PA	3	MIGRAINE PRODUCTS
ergotamine tartrate/cafeine tab (CAFERGOT equiv)	-	3	MIGRAINE PRODUCTS
ERIVEDGE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERTACZO CREAM	-	3	DERMATOLOGICALS
ERYPED SUSP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	MACROLIDES
ERYPED SUSP 200MG/5ML	-	NC	MACROLIDES
ERY-TAB	-	3	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin stearate tab	-	2	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	3	DERMATOLOGICALS
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
ESBRIET CAP (QL= 9 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
ESCAVITE CHEW TAB	-	NC	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv) (OTC Only)	OTC	2	ULCER DRUGS
ESOMEPRAZOLE STRONTIUM CAP	-	NC	ULCER DRUGS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2	ESTROGENS
ESTRASORB EMULSION	-	3	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROPIPATE TAB	-	1	ESTROGENS
estropipate tab (OGEN equiv)	-	1	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethacrynic tab (EDECIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONSULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONSULSANTS
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ETIDRONATE DISODIUM TAB 400MG	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EURAX CREAM	-	2	DERMATOLOGICALS
EURAX LOTION	-	NC	DERMATOLOGICALS
EVAMIST SPRAY	-	3	ESTROGENS
EVEKEO TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	4	ANTIVIRALS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM	-	3	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELON SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE TAB	-	NC	ANTIHYPERTENSIVES
EXJADE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIDOTES
EXTAVIA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ezetimibe tab (ZETIA equiv)	-	1	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTHYPERLIPIDEMICS
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FACTIVE TAB	-	3	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	3	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	1	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 2 tabs/day)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANSIDAR TAB	-	NC	ANTIMALARIALS
FARESTON TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FARYDAK CAP (QL= 6 caps/21 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL TAB	-	NC	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	3	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1	ANTHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTHYPERLIPIDEMICS
FENOGLIDE TAB	-	NC	ANTHYPERLIPIDEMICS
fenoprofen calcium tab (QL= 4 tabs/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3	ANALGESICS - OPIOID
fantanyl patch 100mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 12mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 25mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL PATCH equiv)	-	NC	ANALGESICS - OPIOID
fantanyl patch 50mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
fantanyl patch 75mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2	ANALGESICS - OPIOID
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	NC	HEMATOPOIETIC AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FIBRIK CAP	-	NC	MULTIVITAMINS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA GEL	-	NC	DERMATOLOGICALS
FINACEA PLUS KIT	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	NC	DERMATOLOGICALS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRDAPSE TAB	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST BACLOFEN SUSP KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
FIRST DUKES MOUTHWASH	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST MARYS MOUTHWASH	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST METOPROLOL ORAL SOLN	-	NC	BETA BLOCKERS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FIRVANQ SOLN	-	2	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL ER TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	PA	3	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	2	ANTIARRHYTHMICS
FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
FLOLIPID SUSP	-	NC	ANTIHYPERLIPIDEMICS
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	1	ASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	1	ASTHMATIC AND BRONCHODILATOR AGENTS
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	NC	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	PA	3	DERMATOLOGICALS
FLUOR-A-DAY CHEW TAB	-	1	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv) (QL= 40g/fill)	QL	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	NC	DERMATOLOGICALS
FLUOROURACIL SOLN (QL= 10ml/fill)	QL	2	DERMATOLOGICALS
fluoxetine (pmd) tab (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluoxetine tab 20mg (RAPIFLUX equiv)	-	NC	ANTIDEPRESSANTS
fluoxetine tab 60mg	-	NC	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv) (QL= 60gm/fill)	QL	3	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
flurbiprofen ophth soln (OCUFEN equiv)	-	1	OPHTHALMIC AGENTS
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	3	ANTIHYPERLIPIDEMICS
fluvoxamine ER cap (LUVOX CR equiv)	-	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FML FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	NC	MULTIVITAMINS
folbee tab	-	NC	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
fondaparinux inj (ARIXTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTICOAGULANTS
FORADIL AEROLIZER (QL= 60 units/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
FORTAVIT CAP	-	NC	MULTIVITAMINS
FORTEO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	4	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
FRAGMIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3	MIGRAINE PRODUCTS
FULPHILA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	HEMATOPOIETIC AGENTS
FURADANTIN SUSP	-	NC	URINARY ANTI-INFECTIVES
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
FYCOMPA TAB	PA	3	ANTICONVULSANTS
FYCOMPA SUSP	PA	3	ANTICONVULSANTS
gabapentin cap (NEURONTIN equiv)	-	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv)	-	2	ANTICONVULSANTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
gabapentin tab (NEURONTIN equiv)	-	1	ANTICONVULSANTS
GALAFOLD CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	-	2	ANTIVIRALS
GASTROCROM CONC	-	NC	GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv)	-	3	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
gavilyte-h kit	-	3	LAXATIVES
GAZYVA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	3	URINARY ANTISPASMODICS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERTENSIVES
GENOTROPIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth oint (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GILTUSS LIQUID	-	3	COUGH/COLD/ALLERGY
GILTUSS TR TAB	-	3	COUGH/COLD/ALLERGY
glatiramer inj (COPAXONE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP (Required through Network Specialty Pharmac only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ (QL= 1 kit/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ (QL= 1 kit/fill)	QL	2	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT (QL= 1 kit/fill)	QL	2	ANTIDIABETICS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
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/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB	-	NC	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY PACKET	-	1	LAXATIVES
GOLYTELY SOLN	-	NC	LAXATIVES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GOPRELTO SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	PA	2	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
GUANABENZ TAB	-	3	ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	PA	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GYNAZOLE CREAM	-	3	VAGINAL PRODUCTS
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HALFLYTELY BOWEL PREP KIT	-	3	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI TAB	-	NC	ANTIVIRALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ	VAC	NC	VACCINES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HUMALOG INJ	PA	3	ANTIDIABETICS
HUMALOG KWIKPEN INJ	PA	3	ANTIDIABETICS
HUMALOG MIX INJ	PA	3	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	PA	3	ANTIDIABETICS
HUMALOG PEN INJ	PA	3	ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC-PA	3	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC-PA	3	ANTIDIABETICS
HUMULIN N INJ	OTC-PA	3	ANTIDIABETICS
HUMULIN N PEN INJ	OTC-PA	3	ANTIDIABETICS
HUMULIN R INJ	OTC-PA	3	ANTIDIABETICS
HUMULIN R INJ U-500	PA	4	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	PA	4	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCANTIN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	3	ANALGESICS - OPIOID

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	1	COUGH/COLD/ALLERGY
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
hydromorphone ER tab (EXALGO equiv) (QL= 2 tabs/day)	QL	3	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	NC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIAXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1	ANTIAXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIAXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIAXIETY AGENTS
HYLAMEND GEL FIRST AID	-	NC	ANTIASEPTICS & DISINFECTANTS
HYOPHEN TAB	-	NC	URINARY ANTI-INFECTIVES
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDHIFA TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	3	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv) (QL= 24gm/30 days)	QL	2	DERMATOLOGICALS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	M	M	CONTRACEPTIVES
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCIVEK TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTIVIRALS
INCRELEX INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDOCIN SUPP	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFERGEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIVIRALS
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INGREZZA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	4	ANTIVIRALS
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
INVEGA INJ	M	M	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPTH SOLN	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	-	4	ANTIVIRALS
INVIRASE TAB	-	4	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPTH SOLN 1%	-	2	OPHTHALMIC AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	NC	HEMATOPOIETIC AGENTS
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	4	ANTIVIRALS
ISENTRESS CHEW TAB	-	4	ANTIVIRALS
ISENTRESS POWDER PACK	-	NC	ANTIVIRALS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
ISONIAZID SYRUP	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPTH SOLN 2%	-	2	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPTH SOLN 5%	-	NC	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPTH SOLN	-	2	OPHTHALMIC AGENTS
ISOSORBIDE DINITRATE ER TAB	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap (ACCCUTANE equiv) (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	DERMATOLOGICALS
ISOXSUPRINE TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPTH SOLN	-	2	OPHTHALMIC AGENTS
ISTALOL OPTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	3	ANTIFUNGALS
ivermectin tab (STROMECTOL equiv)	-	2	ANTHELMINTICS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
JADENU SPRINKLE (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIDOTES
JAKAFI TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JENTADUETO TAB	-	2	ANTIDIABETICS
JENTADUETO XR TAB	-	2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	4	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
K/NA CITRATE SOLN CITRIC ACID	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
KADIAN CAP	QL	3	ANALGESICS - OPIOID
KALETRA SOLN	-	NC	ANTIVIRALS
KALETRA TAB	-	4	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KETEK TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen opth soln (ZADITOR equiv) (QL= 10ml/30 days)	OTC-QL	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KHEDEZLA ER TAB	-	NC	ANTIDEPRESSANTS
KINERET INJ (Only available through Rx Crossroads: 1-866-547-0644)	LD-PA	4	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	AMINOGLYCOSIDES
KLOR-CON M15 TAB	-	2	MINERALS & ELECTROLYTES
KLOR-CON POWDER PACKET 25MEQ	-	3	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KORLYM TAB	-	NC	ANTIDIABETICS
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRISTALOSE PACKET	-	3	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERTENSIVES
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	2	OPHTHALMIC AGENTS
lactulose pack (KRISTALOSE equiv)	-	NC	LAXATIVES
lactulose soln	-	1	LAXATIVES
LAMICTAL CHEW TAB 2MG	-	2	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS
LAMICTAL STARTER KIT	-	NC	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	4	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	3	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LANCET DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	-	3	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	ULCER DRUGS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
lanthanum carbonate chew tab (FOSRENOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
LASTACRAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB	PA	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	NC	ANTIHYPERTENSIVES
LETAIRIS TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN TAB	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOPOIETIC AGENTS
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill)	PA-QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVATOL TAB	-	3	BETA BLOCKERS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONSULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONSULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONSULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
levobunolol ophth soln (BETAGAN equiv)	-	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	1	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	1	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	2	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	2	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	NC	THYROID AGENTS
LEVSIN INJ	-	3	ULCER DRUGS
LEXETTE FOAM	-	NC	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
LEXIVA SUSP	-	4	ANTIVIRALS
LEXIVA TAB	-	NC	ANTIVIRALS
LIALDA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
LIBRAX CAP	-	NC	ULCER DRUGS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	2	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 2 patches/day)	QL	3	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
lidocaine viscous soln	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
lidocaine/hydrocortisone cream	-	NC	DERMATOLOGICALS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOTRAL CREAM	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LINDANE LOTION	-	3	DERMATOLOGICALS
lindane shampoo	-	3	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPTRUZET TAB	-	3	ANTIHYPERLIPIDEMICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium citrate soln	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	3	ANTIHYPERLIPIDEMICS
L-METHYLFOLATE TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID LOTION	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LOFIBRA TAB, TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
LOKELMA PAK	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
LONHALA MAGNAIR SOLN	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv) (Rx Only)	-	1	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv)	-	4	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	NC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTI-ANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTI-ANXIETY AGENTS
LORBRENA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTI-HYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTI-HYPERTENSIVES
LOTEMAX OPHTH GEL	-	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTI-HYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTI-PSYCHOTICS/ANTI-MANIC AGENTS
LUCEMYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUFYLLIN TAB	-	3	ASTHMA AND BRONCHODILATOR AGENTS
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMIFY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUPANETA PACK	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT INJ	INF-M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT KIT (3 MONTH) INJ	INF-M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT KIT (6 MONTH) INJ	INF-M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0	MINERALS & ELECTROLYTES
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	PA	3	ANTICONVULSANTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	PA	3	ANTICONVULSANTS
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MALARONE TAB	-	NC	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
maldemar tab (SCOPACE equiv)	-	1	ANTIEMETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVYRET TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
mebendazole chew tab (VERMOX equiv)	-	1	ANTHELMINTICS
meclizine chew tab (BONINE equiv)	-	NC	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	-	1	ANTIEMETICS
MECLOFENAMATE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL TAB	-	2	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv)	M	M	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (QL= 30 caps/fill)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
MEFLOQUINE TAB	-	2	ANTIMALARIALS
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
MEGACE ES SUSP	-	NC	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	3	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan tab (ALKERAN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENEST TAB	-	3	ESTROGENS
MENOSTAR PATCH	-	3	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
meperidine tab (DEMEROL equiv)	-	1	ANALGESICS - OPIOID
MEPHYTON TAB	-	NC	VITAMINS
meprobamate tab (MILTOWN equiv)	-	1	ANTIANKXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine DR tab (LIALDA equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine kit (ROWASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON SYRUP	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METAFOLBIC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METANX CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAPROTERENOL SYRUP	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv) (QL= 4 tabs/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG (QL= 4 tabs/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METHADONE SOLN	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	URINARY ANTI-INFECTIVES
METHENAMINE MANDELATE TAB	-	1	URINARY ANTI-INFECTIVES
METHERGINE TAB	-	NC	OXYTOCICS
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	-	NC	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	3	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	1	DIURETICS
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
METHYLIN CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLIN SOLN	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 72mg	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
METHYLTESTOSTERONE CAP	PA	3	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METZOZLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
METROGEL 1% ()	-	NC	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	2	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole gel 1%	-	NC	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	NC	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
mexiletine cap (MEXITIL equiv)	-	2	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	NC	CONTRACEPTIVES
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICONAZOLE 3 SUPP 200MG	-	3	VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
MIGERGOT SUPP	-	2	MIGRAINE PRODUCTS
miglitol tab (GLYSET equiv)	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	4	HEMATOPOIETIC AGENTS
MILLIPRED DP PAK	-	3	CORTICOSTEROIDS
MILLIPRED TAB	-	3	CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	NC	CONTRACEPTIVES
MINIVELLE PATCH 0.025MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.0375MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.05MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.075MG	-	NC	ESTROGENS
MINIVELLE PATCH 0.1MG	-	NC	ESTROGENS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX PACKET	-	NC	LAXATIVES
MIRALAX POWDER	-	NC	LAXATIVES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	M	M	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	NC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
MITIGARE CAP	-	2	GOUT AGENTS
modafinil tab (PROVIGIL equiv)	PA	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODERIBA DOSE PACK (Required through Network Specialty Pharmacy only Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
MODERIBA PAK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	URINARY ANTI-INFECTIVES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv) (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
morphine sulfate supp	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTTEGRITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	PA	3	ANTIDIARRHEALS
MOVANTI TAB	PA	4	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	3	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	2	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	NC	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	NC	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	NC	HEMATOPOIETIC AGENTS
multivitamin tab	-	3	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN equiv)	-	2	DERMATOLOGICALS
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES
MYDAYIS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYLERAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYRBETRIQ TAB	-	2	URINARY ANTISPASMODICS
MYTELASE TAB	PA	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	NC	ANTIHYPERTENSIVES
naftifine cream (NAFTIN equiv)	-	2	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	M	M	ANALGESICS - OPIOID
naloxone inj	-	\$0	ANTIDOTES
NALOXONE PREFILLED INJ	-	\$0	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
NAMENDA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naphazoline ophth soln	-	3	OPHTHALMIC AGENTS
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	-	\$0	ANTIDOTES
NARDIL TAB	-	NC	ANTIDEPRESSANTS
NASACORT AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL NASAL SPRAY	-	NC	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP	PA	3	OPHTHALMIC AGENTS
nateglinide tab (STARLIX equiv)	-	3	ANTIDIABETICS
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NEBUPENT NEB SOLN	-	2	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	\$0	CONTRACEPTIVES
necon tab 1-50 (NORYNIL equiv)	-	\$0	CONTRACEPTIVES
NEFAZODONE TAB (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg (QL= 2 tabs/day)	QL	2	ANTIDEPRESSANTS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	1	OPHTHALMIC AGENTS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	-	3	COUGH/COLD/ALLERGY
NEOTUSS-D LIQUID	-	3	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEPHRO-VITE TAB	-	NC	MULTIVITAMINS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUMEGA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	2	OPHTHALMIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv)	-	4	ANTIVIRALS
NEVIRAPINE SUSP	-	4	ANTIVIRALS
nevirapine susp (VIRAMUNE equiv)	-	4	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXAVAR TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR SUSP	-	3	ANTIHYPERTENSIVES
NEXICLON XR TAB	-	3	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	-	NC	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS
niacin cap	-	NC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	-	NC	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERLIPIDEMICS
niacin tab	-	NC	VITAMINS
NIACIN TR TAB	-	NC	VITAMINS
niacinamide tab	-	NC	VITAMINS
NIACOR TAB	-	1	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (QL= 30 days supply/fill, limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (QL= 30 days supply/fill, limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (QL= 30 days supply/fill, limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (QL= 30 days supply/fill, limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	2	CALCIUM CHANNEL BLOCKERS
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	2	URINARY ANTI-INFECTIVES
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin SR cap	-	1	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	NC	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	HEMATOPOIETIC AGENTS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
nizatidine soln (AXID equiv)	-	3	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)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NOROXIN TAB	-	3	FLUOROQUINOLONES
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	1	ANTIDEPRESSANTS
NORVIR CAP	-	4	ANTIVIRALS
NORVIR POWDER PACK	-	4	ANTIVIRALS
NORVIR SOLN	-	4	ANTIVIRALS
NORVIR TAB	-	NC	ANTIVIRALS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN INJ	OTC	1	ANTIDIABETICS
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
NOVOLOG INJ, FIASP INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL SUSP	PA	2	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUCORT LOTION	-	3	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB (QL= 4 tabs/day)	QL	3	ANALGESICS - OPIOID
NULYTELY SOLN	-	NC	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUVARING	-	\$0	CONTRACEPTIVES
NUVIGIL TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
NUZYRA TAB	-	NC	TETRACYCLINES
NYATA KIT	-	NC	DERMATOLOGICALS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	1	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	3	DERMATOLOGICALS
nystatin/triamcinolone oint	-	3	DERMATOLOGICALS
OCALIVA TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	4	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
ODOMZO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	3	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB	-	3	ANTIDEPRESSANTS
OLLIZAC POWDER	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 5ml/30 days)	QL	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
OLUMIANT TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
omedia otic soln (AMERICAINE equiv)	-	1	OTIC AGENTS

INF	NC =Not Covered	LD	generic =small letters Limited Distribution	M	BRANDS =CAPITAL LETTERS Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program		

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
OMEPRAZOLE TAB	OTC	NC	ULCER DRUGS
omeprazole/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
OMNIPOD PODS	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
ondansetron ODT (ZOFRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFRAN equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	1	ANTIEMETICS
ONEXTON GEL	-	3	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTI-DIABETICS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB	-	NC	ANALGESICS - OPIOID
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
opium tincture	-	3	ANTI-DIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS BIOLOGICALS MISC
ORALAIR SL TAB	PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAP TAB	-	NC	CORTICOSTEROIDS
ORAPRED ODT	-	2	MOUTH/THROAT/DENTAL AGENTS
ORAVIG TAB	-	3	TETRACYCLINES
ORAXYL CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA CLICK INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORLISSA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2	ANTIVIRALS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	3	LAXATIVES
OSPHENA TAB	PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN	-	NC	OTIC AGENTS
OTOZIN OTIC DROPS	-	3	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
oxandrolone tab (OXANDRIN equiv)	PA	3	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv) (QL= 2 tabs/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
OXAZEPAM CAP	-	1	ANTIANKXIETY AGENTS
oxazepam cap (SERAX equiv)	-	1	ANTIANKXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONSULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONSULSANTS
OXERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	3	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONSULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 4 caps/day)	QL	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (QL= 90ml/30 days)	QL	2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL= 100ml/30 days)	QL	2	ANALGESICS - OPIOID
oxycodone tab 10mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 15mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 20mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 30mg (ROXICODONE equiv) (QL= 2 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone tab 5mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv) (QL= 4 tabs/day)	QL	3	ANALGESICS - OPIOID
OXYTROL PATCH	-	NC	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2	ANTI-DIABETICS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DIGESTIVE AIDS
PANCRELIPASE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DIGESTIVE AIDS
PANDEL CREAM	-	3	DERMATOLOGICALS
PANRETIN GEL (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
PARAGARD IUD	M	M	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	3	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	3	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PASER GRANULE	PA	3	ANTIMYCOBACTERIAL AGENTS
PATADAY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
PAXIL SUSP	-	3	ANTIDEPRESSANTS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
PEDIATEX TDM SUSP	-	3	COUGH/COLD/ALLERGY
pediatric multiple vitamins/fluoride chew tab	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
PEGASYS INJ KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
PEG-INTRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENICILLIN VK SOLN	-	1	PENICILLINS
penicillin vk soln (VEETIDS equiv)	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN 1.5%	-	NC	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
PENTASA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	3	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	NC	ULCER DRUGS
PERFOROMIST NEB SOLN	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA TAB	-	3	ANTIDEPRESSANTS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phendimetrazine tab	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
PHENOBARBITAL TAB	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHISOHEX LIQUID	-	3	ANTISEPTICS & DISINFECTANTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	NC	VITAMINS
PICATO GEL (QL= 1 box/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
PIFELTRO TAB	-	NC	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
PILOPINE HS OPHTH GEL	-	3	OPHTHALMIC AGENTS
pimecrolimus cream (ELIDEL equiv) (QL= 30g/fill; Covered for members 2 years or older)	QL	2	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLEGRIDY INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENVU SOLN	-	NC	LAXATIVES
PODIAPN CAP	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA CAP	-	NC	VITAMINS
POTABA POWDER PACKET	-	2	VITAMINS
POTABA TAB	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (KLOR-CON equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride soln	-	NC	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONSULSANTS
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2	ANTICONSULSANTS
PRADAXA CAP	-	2	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIHYPERTENSIVES
pramipexole ER tab (MIRAPEX ER equiv)	-	3	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	2	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC	ANORECTAL AGENTS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1	ANORECTAL AGENTS
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	1	OTIC AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTIHYPERTENSIVES
praziquantel tab (BILTRICIDE equiv)	-	3	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	NC	DERMATOLOGICALS
prednicarbate cream (PREDNICARBATE equiv)	-	NC	DERMATOLOGICALS
PREDNICARBATE OIN	-	NC	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SYRUP	-	1	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISON PAK	-	2	CORTICOSTEROIDS
PREDNISON SOLN	-	1	CORTICOSTEROIDS
PREDNISON TAB	-	1	CORTICOSTEROIDS
prednison tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
PREGNYL INJ	INF-M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENATAL VITAMIN (RX ONLY)	-	3	MULTIVITAMINS
PRENATAL VITAMIN (RX ONLY)	-	NC	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	VITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	NC	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PREPOIK PAK	PA	3	LAXATIVES
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PREVACID OTC CAP	-	NC	ULCER DRUGS
PREVACID SOLUTAB	-	NC	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
PREVIDENT RINSE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVMIS TAB	-	NC	ANTIVIRALS
PREZCOBIX TAB	-	4	ANTIVIRALS
PREZISTA SUSP	-	4	ANTIVIRALS
PREZISTA TAB	-	4	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	-	NC	ULCER DRUGS
PRILOSEC POWDER PACKET	-	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	2	ANTIMALARIALS
PRIMAQUINE TAB	-	NC	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMLEV TAB	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRISTIQ TAB	-	NC	ANTIDEPRESSANTS
PROAIR HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
procainamide inj	M	M	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRT INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	NC	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3	ANTIDIABETICS
PROLENSA OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PROLEUKIN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA POWDER	MSP-PA	4	HEMATOPOIETIC AGENTS
PROMACTA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	3	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1	ANTIHYPERTENSIVES
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROSTIGMIN TAB	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX PAK	-	NC	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	3	ANTIDEPRESSANTS
PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
QBRELIS SOLN	PA	3	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	NC	MULTIVITAMINS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE ER TAB	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	3	ANTIMALARIALS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
RAGWITEK SL TAB	PA	2	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)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
RANEXA TAB	-	2	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1	ULCER DRUGS
RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
rasagiline tab (AZILECT equiv)	-	2	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBETOL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIVIRALS
REBIF INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RECTIV OINT	-	3	ANORECTAL AGENTS
REGRANEX GEL (QL= 30gm/fill)	PA-QL	2	DERMATOLOGICALS
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	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 (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	NC	MULTIVITAMINS
RENOVA CREAM	-	NC	DERMATOLOGICALS
RENVELA PAK	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENVELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPAGLINIDE TAB	-	NC	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIHYPERLIPIDEMICS
REPREXAIN TAB	-	3	ANALGESICS - OPIOID
RESCON TAB	-	3	COUGH/COLD/ALLERGY
RESCRIPTOR TAB	-	4	ANTIVIRALS
RESERPINE TAB	-	3	ANTIHYPERTENSIVES
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION (QL= 60 vials/fill, 1 fill/30 days)	PA-QL	2	OPHTHALMIC AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ASSORTED CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	PA	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
REYATAZ CAP	-	NC	ANTIVIRALS
REYATAZ POWDER PACK	-	4	ANTIVIRALS
REZIRA SOLN	-	3	COUGH/COLD/ALLERGY
REZYST CHEW TAB	-	NC	ANTIIDIARRHEALS
RHEUMATREX TAB	-	3	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) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
ribavirin tab (COPEGUS equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1	ANTIVIRALS
RIDAURA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	1	ANTIVIRALS
RIOMET SOLN, METFORMIN SOLN	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP 60MG	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ritonavir tab (NORVIR equiv)	-	2	ANTIVIRALS
RITUXAN INJ	M	M	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROSDAN KIT	-	NC	DERMATOLOGICALS
ROSULA WASH	-	NC	DERMATOLOGICALS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERLIPIDEMICS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1	ANTIHYPERTENSIVES
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1	ANTIHYPERTENSIVES
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTIHYPERTENSIVES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICET SOLN	-	NC	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
RYDAPT CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
SABRIL POWDER PACK	-	NC	ANTICONVULSANTS
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
SAFYRAL TAB	-	NC	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SAMSCA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/fill)	PA-QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
SAPHRIS SL TAB	PA	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	PA-QL	2	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) (QL= 3 patches/30 days)	QL	3	ANTIEMETICS
seb-prev cream (OVACE CREAM equiv)	-	3	DERMATOLOGICALS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLUROMET TAB	-	NC	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	1	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	4	ANTIVIRALS
SELZENTRY TAB	-	4	ANTIVIRALS
SEMPREX-D CAP	-	3	COUGH/COLD/ALLERGY
SENSIPAR TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL XR TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
sevelamer hydrochloride tab (RENAGEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SFROWASA ENEMA	-	3	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ	VAC	NC	VACCINES
SHOHL SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERTENSIVES
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERTENSIVES
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERTENSIVES
sirolimus soln (RAPAMUNE equiv)	-	4	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ASSORTED CLASSES
SIRTURO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIMYCOBACTERIAL AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
SITAVIG TAB	-	NC	ANTIVIRALS
SIVEXTRO TAB (QL= 6 tabs/fill)	PA-QL	4	ANTI-INFECTIVE AGENTS - MISC.
SKELID TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride 0.9% irr soln	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLIQUA INJ	-	NC	ANTIDIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
SOLOSEC GRANULES PACKET	-	NC	AMEBICIDES
SOMATULINE INJ	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SORIATANE CK KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	DERMATOLOGICALS
SORILUX FOAM (QL= 60gm/30 days)	QL	3	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOVALDI TAB	-	NC	ANTIVIRALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	-	NC	ANTIFUNGALS
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	2	COUGH/COLD/ALLERGY
STAMARIL INJ	-	NC	VACCINES
stavudine cap (ZERIT equiv)	-	1	ANTIVIRALS
stavudine soln (ZERIT equiv)	-	1	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ	-	NC	DERMATOLOGICALS
STIMATE NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
STRENSIQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMEKTOL TAB	-	NC	ANTHELMINTICS
SUBLOCADE INJ	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBOXONE SL TAB	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCLEAR KIT	-	3	LAXATIVES
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate tab (CARAFATE equiv)	-	1	ULCER DRUGS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	1	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT	-	NC	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREMIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP	-	NC	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPRAX TAB	-	3	CEPHALOSPORINS
SUPREP SOLN	PA	3	LAXATIVES
SUSTIVA CAP	-	NC	ANTIVIRALS
SUSTIVA TAB	-	NC	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTENT CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	NC	ANTIVIRALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
SYMJEPI INJ (QL= 2 inj/fill)	QL	2	VASOPRESSORS
SYMLINPEN INJ	PA	3	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS
SYNAREL NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNERA PATCH (QL= 1 patch/fill)	QL	3	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNRIBO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	1	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYPRINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX SCALP SUSP (QL= 60ml/30 days)	PA-QL	3	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv) (QL= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TALTZ INJ	-	NC	DERMATOLOGICALS
TALZENNA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP	-	NC	ANTIVIRALS
TAMIFLU CAP 30MG	-	NC	ANTIVIRALS
TAMIFLU SUSP	-	NC	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGADOX TAB	-	NC	TETRACYCLINES
TARGRETIN CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL (QL= 60g/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	DERMATOLOGICALS
TARKA TAB	-	3	ANTIHYPERTENSIVES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TASIGNA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv) (QL= 60gm/30 days)	PA-QL	3	DERMATOLOGICALS
TAZORAC CREAM	-	NC	DERMATOLOGICALS
TAZORAC CREAM 0.05% (QL= 60gm/30 days)	PA-QL	3	DERMATOLOGICALS
TAZORAC GEL (QL= 30gm/30 days)	PA-QL	3	DERMATOLOGICALS
TECFIDERA CAP (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGSEDI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKAMLO TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	PA	2	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temozolomide cap (TEMODAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	4	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	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
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) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
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 (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	3	TETRACYCLINES
TEVETEN HCT TAB	-	3	ANTIHYPERTENSIVES
TEXACORT SOLN	-	3	DERMATOLOGICALS
THALOMID CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ASSORTED CLASSES
THEO-24 CAP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline CR tab (QUIBRON-T equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THIOTHIXENE CAP	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIBSOVO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICLOPIDINE TAB	-	1	HEMATOLOGICAL AGENTS - MISC.
ticlopidine tab (TICLID equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	NC	ANTIARRHYTHMICS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOLOL OPHTH GEL SOLN	-	2	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL	-	NC	THYROID AGENTS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv) (QL= 3 caps/day)	QL	3	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI NEB SOLN	-	NC	AMINOGLYCOSIDES
TOBI PODHALER (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOLAK CREAM 4% (QL= 40g/fill)	QL	2	DERMATOLOGICALS
tolazamide tab (TOLINASE equiv)	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIPARKINSON AGENTS
tolmetin cap (TOLECTIN DS equiv) (QL= 3 caps/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	QL--	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB (QL= 3 tabs/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv) (QL= 2 tabs/day)	QL	2	URINARY ANTISPASMODICS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
toremifene tab (FARESTON equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVIAZ TAB	PA	3	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (Only available through Walgreens 888-347-3416)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (Only available through Walgreens 888-347-3416)	LD-PA	4	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	-	2	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	3	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	3	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	3	ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	M	M	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	PA	2	HEMOSTATICS
TRANSDERM-SCOP PATCH (QL= 3 patches/30 days)	QL	3	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN Z OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRECATOR TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ	-	NC	DERMATOLOGICALS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS
tretinoin cream (QL= 23gm/30 days)	PA-QL	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (QL= 23gm/30 days)	PA-QL	2	DERMATOLOGICALS
tretinoin gel 0.05% (ATRALIN equiv) (QL= 45gm/30 days)	PA-QL	3	DERMATOLOGICALS
TRETIN-X CREAM (QL= 35gm/30 days)	PA-QL	3	DERMATOLOGICALS
TREXALL TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	3	DERMATOLOGICALS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
TRILEPTAL SUSP	-	3	ANTICONVULSANTS
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	NC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	3	ANTIDEPRESSANTS
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
TRIUMEQ TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
trosipium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day)	PA-QL	3	URINARY ANTISPASMODICS
trosipium tab (SANCTURA equiv) (QL= 2 tabs/day)	QL	3	URINARY ANTISPASMODICS
TRULANCE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days)	QL	3	ANTIIDIABETICS
TRUVADA TAB	PA	4	ANTIVIRALS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUSNEL SYRUP	-	3	COUGH/COLD/ALLERGY
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
TUSSIONEX SUSP	-	NC	COUGH/COLD/ALLERGY
TUSSI-PRES LIQUID	-	NC	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBOST TAB	-	NC	ANTIVIRALS
tydemy tab (SAFYRAL equiv)	-	NC	CONTRACEPTIVES
TYKERB TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIVIRALS
TYZINE NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
UCERIS RECTAL FOAM (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANORECTAL AGENTS
UCERIS TAB	-	NC	CORTICOSTEROIDS
U-CORT CREAM	-	2	DERMATOLOGICALS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3	DERMATOLOGICALS
ULORIC TAB (QL= 1 tab/day)	QL	3	GOUT AGENTS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA LOTION	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
UROQID #2 TAB	-	3	URINARY ANTI-INFECTIVES

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
UROXATRAL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
UTA CAP	-	NC	URINARY ANTI-INFECTIVES
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB	-	NC	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 60g/fill; Only available through Accredo 888-773-7376)	LD-PA-QL	4	DERMATOLOGICALS
VALCYTE SOLN	-	NC	ANTIVIRALS
VALCYTE TAB	-	NC	ANTIVIRALS
valganciclovir soln (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIVIRALS
valganciclovir tab (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIVIRALS
valproate inj (DEPAICON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTURNA TAB	-	3	ANTIHYPERTENSIVES
VANOCOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCOCIN equiv) (QL= 56 cap/ fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	1	ANTI-INFECTIVE AGENTS - MISC.
VANIQA CREAM	-	NC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
vardenafil ODT (STAXYN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
vardenafil tab (LEVITRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
VARUBI TAB (QL= 2 tabs/day)	QL	2	ANTIEMETICS
VASCEPA CAP	-	2	ANTIHYPERTENSIVES
vasolect oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VAXCHORA SUSP	-	NC	VACCINES
V-C FORTE CAP	-	3	MULTIVITAMINS
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0	VAGINAL PRODUCTS
VELPHORO CHEW TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	3	ASSORTED CLASSES
VELTIN GEL	-	NC	DERMATOLOGICALS
VEMLIDY TAB	-	4	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredited 888-773-7376)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAMYST NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	1	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERIPRED SOLN	-	3	CORTICOSTEROIDS
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE TAB	-	2	URINARY ANTISPASMODICS
VEXOL OPHTH SUSP	-	2	OPHTHALMIC AGENTS
V-GO INJ KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICTOZA INJ (QL= 9ml/30 days)	QL	2	ANTIDIABETICS
VICTRELIS CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTIVIRALS
VIDEX EC CAP 125MG	-	NC	ANTIVIRALS
VIDEX SOLN	-	4	ANTIVIRALS
VIEKIRA PAK TAB	-	NC	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
VIIBRYD TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	PA	2	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	PA-QL	2	ANTICONVULSANTS
VIRACEPT POWDER	-	4	ANTIVIRALS
VIRACEPT TAB	-	4	ANTIVIRALS
VIRAMUNE SUSP	-	NC	ANTIVIRALS
VIREAD TAB	-	4	ANTIVIRALS
VIREAD TAB	-	NC	ANTIVIRALS
VISICOL TAB	-	3	LAXATIVES
VISTOGARD PAK	-	NC	ANTIDOTES
vitamin D cap (Rx covered Only)	-	1	VITAMINS
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
VITEKTA TAB	-	4	ANTIVIRALS
VITRAKVI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVITROL INJ	M	M	ANTIDOTES
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	2	VACCINES
VIZIMPRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	-	NC	DERMATOLOGICALS
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
voriconazole susp (VFEND equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIVIRALS
VOTRIENT TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VYTORIN CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB	-	NC	ANTIHYPERTENSIVES
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERTENSIVES
VYVANSE CAP	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYVANSE CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WELCHOL PACK	-	NC	ANTIHYPERTENSIVES
WELCHOL TAB	-	NC	ANTIHYPERTENSIVES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
XADAGO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
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
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIIDRA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
XIMINO CAP	-	NC	TETRACYCLINES
XOFLUZA TAB	-	NC	ANTIVIRALS
XOLEGEL	-	NC	DERMATOLOGICALS
XOSPATA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTAMPZA ER CAP	-	NC	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULANE PATCH	-	\$0	CONTRACEPTIVES
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	2	ANTIDIABETICS
XURIDEN POWDER	M	M	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	-	NC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YASMIN TAB	-	NC	CONTRACEPTIVES
YAZ TAB	-	NC	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YODOXIN TAB	-	3	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
zafirlukast tab (ACCOLATE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZANTAC EFFER TAB	-	3	ULCER DRUGS

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ZANTAC GRANULE PACKET	-	3	ULCER DRUGS
ZARXIO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	-	NC	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	3	ANTIPARKINSON AGENTS
ZELBORAF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENZEDI TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZERIT SOLN	-	NC	ANTIVIRALS
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAGEN SOLN	-	NC	ANTIVIRALS
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc sulfate cap	-	1	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day)	PA-QL	3	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZMAX SUSP	-	3	MACROLIDES
ZOXYDOL ER CAP	-	NC	ANALGESICS - OPIOID
ZOLINZA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv)	-	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONSULSANTS
ZONTIVITY TAB	PA	3	HEMATOLOGICAL AGENTS - MISC.

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

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

MercyCare Select 4-Tier QHP Formulary Cont.
Alphabetical Index
Last Updated 3/1/2019

Drug Name	Special Code	Tier	Category
ZORTRESS TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ASSORTED CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZUBSOLV SL TAB	-	2	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	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYTIGA TAB 250MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
ADDERALL XR CAP	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
VYVANSE CAP	-	2
dextroamphetamine soln (PROCENTRA equiv)	-	3
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP	-	NC
VYVANSE CHEW TAB	-	NC
ZENZEDI TAB	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALECTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
CAFCIT SOLN	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv)	-	1
phentermine tab (ADIPEX equiv)	-	1
phendimetrazine tab	-	2
LOMAIRA TAB	-	NC
ANTI-OBESITY AGENTS		
BELVIQ XR TAB	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
guanfacine ER tab (INTUNIV equiv)	-	1
atomoxetine cap (STRATTERA equiv)	-	2
clonidine ER tab (KAPVAY equiv)	-	NC
KAPVAY TAB	-	NC
STRATTERA CAP	-	NC
STIMULANTS - MISC.		
dexamethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
armodafinil tab (NUVIGIL equiv)	PA	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
modafinil tab (PROVIGIL equiv)	PA	2
DAYTRANA PATCH	-	3
dexamethylphenidate ER cap (FOCALIN XR equiv)	-	3

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate chew tab (METHYLIN equiv)	-	3
RITALIN LA CAP 60MG	-	3
COTEMPLA XR ODT	-	NC
METHYLIN CHEW TAB	-	NC
METHYLIN SOLN	-	NC
methylphenidate ER tab 72mg	-	NC
NUVIGIL TAB	-	NC
QUILLIVANT XR SUSP	-	NC

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	3

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC

AMEBICIDES

AMEBICIDES		
YODOXIN TAB	-	3
SOLOSEC GRANULES PACKET	-	NC

AMINOGLYCOSIDES

AMINOGLYCOSIDES		
neomycin tab	-	1
paromomycin cap (HUMATIN equiv)	-	3
BETHKIS NEB SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
KITABIS PAK NEB SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
TOBI PODHALER (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
tobramycin neb soln (TOBI equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ARIKAYCE SUSP	-	NC
TOBI NEB SOLN	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
XELJANZ TAB	-	NC
XELJANZ XR TAB	-	NC

ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
HUMIRA INJ 20MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
HUMIRA INJ 40MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
HUMIRA PEN INJ 40MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SIMPONI ARIA INJ	-	NC
SIMPONI SC INJ	-	NC
GOLD COMPOUNDS		
RIDAURA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (Only available through Rx Crossroads: 1-866-547-0644)	LD-PA	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	4
ACTEMRA SC INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
KEVZARA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)	QL	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx covered Only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
KETOPROFEN CAP	-	1
ketoprofen cap (ORUDIS equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
mexocicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
INDOCIN SUPP	-	2
INDOCIN SUSP	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
NAPROXEN SUSP	-	2
piroxicam cap (FELDENE equiv)	-	2
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	3
etodolac ER tab (LODINE XL equiv)	-	3
fenoprofen calcium tab (QL= 4 tabs/day)	QL	3
FENOPROFEN CAP	-	3

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
KETOPROFEN ER CAP	-	3
MECLOFENAMATE CAP	-	3
mefenamic acid cap (QL= 30 caps/fill)	QL	3
MELOXICAM SUSP	-	3
oxaprozin tab (DAYPRO equiv) (QL= 2 tabs/day)	QL	3
tolmetin cap (TOLECTIN DS equiv) (QL= 3 caps/day)	QL	3
TOLMETIN TAB (QL= 3 tabs/day)	QL	3
CELEBREX CAP	-	NC
DUEXIS TAB	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
NAPRELAN CR TAB	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
SPRIX NASAL SPRAY	-	NC
TOLMETIN CAP	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZORVOLEX CAP	-	NC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA STARTER PACK (QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
OTEZLA TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4

PYRIMIDINE SYNTHESIS INHIBITORS

leflunomide tab (ARAVA equiv)	-	1
-------------------------------	---	---

SELECTIVE COSTIMULATION MODULATORS

ORENCIA CLICK INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ENBREL INJ 50MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ENBREL MINI INJ (QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ENBREL SURECLICK INJ 50MG (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

ALLZITAL TAB	-	NC
BUTAL/APAP CAP	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
SALICYLATES		
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
CHOLINE MAGNESIUM TRISALICYLATE TAB	-	1
choline magnesium trisalicylate tab (TRILISATE equiv)	-	1
diffunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2

ANALGESICS - OPIOID

OPIOID AGONISTS		
codeine sulfate tab	-	1
HYDROMORPHONE SUPP	-	1
hydromorphone tab (DILAUDID equiv)	-	1
meperidine tab (DEMEROL equiv)	-	1
METHADONE SOLN	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
morphine sulfate tab	-	1
oxycodone cap (OXYIR equiv) (QL= 4 caps/day)	QL	1
oxycodone tab 10mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1
oxycodone tab 15mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1
oxycodone tab 20mg (ROXICODONE equiv) (QL= 3 tabs/day)	QL	1
oxycodone tab 30mg (ROXICODONE equiv) (QL= 2 tabs/day)	QL	1
oxycodone tab 5mg (ROXICODONE equiv) (QL= 4 tabs/day)	QL	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl patch 100mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 12mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 25mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 50mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
fentanyl patch 75mcg (DURAGESIC equiv) (QL= 10 patches/30 days)	QL	2
HYSINGLA ER TAB (QL= 1 tab/day)	QL	2
LEVORPHANOL TAB	-	2
levorphanol tab (LEVORPHANOL equiv)	-	2
morphine sulfate supp	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
oxycodone conc (ROXICODONE equiv) (QL= 90ml/30 days)	QL	2
oxycodone soln (ROXICODONE equiv) (QL= 100ml/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
CODEINE SULFATE SOLN	-	3
EMBEDA CAP	-	3
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3
hydromorphone ER tab (EXALGO equiv) (QL= 2 tabs/day)	QL	3
KADIAN CAP	QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3
morphine sulfate ER cap (KADIAN equiv) (QL= 2 caps/day)	QL	3
NUCYNTA TAB (QL= 4 tabs/day)	QL	3
oxymorphone tab (OPANA equiv) (QL= 4 tabs/day)	QL	3
tramadol ER tab (ULTRAM ER equiv)	-	3
ARYMO ER TAB	-	NC
DAZIDOX TAB	-	NC
DSUVIA SL TAB	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mg, 62.5mg, 87.5mg (FENTANYL PATCH equiv)	-	NC
MORPHABOND TAB	-	NC
OPANA ER TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OPANA TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
XTAMPZA ER CAP	-	NC
ZOHYDRO ER CAP	-	NC

OPIOID COMBINATIONS

acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
oxycodone/aspirin tab (PERCODAN equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	2
CAPITAL/CODEINE SUSP	-	3
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	3
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	3
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	3
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	3
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	3

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
LORTAB ELIXIR	-	3
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	3
REPREXAIN TAB	-	3
tramadol/acetaminophen tab (ULTRACET equiv)	-	3
acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)	-	NC
APADAZ TAB	-	NC
DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
PRIMLEV TAB	-	NC
ROXICET SOLN	-	NC
TREXIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
OPIOID PARTIAL AGONISTS		
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
BUNAVAIL FILM	-	2
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	2
BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)	QL	2
buprenorphine SL tab (SUBUTEX equiv)	PA	2
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
ZUBSOLV SL TAB	-	2
pentazocine/naloxone tab (TALWIN NX equiv)	-	3
nalbuphine inj	M	M
BELBUCA FILM	-	NC
BUTRANS PATCH	-	NC
SUBLOCADE INJ	-	NC
SUBOXONE SL FILM	-	NC
SUBOXONE SL TAB	-	NC

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

ANADROL TAB	PA	3
oxandrolone tab (OXANDRIN equiv)	PA	3

ANDROGENS

testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDROXY TAB	PA	2
danazol cap (DANOCRINE equiv)	-	2
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	3
METHYLTESTOSTERONE CAP	PA	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
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

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	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
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	3
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3
ANDROGEL 1% 50MG, TESTIM GEL 1%	-	NC
ANDROGEL 1.62% 1.25GM	-	NC
ANDROGEL 1.62% 2.5GM	-	NC
ANDROGEL PUMP 1.62%	-	NC
ANDROID CAP, TESTRED CAP	-	NC
FORTESTA GEL 2%	-	NC
METHITEST TAB	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC

ANORECTAL AGENTS

INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTIFOAM	-	3
UCERIS RECTAL FOAM (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4

RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	1
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
ANALPRAM-HC CREAM	-	NC
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC

RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC

VASODILATING AGENTS		
RECTIV OINT	-	3

ANTHELMINTICS

ANTHELMINTICS		
mebendazole chew tab (VERMOX equiv)	-	1
BENZNIDAZOLE TAB	PA	2
ivermectin tab (STROMECTOL equiv)	-	2
praziquantel tab (BILTRICIDE equiv)	-	3
albendazole tab (ALBENZA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ALBENZA TAB	-	NC
BILTRICIDE TAB	-	NC
EMVERM TAB	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
STROMECTOL TAB	-	NC

ANTIANGINAL AGENTS

ANTIANGINALS-OTHER

RANEXA TAB	-	2
NITRATES		
ISOSORBIDE DINITRATE ER TAB	-	1
isosorbide dinitrate ER tab (ISOCHRON equiv)	-	1
isosorbide dinitrate SL tab	-	1
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SR cap	-	1
NITRO-BID OINT	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
DILATRATE SR CAP	-	3
ISOSORBIDE DINITRATE TAB 30MG, 40MG	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC
NITROSTAT SL TAB	-	NC

ANTIANGINAL AGENTS

ANTIANGINAL AGENTS - MISC.

buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	1
buspirone tab 30mg (BUSPAR equiv)	-	NC

BENZODIAZEPINES

alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
DIAZEPAM SOLN	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
OXAZEPAM CAP	-	1
oxazepam cap (SERAX equiv)	-	1
clorazepate tab (TRANXENE-T equiv)	-	2
alprazolam ER tab (XANAX XR equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	NC

ANTIARRHYTHMICS

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
disopyramide ER cap (NORPACE CR equiv)	-	2
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
QUINIDINE SULFATE ER TAB	-	3
procainamide inj	M	M
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap (MEXITIL equiv)	-	2
ANTIARRHYTHMICS TYPE I-C		
propafenone tab (RYTHMOL equiv)	-	1
flecainide tab (TAMBOCOR equiv)	-	2
propafenone ER cap (RYTHMOL SR equiv)	-	2
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	PA	2
MULTAQ TAB	-	2
TIKOSYN CAP	-	NC
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	1
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER	-	2
INCRUSE ELLIPTA INHALER	-	2
SPIRIVA HANDIHALER (For use with Handihaler device)	PA	3
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	PA	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3
LONHALA MAGNAIR SOLN	-	NC
SEEBRI NEOHALER CAP	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	3
zileuton ER tab (ZYFLO CR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ZYFLO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ZYFLO CR TAB	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB	PA	2
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	1
ASMANEX HFA INHALER	-	1
ASMANEX INHALER	-	1
budesonide inh susp (PULMICORT equiv) (Covered for members age 8 or younger with Prior Authorization)	PA	1
FLOVENT DISKUS INHALER	-	1
FLOVENT HFA INHALER	-	1
AEROSPAN HFA INHALER	-	NC
ALVESCO INHALER	-	NC
ARMONAIR RESPICLICK	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
QVAR REDIHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln 0.083% (PROVENTIL equiv)	-	1
albuterol neb soln 0.5% (VENTOLIN equiv)	-	1
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	1
albuterol sulfate syrup	-	1
albuterol sulfate tab	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE/SALMETEROL INHALER	-	1
METAPROTERENOL SYRUP	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS INHALER (QL= 1 inhaler/fill)	QL	2
ADVAIR HFA INHALER (QL= 1 inhaler/fill)	QL	2
ALBUTEROL TAB ER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER (QL= 1 inhaler/fill)	QL	2
COMBIVENT INHALER (QL= 1 inhaler/fill)	QL	2
COMBIVENT RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2
DULERA INHALER (QL= 1 inhaler/fill)	QL	2
FORADIL AEROLIZER (QL= 60 units/fill)	QL	2
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2
STIOLTO INHALER	-	2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/fill)	QL	2
TRELEGY ELLIPTA INHALER	-	2
VENTOLIN HFA INHALER (QL= 2 inhalers/fill)	QL	2
albuterol neb soln 0.63mg (ACCUNEB equiv)	-	3
albuterol neb soln 1.25mg (ACCUNEB equiv)	-	3
ARCAPTA NEOHALER (QL= 30 units/fill)	QL	3
BROVANA NEB SOLN	PA	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 1 inhaler/fill)	PA-QL	3
levalbuterol neb soln (XOPENEX equiv)	-	3
METAPROTERENOL TAB	-	3

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
PERFOROMIST NEB SOLN	PA	3
AIRDUO RESPICLICK	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	NC
PROAIR HFA INHALER	-	NC
PROVENTIL HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
aminophylline tab	-	1
theophylline CR tab (QUIBRON-T equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
LUFYLLIN TAB	-	3
THEO-24 CAP	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	2
XARELTO STARTER PACK	-	2
XARELTO TAB	-	2
BEVYXXA CAP	-	NC
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
fondaparinux inj (ARIXTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
FRAGMIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
THROMBIN INHIBITORS		
PRADAXA CAP	-	2
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB	PA	3
FYCOMPA SUSP	PA	3
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	3
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	-	3
clobazam tab (ONFI equiv)	-	4
clobazam susp (ONFI equiv)	-	NC
ONFI SUSP	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv)	-	1
gabapentin tab (NEURONTIN equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
BANZEL SUSP	PA	2
BANZEL TAB	PA	2
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv)	-	2
LAMICTAL CHEW TAB 2MG	-	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2
VIMPAT SOLN	PA	2
VIMPAT TAB (QL= 2 tabs/day)	PA-QL	2
APTiom TAB	PA	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
lamotrigine ER tab (LAMICTAL XR equiv)	-	3
lamotrigine ODT (LAMICTAL equiv)	-	3
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	3
LYRICA CAP	PA	3
LYRICA SOLN	PA	3
TRILEPTAL SUSP	-	3
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
EPIDIOLEX SOLN	-	NC
LAMICTAL STARTER KIT	-	NC
OXTELLAR XR TAB	-	NC
QUDEXY XR CAP, TOPIRAMATE ER CAP	-	NC
SPRITAM TAB	-	NC
TROKENDI XR CAP	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
FELBATOL TAB	-	NC
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	2
SABRIL TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4
vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)	LD-PA	4
SABRIL POWDER PACK	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 30MG (QL= 3 caps/day)	QL	3
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
CELONTIN CAP	-	2
ethosuximide cap (ZARONTIN equiv)	-	2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPACON INJ	-	NC
DEPAKENE SYRUP	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANTS - MISC.		
bupropion tab (WELLBUTRIN equiv)	-	1
MAPROTILINE TAB	-	1
bupropion ER tab (WELLBUTRIN equiv)	-	2
bupropion XL tab (WELLBUTRIN XL equiv)	-	2
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
EMSAM PATCH	PA	3
NARDIL TAB	-	NC
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv)	-	2
paroxetine ER tab (PAXIL CR equiv)	-	3
PAXIL SUSP	-	3
PEXEVA TAB	-	3
fluoxetine tab (PROZAC equiv)	-	NC
fluoxetine tab 20mg (RAPIFLUX equiv)	-	NC
fluoxetine tab 60mg	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PROZAC WEEKLY CAP	-	NC
SEROTONIN MODULATORS		
trazodone tab (DESYREL equiv)	-	1
NEFAZODONE TAB (QL= 2 tabs/day)	QL	2
nefazodone tab 50mg, 250mg (QL= 2 tabs/day)	QL	2
OLEPTRO TAB	-	3
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
VIIBRYD STARTER KIT (QL= 1 tab/day)	PA-QL	3
VIIBRYD TAB (QL= 1 tab/day)	PA-QL	3
trazodone tab 300mg (DESYREL equiv)	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3
CYMBALTA CAP	-	NC
DESVENLAFAXINE ER TAB	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
KHEDEZLA ER TAB	-	NC
PRISTIQ TAB	-	NC
VENLAFAXINE ER TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
AMOXAPINE TAB	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
NORTRIPTYLINE SOLN	-	1
desipramine tab (NORPRAMIN equiv) (QL= 2 tabs/day)	QL	2
clomipramine cap (ANAFRANIL equiv)	PA	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	3
protriptyline tab (VIVACTIL equiv)	-	3
trimipramine cap (SURMONTIL equiv)	-	3
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (GLYSET equiv)	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	PA	3
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB	-	2
JENTADUETO XR TAB	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	PA-QL	2
ACTOPLUS MET XR TAB	-	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
DUETACT TAB	-	NC
GLYXAMBI 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
QTERN TAB	-	NC

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

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

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

MercyCare Select 4-Tier QHP Formulary
Category/Class

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
REPAGLINIDE TAB	-	NC
SEGLUROMET TAB	-	NC
SOLIQUA INJ	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
RIOMET SOLN, METFORMIN SOLN	-	3
metformin ER osmotic tab (FORTAMET equiv)	-	NC
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ (QL= 1 kit/fill)	QL	2
GLUCAGON INJ KIT (QL= 1 kit/fill)	QL	2
PROGLYCEM SUSP	-	3
KORLYM TAB	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL	2
TRADJENTA TAB	-	2
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)	QL	2
BYDUREON INJ (QL= 4 inj/28 days)	QL	2
BYDUREON PEN INJ (QL= 4 inj/28 days)	QL	2
OZEMPIC INJ (QL= 1 pack/28 days)	QL	2
VICTOZA INJ (QL= 9ml/30 days)	QL	2
BYETTA INJ (QL= 1 pen/30 days)	QL	3
TRULICITY INJ (QL= 4 pens/28 days)	QL	3
ADLYXIN INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		
NOVOLIN INJ	OTC	1
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLOG FLEXPEN INJ, FIASP FLEXTOUCH INJ	-	2
NOVOLOG INJ, FIASP INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
APIDRA INJ	PA	3
APIDRA SOLOSTAR INJ	PA	3
HUMALOG INJ	PA	3
HUMALOG KWIKPEN INJ	PA	3
HUMALOG MIX INJ	PA	3
HUMALOG MIX KWIKPEN INJ	PA	3
HUMALOG PEN INJ	PA	3
HUMULIN MIX INJ	OTC-PA	3
HUMULIN MIX PEN INJ	OTC-PA	3
HUMULIN N INJ	OTC-PA	3
HUMULIN N PEN INJ	OTC-PA	3
HUMULIN R INJ	OTC-PA	3
HUMULIN R INJ U-500	PA	4
HUMULIN R U-500 KWIKPEN INJ	PA	4
ADMELOG INJ	-	NC
ADMELOG SOLOSTAR INJ	-	NC
BASAGLAR INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
CHLORPROPAMIDE TAB	-	1
chlorpropamide tab (DIABINESE equiv)	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab (GLYNASE equiv)	-	1
glyburide tab (MICRONASE equiv)	-	1
tolazamide tab (TOLINASE equiv)	-	1
TOLBUTAMIDE TAB	-	2
DIABETA TAB	-	3
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

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

ANTIDIARRHEALS Cont.

ANTIDIARRHEAL COMBINATIONS

EVIVO LIQUID	-	NC
--------------	---	----

ANTIPERISTALTIC AGENTS

diphenoxylate/atropine liquid (LOMOTIL equiv)	-	1
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv) (Rx Only)	-	1
MOTOFEN TAB	PA	3
opium tincture	-	3
PAREGORIC TINCTURE	-	NC

ANTIDOTES

ANTIDOTES

VISTOGARD PAK	-	NC
---------------	---	----

ANTIDOTES - CHELATING AGENTS

CHEMET CAP	-	2
EXJADE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
JADENU TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4

OPIOID ANTAGONISTS

naloxone inj	-	\$0
NARCAN NASAL SPRAY	-	\$0
naltrexone tab (REVIA equiv)	-	1
VIVITROL INJ	M	M
EVZIO INJ	-	NC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

JADENU SPRINKLE (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
---	--------	---

ANTIDOTES AND SPECIFIC ANTAGONISTS

CETYLEV TAB	-	NC
-------------	---	----

OPIOID ANTAGONISTS

NALOXONE PREFILLED INJ	-	\$0
------------------------	---	-----

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1
ondansetron soln (ZOFTRAN equiv)	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	PA-QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	PA-QL	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC

ANTIEMETICS - ANTICHOLINERGIC

maldemar tab (SCOPACE equiv)	-	1
------------------------------	---	---

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

INF Infertility	LD Limited Distribution	generic =small letters	M Medical Benefit
MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter	limited to two 15 day fills per month for first 3 months	PA Prior Authorization
QL Quantity Limit	SF Step Therapy	VAC Vaccine Program	SMKG Smoking Cessation
ST Step Therapy			

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

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

ANTIEMETICS Cont.

meclizine tab (ANTIVERT equiv)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 3 patches/30 days)	QL	3
TRANSDERM-SCOP PATCH (QL= 3 patches/30 days)	QL	3
meclizine chew tab (BONINE equiv)	-	NC

ANTIEMETICS - MISCELLANEOUS

AKYNZEO CAP (QL= 1 cap/fill)	QL	2
CESAMET CAP	-	3
dronabinol cap (MARINOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DICLEGIS TAB	-	NC
SYNDROS SOLN	-	NC

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2
VARUBI TAB (QL= 2 tabs/day)	QL	2
EMEND PAK	-	NC
EMEND SUSP	-	NC

ANTIFUNGALS

ANTIFUNGALS

nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2
griseofulvin tab (GRIS-PEG equiv)	-	2
flucytosine cap (ANCOBON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4

IMIDAZOLE-RELATED ANTIFUNGALS

fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	2
NOXAFIL SUSP	PA	2
CRESEMBA CAP	PA	3
itraconazole soln (SPORANOX equiv)	PA	3
voriconazole susp (VFEND equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
voriconazole tab (VFEND equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
NOXAFIL TAB	-	NC
SPORANOX SOLN	-	NC
TOLSURA CAP	-	NC

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

chlorpheniramine ER cap	-	1
-------------------------	---	---

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
CPM CAP	-	3
RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
diphenhydramine inj (BENADRYL equiv)	-	2
carbinoxamine soln (PALGIC equiv)	-	3
carbinoxamine tab (PALGIC equiv)	-	3
clemastine syrup (TAVIST equiv)	-	3
CLEMASTINE TAB	-	3
clemastine tab (TAVIST equiv)	-	3
carbinoxane maleate tab 6mg (RYVENT equiv)	-	NC
KARBINAL ER SUSP	-	NC
ANTIHISTAMINES - NON-SEDATING		
cetirizine chew tab (ZYRTEC equiv)	OTC	1
levocetirizine soln (XYZAL equiv)	-	1
levocetirizine tab (XYZAL equiv)	-	1
desloratadine tab (CLARINEX equiv)	PA	3
CLARINEX REDITAB	-	NC
CLARINEX SYRUP	-	NC
CLARINEX TAB	-	NC
DESLOMATADINE ODT	-	NC
loratadine cap (CLARITIN equiv)	OTC	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	3
LIPTRUZET TAB	-	3
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
VYTORIN TAB	-	NC
VYTORIN TAB 10-80MG	-	NC
ANTIHYPERTENSIVES - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
VASCEPA CAP	-	2
KYNAMRO INJ	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	3
colestipol powder packet (COLESTID equiv)	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
ANTARA CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
LOFIBRA TAB, TRIGLIDE TAB	-	NC
TRICOR TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0
pravastatin tab (PRAVACHOL equiv)	-	\$0
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0
atorvastatin tab 40mg (LIPITOR equiv)	-	1
atorvastatin tab 80mg (LIPITOR equiv)	-	1
rosuvastatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)	QL	1
rosuvastatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)	QL	1
fluvastatin cap (LESCOL equiv)	-	2
fluvastatin ER tab (LESCOL XL equiv)	-	3
LIVALO TAB	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
CRESTOR TAB 20MG	-	NC
FLOLIPID SUSP	-	NC
LESCOL XL TAB	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIACOR TAB	-	1
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
REPATHA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
captopril tab (CAPOTEN equiv)	-	2
ALTACE TAB	-	3
QBRELIS SOLN	PA	3
EPANED PREMIXED SOLN	-	NC
EPANED SOLN	-	NC
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DIBENZYLINE CAP	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
candesartan tab (ATACAND equiv)	-	2
telmisartan tab (MICARDIS equiv)	PA	2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
EDARBI TAB	-	3
EPROSARTAN TAB	-	3
ATACAND TAB	-	NC
BENICAR TAB	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
GUANABENZ TAB	-	3
NEXICLON XR SUSP	-	3
NEXICLON XR TAB	-	3
RESERPINE TAB	-	3
CATAPRES-TTS PATCH	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	2
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
AMTURNIDE TAB	-	3
EDARBYCLOR TAB	-	3
TARKA TAB	-	3
TEKAMLO TAB	-	3
TEKTURNA HCT TAB	-	3
TEVETEN HCT TAB	-	3

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
trandolapril/verapamil ER tab (TARKA equiv)	-	3
VALTURNA TAB	-	3
amlodipine/olmesartan tab (AZOR equiv)	-	NC
AZOR TAB	-	NC
BENICAR HCT TAB	-	NC
BYVALSON TAB	-	NC
CORZIDE TAB 80-5MG	-	NC
DUTOPROL TAB	-	NC
EXFORGE TAB	-	NC
MICARDIS HCT TAB	-	NC
nadolol/bendroflumethiazide tab (CORZIDE equiv)	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRIBENZOR TAB	-	NC
TWINSTA TAB	-	NC
DIRECT RENIN INHIBITORS		
TEKURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap (FLAGYL equiv)	-	1
metronidazole tab (FLAGYL equiv)	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
NEBUPENT NEB SOLN	-	2
FIRST METRONIDAZOLE SUSP	-	3
FLAGYL ER TAB	-	3
PRIMSOL SOLN	-	3
tinidazole tab (TINDAMAX equiv)	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	PA-QL	3
XIFAXAN TAB 550MG (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
AEMCOLO TAB	-	NC
IMPAVIDO CAP	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	1
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
ANTIPROTOZOAL AGENTS		

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

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

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

MercyCare Select 4-Tier QHP Formulary
Category/Class
Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
GLYCOPEPTIDES		
VANCOMYCIN SOLN KIT	-	1
FIRVANQ SOLN	-	2
vancomycin cap (VANCOCIN equiv) (QL= 56 cap/ fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
VANCOCIN CAP	-	NC
VANCOMYCIN INJ	-	NC
KETOLIDES		
KETEK TAB	-	3
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	3
CLEOCIN CAP	-	NC
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD-PA	4
OXAZOLIDINONES		
linezolid tab (ZYVOX equiv)	-	2
linezolid susp (ZYVOX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SIVEXTRO TAB (QL= 6 tabs/fill)	PA-QL	4
ZYVOX SUSP	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2
COARTEM TAB	-	3
FANSIDAR TAB	-	NC
MALARONE TAB	-	NC
ANTIMALARIALS		
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
chloroquine tab (ARALEN equiv)	-	2
MEFLOQUINE TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
primaquine tab (PRIMAQUINE equiv)	-	2
quinine sulfate cap (QUALAQUIN equiv)	-	3
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ARAKODA TAB, KRINTAFEL TAB	-	NC
PRIMAQUINE TAB	-	NC

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

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

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

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

MercyCare Select 4-Tier QHP Formulary

Category/Class

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
pyridostigmine tab (MESTINON equiv)	-	1
PROSTIGMIN TAB	-	2
pyridostigmine CR tab (MESTINON equiv)	-	2
GUANIDINE TAB	PA	3
MESTINON SYRUP	-	3
MYTELASE TAB	PA	3
FIRDAPSE TAB	-	NC

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS

RIFAMATE CAP	-	2
RIFATER TAB	PA	3

ANTIMYCOBACTERIAL AGENTS

ISONIAZID SYRUP	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
ethambutol tab (MYAMBUTOL equiv)	-	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
cycloserine cap (CYCLOSERINE equiv)	PA	3
PASER GRANULE	PA	3
TRECTOR TAB	PA	3
SIRTURO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4

ANTINEOPLASTICS

ANTINEOPLASTICS MISC.

tretinoin cap (VESANOID equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
--	--------	---

MITOTIC INHIBITORS

etoposide cap (VEPESID equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
---	-----	---

TOPOISOMERASE I INHIBITORS

HYCANTIN CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
--	--------	---

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

CEENU CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
melphalan tab (ALKERAN equiv)	-	2
AFINITOR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
cyclophosphamide cap (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
cyclophosphamide tab (CYTOXAN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
GLEOSTINE/LOMUSTINE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
MYLERAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4

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

INF	NC =Not Covered	LD	generic =small letters	M	BRANDS =CAPITAL LETTERS
MSP	Mandatory Specialty Pharmacy Program	OTC	Limited Distribution	PA	Medical Benefit
QL	Quantity Limit	SF	Over-the-Counter	SMKG	Prior Authorization
ST	Step Therapy	VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation
			Vaccine Program		

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
temozolomide cap (TEMODAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ALKERAN TAB	-	NC
CYCLOPHOSPHAMIDE CAP	-	NC
ANTIMETABOLITES		
methotrexate inj	-	1
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
TREXALL TAB	-	2
capecitabine tab (XELODA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
PURIXAN SUSP	-	NC
XATMEP SOLN	-	NC
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	M	M
GAZYVA INJ	-	NC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
ODOMZO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
EMCYT CAP	-	2
exemestane tab (AROMASIN equiv)	-	2
flutamide cap (EULEXIN equiv)	-	2
toremifene tab (FARESTON equiv)	-	2
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
LYSODREN TAB (Only available through Direct Success 732-919-1234)	LD-PA	4
nilutamide tab (NILANDRON equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
XTANDI CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
LUPRON DEPOT INJ	INF-M	M
LUPRON DEPOT KIT (3 MONTH) INJ	INF-M	M
LUPRON DEPOT KIT (6 MONTH) INJ	INF-M	M
ERLEADA TAB	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
FARESTON TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP	-	NC
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
LONSURF TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
ALECENSA CAP (QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
BOSULIF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
CABOMETYX TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
CALQUENCE CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	4
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
COTELLIC TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
FARYDAK CAP (QL= 6 caps/21 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
IBRANCE CAP (QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
ICLUSIG TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	4
IDHIFA TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
imatinib tab (GLEEVEC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
INLYTA TAB (QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
IRESSA TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
JAKAFI TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
KISQALI TAB (QL= 63 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
LYNPARZA CAP (Only available through Biologics 800-850-4306, QL= 16 caps/day)	LD-PA-QL-SF	4
LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 4 tabs/day)	LD-PA-QL-SF	4

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MEKINIST TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
NEXAVAR TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
NINLARO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)	LD-PA-QL-SF	4
RYDAPT CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SPRYCEL TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
STIVARGA TAB (QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
SUTENT CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
TAFINLAR CAP (QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
TAGRISO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
TARCEVA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
TASIGNA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
TYKERB TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
VERZENIO TAB (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
VOTRIENT TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
XALKORI CAP (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
ZELBORAF TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
ZOLINZA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	4
ZYKADIA CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
ALUNBRIG PAK	-	NC
BRAFTOVI CAP	-	NC
COPIKTRA CAP	-	NC
GLEEVEC TAB	-	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

ANTINEOPLASTICS MISC.

hydroxyurea cap (HYDREA equiv)	-	1
MATULANE CAP	-	2
ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
bexarotene cap (TARGRETIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
INTRON-A INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SYLATRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4

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

INF	NC =Not Covered	LD	generic =small letters	M	BRANDS =CAPITAL LETTERS
MSP	Infertility	OTC	Limited Distribution	PA	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	SF	Over-the-Counter	SMKG	Prior Authorization
ST	Quantity Limit	VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Step Therapy				

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ALFERON-N INJ ()	-	NC
PROLEUKIN INJ	-	NC
SYNRIBO INJ	-	NC
TARGRETIN CAP	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl elixir (ARTANE equiv)	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
pramipexole ER tab (MIRAPEX ER equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
APOKYN INJ (Only available through CVS Specialty 800-237-2767)	LD-PA	4
NEUPRO PATCH (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	-	2
ZELAPAR ODT	-	3
XADAGO TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
AZILECT TAB	-	NC

ANTIPARKINSON AND RELATED THERAPY AGENTS

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIPARKINSON DOPAMINERGICS		
INBRIJA INH POWDER	-	NC
OSMOLEX ER TAB	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium citrate soln	-	1
ANTIPSYCHOTICS - MISC.		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB	PA	4
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	PA-QL	3
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4
FANAPT TITRATION PACK (QL= 2 tabs/day)	PA-QL	4
INVEGA INJ	M	M
INVEGA TAB	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv)	-	2
CLOZAPINE ODT, FAZACLO ODT	-	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
olanzapine tab (ZYPREXA equiv)	-	2
quetiapine XR tab (SEROQUEL XR equiv)	-	2
SAPHRIS SL TAB	PA	4
ADASUVE INHALER	-	NC
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv) (QL= 2 tabs/day)	QL	1
ABILIFY DISCMELT (QL= 2 tabs/day)	PA-QL	3
ABILIFY SOLN	PA	3
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	3
aripiprazole soln (ABILIFY equiv)	PA	3
REXULTI TAB	PA	4
ABILIFY MYCITE TAB	-	NC
ABILIFY TAB	-	NC
THIOXANTHENES		
THIOTHIXENE CAP	-	1
thiothixene cap (NAVANE equiv)	-	1
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
CHLORINE ANTISEPTICS		
PHISOHEX LIQUID	-	3
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
didanosine DR cap (VIDEX EC equiv)	-	1
lamivudine soln (EPIVIR equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
stavudine cap (ZERIT equiv)	-	1
stavudine soln (ZERIT equiv)	-	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine syrup (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
ritonavir tab (NORVIR equiv)	-	2
SYMTUZA TAB	-	2
TIVICAY TAB	-	2
abacavir soln (ZIAGEN equiv)	-	4
abacavir tab (ZIAGEN equiv)	-	4
abacavir/lamivudine tab (EPZICOM equiv)	-	4
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	4
APTIVUS CAP	-	4
APTIVUS SOLN	-	4

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
atazanavir cap (REYATAZ equiv)	-	4
ATRIPLA TAB	-	4
BIKTARVY TAB	-	4
COMPLERA TAB	-	4
CRIXIVAN CAP	-	4
DESCOVY TAB	-	4
EDURANT TAB	-	4
efavirenz cap (SUSTIVA equiv)	-	4
efavirenz tab (SUSTIVA equiv)	-	4
EMTRIVA CAP	-	4
EMTRIVA SOLN	-	4
EVOTAZ TAB	-	4
fosamprenavir tab (LEXIVA equiv)	-	4
FUZEON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
GENVOYA TAB (QL= 1 tab/day)	QL	4
INTELENCE TAB	-	4
INVIRASE CAP	-	4
INVIRASE TAB	-	4
ISENTRESS (HD) TAB	-	4
ISENTRESS CHEW TAB	-	4
JULUCA TAB	-	4
KALETRA TAB	-	4
lamivudine/zidovudine tab (COMBIVIR equiv)	-	4
LEXIVA SUSP	-	4
lopinavir/ritonavir soln (KALETRA equiv)	-	4
nevirapine ER tab (VIRAMUNE XR equiv)	-	4
NEVIRAPINE SUSP	-	4
nevirapine susp (VIRAMUNE equiv)	-	4
NORVIR CAP	-	4
NORVIR POWDER PACK	-	4
NORVIR SOLN	-	4
ODEFSEY TAB (QL= 1 tab/day)	QL	4
PREZCOBIX TAB	-	4
PREZISTA SUSP	-	4
PREZISTA TAB	-	4
RESCRIPTOR TAB	-	4
REYATAZ POWDER PACK	-	4
SELZENTRY SOLN	-	4
SELZENTRY TAB	-	4
STRIBILD TAB (QL= 1 tab/day)	QL	4
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	4
TRIUMEQ TAB (QL= 1 tab/day)	QL	4
TRUVADA TAB	PA	4
VIDEX SOLN	-	4
VIRACEPT POWDER	-	4
VIRACEPT TAB	-	4
VIREAD TAB	-	4

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
VITEKTA TAB	-	4
CIMDUO TAB	-	NC
DELSTRIGO TAB	-	NC
EPIVIR SOLN	-	NC
EPZICOM TAB	-	NC
ISENTRESS POWDER PACK	-	NC
KALETRA SOLN	-	NC
LEXIVA TAB	-	NC
NORVIR TAB	-	NC
PIFELTRO TAB	-	NC
REYATAZ CAP	-	NC
SUSTIVA CAP	-	NC
SUSTIVA TAB	-	NC
SYMFI (LO) TAB	-	NC
TYBOST TAB	-	NC
VIDEX EC CAP 125MG	-	NC
VIRAMUNE SUSP	-	NC
VIREAD TAB	-	NC
ZERIT SOLN	-	NC
ZIAGEN SOLN	-	NC
CMV AGENTS		
GANCICLOVIR CAP	-	2
valganciclovir soln (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
valganciclovir tab (VALCYTE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
PREVYMIS TAB	-	NC
VALCYTE SOLN	-	NC
VALCYTE TAB	-	NC
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
ribavirin cap (REBETOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
ribavirin tab (COPEGUS equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	1
adefovir dipivoxil tab (HEPSERA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
entecavir tab (BARACLUDGE equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
EPIVIR HBV SOLN	-	4
INCIVEK TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
INFERGEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
MAVYRET TAB (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
MODERIBA DOSE PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
MODERIBA PAK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters BRANDS =CAPITAL LETTERS M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PEGASYS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PEGASYS INJ KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PEG-INTRON INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
REBETOL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
TYZEKA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
VEMLIDY TAB	-	4
VICTRELIS CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-SF	4
VOSEVI TAB (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
DAKLINZA TAB	-	NC
EPCLUSA TAB	-	NC
HARVONI TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA PAK TAB	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
rimantadine tab (FLUMADINE equiv)	-	1
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
TAMIFLU CAP	-	NC
TAMIFLU CAP 30MG	-	NC
TAMIFLU SUSP	-	NC
XOFLUZA TAB	-	NC
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
DEPEN TITRATAB, D-PENAMINE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
CUPRIMINE CAP	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
IMMUNOMODULATORS		
REVLIMID CAP (QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
THALOMID CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
cyclosporine modified cap (NEORAL equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
cyclosporine modified soln (NEORAL equiv)	-	2
AZASAN TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
cyclosporine cap (SANDIMMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mycophenolate DR tab (MYFORTIC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mycophenolate mofetil susp (CELLCEPT SUSP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
SANDIMMUNE SOLN 100MG/ML (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
sirolimus tab (RAPAMUNE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ZORTRESS TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	3
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
BYSTOLIC TAB	-	2
FIRST METOPROLOL ORAL SOLN	-	NC
KAPSPARGO CAP	-	NC
METOPROLOL TARTRATE TAB 37.5MG, 75MG	-	NC
BETA BLOCKERS NON-SELECTIVE		

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
LEVATOL TAB	-	3
HEMANGEOL SOLN	-	NC
INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC

BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SL TAB	PA	2
ORALAIR SL TAB	PA	2
RAGWITEK SL TAB	PA	2

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil SR cap (VERELAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	2
NISOLDIPINE ER TAB 25.5MG	-	2
CARDENE SR CAP	-	3
CARDIZEM LA TAB	-	3
COVERA-HS TAB	-	3
DYNACIRC CR TAB	-	3
felodipine ER tab (PLENDIL equiv)	-	3
VERELAN SR CAP 360mg	-	3
nimodipine cap (NIMOTOP equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4

CARDIOTONICS

CARDIAC GLYCOSIDES

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
CARDIOTONICS Cont.		
digoxin soln (LANOXIN equiv)	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN TAB 0.0625MG, 0.1875MG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv)	-	2
ENTRESTO TAB (QL= 2 tabs/day)	PA-QL	2
IMPOTENCE AGENTS		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	3
CIALIS TAB	-	NC
CIALIS TAB 2.5MG, 5MG	-	NC
LEVITRA TAB	-	NC
tadalafil tab (CIALIS equiv)	-	NC
vardenafil ODT (STAXYN equiv)	-	NC
vardenafil tab (LEVITRA equiv)	-	NC
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB	-	NC
PROSTAGLANDIN VASODILATORS		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
ORENITRAM TAB	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TRACLEER TAB 32MG (Only available through Walgreens 888-347-3416)	LD-PA	4
TRACLEER TAB 62.5MG, 125MG (Only available through Walgreens 888-347-3416)	LD-PA	4
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ADCIRCA TAB	-	NC
REVATIO SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SINUS NODE INHIBITORS		
CORLANOR TAB	PA	3
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cephalexin susp (KEFLEX equiv)	-	1
CEPHALEXIN TAB	-	NC
DAXBIA CAP	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefuroxime susp (CEFTIN equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	2
cefprozil tab (CEFZIL equiv)	-	2
cefaclor cap (CECLOR equiv)	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEFTIN SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
CEDAX CAP	-	3
CEFDITOREN TAB	-	3
cefixime susp (SUPREX equiv)	-	3
cefpodoxime proxetil susp (VANTIN equiv)	-	3
cefpodoxime proxetil tab (VANTIN equiv)	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
SUPRAX TAB	-	3
CEDAX SUSP	-	NC
SUPRAX SUSP	-	NC

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

amethyst tab (LYBREL equiv)	-	\$0
apri tab (DESOGEN equiv)	-	\$0
aranelle tab (TRI-NORINYL equiv)	-	\$0
aviane tab (ALESSE equiv)	-	\$0
cesia tab (CYCLESSA equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kariva tab (MIRCETTE equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
mononessa tab (ORTHO-CYCLEN equiv)	-	\$0
necon tab (ORTHO-NOVUM equiv)	-	\$0
necon tab 1-50 (NORYNIL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
wymzya FE tab (FEMCON FE equiv)	-	\$0
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC
FALESSA KIT	-	NC
mibelas chew tab (MINASTRIN equiv)	-	NC
MINASTRIN CHEW TAB	-	NC
rajani tab (BEYAZ equiv)	-	NC
SAFYRAL TAB	-	NC
TAYTULLA CAP	-	NC
tydemy tab (SAFYRAL equiv)	-	NC
YASMIN TAB	-	NC
YAZ TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
COPPER CONTRACEPTIVES - IUD (NEW)		
PARAGARD IUD	M	M
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	M	M
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG	M	M
medroxyprogesterone inj (DEPO-PROVERA equiv)	M	M
DEPO-PROVERA INJ	-	NC
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	M	M
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	\$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone soln	-	1
DEXAMETHASONE TAB	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	BRANDS =CAPITAL LETTERS M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
prednisolone soln (PEDIAPRED equiv)	-	1
PREDNISOLONE SYRUP	-	1
prednisolone syrup (PRELONE equiv)	-	1
PREDNISON SOLN	-	1
PREDNISON TAB	-	1
prednisone tab (DELTASONE equiv)	-	1
CORTISONE ACETATE TAB	-	2
MEDROL TAB	-	2
ORAPRED ODT	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISON PAK	-	2
DEXPAK TAB	-	3
MILLIPRED DP PAK	-	3
MILLIPRED TAB	-	3
VERIPRED SOLN	-	3
budesonide ER tab (UCERIS equiv) (QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
budesonide SR cap (ENTOCORT EC equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
CORTEF TAB	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXPAK TAB	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
ENTOCORT EC CAP	-	NC
FLO-PRED SUSP	-	NC
LIDOLOG KIT	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
UCERIS TAB	-	NC
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	1

COUGH/COLD/ALLERGY

ANTITUSSIVES

benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussion tab (HYCODAN equiv)	-	1
benzonatate cap 150mg (ZONATUSS equiv)	-	NC

COUGH/COLD/ALLERGY COMBINATIONS

GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
ALBATUSIN LIQUID	-	3
BRONCOPECTOL SYRUP	-	3
DECON-A ELIXIR	-	3
GILTUSS LIQUID	-	3
GILTUSS TR TAB	-	3
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	3
HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)	QL	3
NEOTUSS PLUS LIQUID	-	3
NEOTUSS-D LIQUID	-	3
PEDIATEX TDM SUSP	-	3
promethazine DM syrup	-	3
RESCON TAB	-	3
REZIRA SOLN	-	3
SEMPREX-D CAP	-	3
TUSNEL SYRUP	-	3
chlorpheniramine/pseudoephedrine drops (ACCUHIST equiv)	-	NC
CLARINEX-D TAB	-	NC
DOMETUSS-DMX LIQ	-	NC
HYCOFENIX SOLN	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUSSIONEX SUSP	-	NC
TUSSI-PRES LIQUID	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
SSKI SOLN	-	2
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
DIFFERIN OTC GEL 0.1%	OTC	1
erythromycin gel	-	1
erythromycin pad	-	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters BRANDS =CAPITAL LETTERS M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
erythromycin soln	-	1
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1
AVAR GEL	-	2
PRASCION RA CREAM	-	2
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	2
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
SODIUM SULFACETAMIDE/SULFUR LOTION	-	2
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	2
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	2
tretinoin cream (QL= 23gm/30 days)	PA-QL	2
tretinoin gel (RETIN-A GEL equiv) (QL= 23gm/30 days)	PA-QL	2
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	PA	3
AKNE-MYCIN OINT	-	3
AVAR AEROSOL FOAM	-	3
AZELEX CREAM (QL= 1 tube(30gm)/30 days)	QL	3
BENZAMYCIN GEL PACK	-	3
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3
clindamycin/tretinoin gel (ZIANA equiv) (QL= 30g/fill)	PA-QL	3
DUAC CS KIT	-	3
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	3
ONEXTON GEL	-	3
sodium sulfacetamide lotion (KLARON equiv)	-	3
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	3
SODIUM SULFACETAMIDE/SULFUR SUSP	-	3
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3
tretinoin gel 0.05% (ATRALIN equiv) (QL= 45gm/30 days)	PA-QL	3
TRETIN-X CREAM (QL= 35gm/30 days)	PA-QL	3
isotretinoin cap (AC CUTANE equiv) (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
ABSORICA CAP	-	NC
ACZONE GEL	-	NC
ACZONE GEL 7.5%	-	NC
adapalene cream (DIFFERIN equiv)	-	NC
adapalene gel (DIFFERIN equiv)	-	NC
ADAPALENE LOTION (DIFFERIN equiv)	-	NC
ALTRENO LOTION	-	NC
AVAR PAD	-	NC
BENZAC WASH	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLINDACIN KIT	-	NC
CLINDAGEL	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin foam (EVOCLIN equiv)	-	NC
dapsone gel (ACZONE equiv)	-	NC
DIFFERIN LOTION	-	NC
EPIDUO FORTE GEL	-	NC
EPIDUO GEL 0.1-2.5%	-	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
VELTIN GEL	-	NC
ZIANA GEL	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
KYBELLA INJ	-	NC
RENOVA CREAM	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN equiv)	-	2
ALTABAX OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	2
naftifine cream (NAFTIN equiv)	-	2
econazole cream (SPECTAZOLE equiv) (QL= 30gm/fill)	QL	3
ERTACZO CREAM	-	3
EXELDERM CREAM	-	3
EXELDERM SOLN	-	3
MENTAX CREAM	-	3
NAFTIN GEL	-	3
nystatin/triamcinolone cream	-	3
nystatin/triamcinolone oint	-	3
OXISTAT LOTION	-	3
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	NC
ECOZA FOAM	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	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
NYATA KIT	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC
OXISTAT CREAM	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 2 tubes/fill)	QL	3
FLECTOR PATCH (QL= 30 patches/fill)	QL	3
diclofenac soln 1.5% (PENNSAID equiv)	-	NC
DICLOPR KIT	-	NC
DST PLUS PAK KIT	-	NC
INFLAMMA-K KIT	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PENNSAID SOLN 1.5%	-	NC
REXAPHENAC CREAM	-	NC
VOLTAREN GEL	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv) (QL= 40g/fill)	QL	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
FLUOROURACIL SOLN (QL= 10ml/fill)	QL	2
TOLAK CREAM 4% (QL= 40g/fill)	QL	2
FLUORAC CREAM	PA	3
PANRETIN GEL (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
PICATO GEL (QL= 1 box/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
TARGRETIN GEL (QL= 60g/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
VALCHLOR GEL (QL= 60g/fill; Only available through Accredo 888-773-7376)	LD-PA-QL	4
CARAC CREAM	-	NC
diclofenac gel (SOLARAZE equiv) ()	-	NC
FLUOROPLEX CREAM	-	NC
FLUOROURACIL CREAM 0.5%	-	NC
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (QL= 45gm/fill)	QL	3
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv) (QL= 60gm/30 days)	PA-QL	2
calcipotriene oint (QL= 60gm/30 days)	PA-QL	2
calcipotriene soln (DOVONEX SOLN equiv) (QL= 60ml/30 days)	PA-QL	2
DRITHO-SCALP CREAM	-	3
SORILUX FOAM (QL= 60gm/30 days)	QL	3
tazarotene cream 0.1% (TAZORAC equiv) (QL= 60gm/30 days)	PA-QL	3
TAZORAC CREAM 0.05% (QL= 60gm/30 days)	PA-QL	3
TAZORAC GEL (QL= 30gm/30 days)	PA-QL	3
8-MOP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
acitretin cap (SORIATANE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
CALCITRIOL OINT (QL= 100gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
methoxsalen cap (OXSORALEN ULTRA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SORIATANE CK KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SILIQ INJ	-	NC
STELARA INJ	-	NC
TALTZ INJ	-	NC
TAZORAC CREAM	-	NC
TREMFYA INJ	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
seb-prev cream (OVACE CREAM equiv)	-	3
sodium sulfacetamide gel (OVACE PLUS equiv)	-	3

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
sodium sulfacetamide shampoo (OVACE equiv)	-	3
sodium sulfacetamide/urea pad (ROSULA equiv)	-	3
ESKATA SOLN	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS FOAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv)	PA	3
DENAVIR CREAM (QL= 5gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
acyclovir cream (ZOVIRAX equiv)	-	NC
ZOVIRAX CREAM	-	NC
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
BETAMETHASONE AUGMENTED GEL	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
triamcinolone lotion	-	1
triamcinolone oint	-	1
alclometasone cream (ACLOVATE equiv)	-	2
alclometasone oint (ACLOVATE OINT equiv)	-	2
clobetasol propionate cream (TEMOVATE equiv) (QL= 45gm/fill)	QL	2
clobetasol propionate emollient cream (TEMOVATE-E equiv) (QL= 45gm/fill)	QL	2
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 30gm/fill)	QL	2
clobetasol propionate ointment (TEMOVATE equiv) (QL= 45gm/fill)	QL	2
clobetasol propionate soln (TEMOVATE equiv) (QL= 50ml/fill)	QL	2
desonide cream (DESOWEN equiv)	-	2
desonide oint	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
EPIFOAM AEROSOL	-	2
halobetasol propionate cream (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2
halobetasol propionate oint (ULTRAVATE equiv) (QL= 15gm/fill)	QL	2
PRAMOSONE CREAM 1%	-	2
PRAMOSONE OINT	-	2
U-CORT CREAM	-	2
AMCINONIDE LOTION	PA	3
AMCINONIDE OINT	PA	3
calcipotriene/betamethasone oint (TACLONEX equiv) (QL= 60gm/30 days)	PA-QL	3
CAPEX SHAMPOO	-	3
clobetasol E foam (OLUX-E equiv) (QL= 50gm/fill)	QL	3
clobetasol foam (OLUX equiv) (QL= 50gm/fill)	QL	3
clobetasol lotion (CLOBEX equiv) (QL= 59ml/fill)	QL	3
clobetasol shampoo (CLOBEX equiv) (QL= 118ml/fill)	QL	3
clobetasol spray (CLOBEX equiv) (QL= 59ml/fill)	QL	3
CLOCORTOLONE CREAM	-	3
CLODERM CREAM	-	3
CORDRAN CREAM 0.025%	-	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3
flurandrenolide cream (CORDRAN equiv) (QL= 60gm/fill)	QL	3
NUCORT LOTION	-	3
PANDEL CREAM	-	3
PRAMOSONE LOTION	-	3
TACLONEX SCALP SUSP (QL= 60ml/30 days)	PA-QL	3
TEXACORT SOLN	-	3
triamcinolone spray (KENALOG equiv)	-	3
ALA SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
CORDRAN LOTION	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DESONATE GEL	-	NC
desonide lotion	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
diflorasone oint	-	NC
DIPROLENE OINT	-	NC
ENSTILAR FOAM	-	NC
flucinonide cream 0.1% (VANOS CREAM equiv)	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
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	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
IMPOYZ CREAM	-	NC
LEXETTE FOAM	-	NC
lidocaine/hydrocortisone cream	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE E CREAM	-	NC
PREDNICARBATE CREAM	-	NC
prednicarbate cream (PREDNICARBATE equiv)	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PREDNICARBATE OIN	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
TRIANEX OINT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/ 28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
UREA EMULSION	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA LOTION	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	1
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	2
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
finasteride tab (PROPECIA equiv)	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	NC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv) (QL= 24gm/30 days)	QL	2
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
pimecrolimus cream (ELIDEL equiv) (QL= 30g/fill; Covered for members 2 years or older)	QL	2
tacrolimus oint (PROTOPIC OINT equiv) (QL= 60gm/30 days)	PA-QL	2
ELIDEL CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	2
lidocaine patch (LIDODERM equiv) (QL= 2 patches/day)	QL	3
SYNERA PATCH (QL= 1 patch/fill)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
LIDAMANTLE LOTION	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
LIDOCIN GEL	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
NEOSALUS FOAM	-	NC
MISC. TOPICAL		
aluminum chloride soln (DRYSOL equiv)	-	NC
DRYSOL SOLN	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	NC
TRI-LUMA CREAM	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
FINACEA PLUS KIT	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel 0.75% (METROGEL equiv)	-	2
DOXYCYCLINE CAP, ORACEA CAP	-	NC
FINACEA GEL	-	NC
METROGEL 1% ()	-	NC
metronidazole gel 1%	-	NC
metronidazole lotion (METROLOTION equiv)	-	NC
MIRVASO GEL	-	NC
NORITATE CREAM	-	NC
RHOFADE CREAM	-	NC
ROSADAN KIT	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
EURAX CREAM	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
crotamiton lotion (EURAX equiv)	-	3
LINDANE LOTION	-	3
lindane shampoo	-	3
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
SKLICE LOTION (QL= 1 tube/fill)	PA-QL	3
ULESFIA LOTION (QL= 4 bottles/fill)	QL	3
EURAX LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	PA-QL	2
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ (QL= 1 kit/fill)	QL	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2
ACCU-CHEK TEST STRIP	OTC	2
FREESTYLE INSULINX TEST STRIP	OTC	2
FREESTYLE PRECISION NEO TEST STRIP	OTC	2
FREESTYLE TEST STRIP	OTC	2
PRECISION XTRA TEST STRIP	OTC	2
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	NC
DEPLIN CAP	-	NC
ELIGEN B12 TAB	-	NC
FALESSA TAB	-	NC
GLYGEST PAK	-	NC
L-METHYLFOLATE TAB	-	NC
METAFOLBIC TAB	-	NC
METANX CAP	-	NC
OLLIZAC POWDER	-	NC
PODIAPN CAP	-	NC
XAQUIL XR TAB	-	NC
XYZBAC TAB	-	NC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
PANCRELIPASE CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
acetazolamide tab	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
DIURETICS Cont.		
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	2
ALDACTAZIDE TAB 50-50MG	-	3
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	2
EDECIN TAB	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
DYRENIUM CAP	-	2
CAROSPIR SUSP	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab (DIURIL equiv)	-	1
CHLOROTHIAZIDE TAB 250MG	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
METHYCLOTHIAZIDE TAB	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
ALENDRONATE TAB 40MG	-	2
FORTICAL NASAL SPRAY	-	2
risedronate DR tab (ATELVIA equiv)	-	2
risedronate tab (ACTONEL equiv)	-	2
ETIDRONATE DISODIUM TAB 400MG	-	3
FOSAMAX+D TAB	-	3
SKELID TAB	-	3
NATPARA INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
risedronate tab 30mg (ACTONEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
TYMLOS INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ACTONEL TAB	-	NC
CALCIUM REGULATORS - MISC.		
calcitonin nasal spray (MIACALCIN equiv)	-	2
ALENDRONATE SOLN	-	3
etidronate disodium tab 200mg (DIDRONEL equiv)	-	3
FORTEO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
MIACALCIN INJ	-	NC
FERTILITY REGULATORS		
PREGNYL INJ	INF-M	M
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB	-	NC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	NC
GROWTH HORMONES		
GENOTROPIN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
HUMATROPE INJ, ZOMACTON INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	PA	3
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
LUPANETA PACK	M	M
LUPRON DEPOT PED INJ	M	M
LUPRON DEPOT-PED INJ	M	M
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	4
cinacalcet tab (SENSIPAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
KUVAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	4
ORFADIN CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
SENSIPAR TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
XURIDEN POWDER	M	M
BUPHENYL TAB	-	NC
CALCITRIOL INJ	-	NC
calcitriol inj (CALCIJEX equiv)	-	NC
GALAFOLD CAP	-	NC
KUVAN POWDER PACK	-	NC
MYALEPT INJ	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
NITYR TAB	-	NC
ORFADIN SUSP	-	NC
PALYNZIQ INJ	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
sodium phenylbutyrate powder (BUPHENYL equiv)	-	NC
STRENSIQ INJ	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	2
desmopressin acetate nasal spray (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
desmopressin nasal soln (DDAVP equiv)	-	2
DDAVP NASAL SOLN	-	3
STIMATE NASAL SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
SOMATULINE INJ	M	M
SANDOSTATIN LAR INJ KIT	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
SAMSCA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ESTROGENS		
ESTROGEN COMBINATIONS		
DUAVEE TAB	-	2
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2
jinteli tab (FEMHRT equiv)	-	2
PREMPHASE TAB, PREMPRO TAB	-	2
ANGELIQ TAB	-	3
CLIMARA PRO PATCH	-	3
COMBIPATCH	-	3
PREFEST TAB	-	3
BIJUVA CAP	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
ESTROPIPATE TAB	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ESTROGENS Cont.		
estropipate tab (OGEN equiv)	-	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
CENESTIN TAB	-	3
DIVIGEL GEL, ELESTRIN GEL	-	3
ENJUVA TAB	-	3
ESTRASORB EMULSION	-	3
EVAMIST SPRAY	-	3
MENEST TAB	-	3
MENOSTAR PATCH	-	3
MINIVELLE PATCH 0.025MG	-	NC
MINIVELLE PATCH 0.0375MG	-	NC
MINIVELLE PATCH 0.05MG	-	NC
MINIVELLE PATCH 0.075MG	-	NC
MINIVELLE PATCH 0.1MG	-	NC

FLUOROQUINOLONES

FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
CIPRO SUSP 5%	-	3
CIPROFLOXACIN 100MG TAB	-	3
CIPROFLOXACIN ER TAB	-	3
FACTIVE TAB	-	3
NOROXIN TAB	-	3
BAXDELA TAB	-	NC
PROQUIN XR TAB	-	NC

GASTROINTESTINAL AGENTS - MISC.

5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB	-	NC
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	-	NC
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	4
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	3
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROCROM CONC	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP	PA	3
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
METOZOLV ODT	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
mesalamine enema (ROWASA equiv)	-	2
SFROWASA ENEMA	-	3
APRISO CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
CIMZIA INJ (QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
CIMZIA STARTER INJ KIT (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DIPENTUM CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
LIALDA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mesalamine kit (ROWASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
mesalamine supp (CANASA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
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
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
alosetron tab (LOTROXEX equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
VIBERZI TAB	-	NC
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	4
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
SYMPROIC TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
PHOSLYRA SOLN	-	2

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
AURYXIA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
FOSRENOL POWDER PACK (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
lanthanum carbonate chew tab (FOSRENOL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
RENAGEL TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
SEVELAMER CARBONATE TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
sevelamer hydrochloride tab (RENAGEL equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
sevelamer powder pak (RENVELA equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
sevelamer tab (RENVELA TAB equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
VELPHORO CHEW TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
FOSRENOL CHEW TAB	-	NC
RENAGEL TAB 800MG	-	NC
RENVELA PAK	-	NC
RENVELA TAB	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP	-	1
K/NA CITRATE SOLN CITRIC ACID	-	1
ORACIT SOLN	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2
SHOHL'S SOLN	-	NC
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD-PA	4
GENITOURINARY IRRIGANTS		
sodium chloride 0.9% irr soln	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP (QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
dutasteride cap (AVODART equiv)	-	2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
dutasteride/tamsulosin cap (JALYN equiv)	-	2
silodosin cap (RAPAFLO equiv)	-	2
CARDURA XL TAB	-	3
RAPAFLO CAP	-	NC
UROXATRAL TAB	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
URINARY STONE AGENTS		
LITHOSTAT TAB	-	3
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
MITIGARE CAP	-	2
ULORIC TAB (QL= 1 tab/day)	QL	3
COLCHICINE CAP	-	NC
COLCHICINE TAB, COLCRYS TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
AFSTYLA KIT	-	NC
COMPLEMENT INHIBITORS		
HAEGARDA INJ	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ	-	NC
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
TICLOPIDINE TAB	-	1
ticlopidine tab (TICLID equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
BRILINTA TAB	PA	2
ZONTIVITY TAB	PA	3
AGGRENOX CAP	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
EFFIENT TAB	-	NC
YOSPRALA TAB	-	NC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376)	LD-PA	4
CERDELGA CAP	-	NC
ZAVESCA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
ENDARI POWDER PACK	-	NC
SIKLOS TAB	-	NC
COBALAMINS		
cyanocobalamin inj	-	1
CALOMIST NASAL SPRAY	-	NC
NASCOBAL NASAL SPRAY	-	NC
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
HEMATOPOIETIC GROWTH FACTORS		
RETACRIT INJ	-	2
ARANESP INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
EPOGEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
FULPHILA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
LEUKINE INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
NEUMEGA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
NIVESTYM INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PROCRIT INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
PROMACTA POWDER	MSP-PA	4
PROMACTA TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
ZARXIO INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
DOPTELET TAB	-	NC
GRANIX INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
UDENYCA INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	1

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

INF	NC =Not Covered	LD	generic =small letters	M	BRANDS =CAPITAL LETTERS
MSP	Infertility	OTC	Limited Distribution	PA	Medical Benefit
QL	Mandatory Specialty Pharmacy Program	SF	Over-the-Counter	SMKG	Prior Authorization
ST	Quantity Limit	VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation
	Step Therapy				

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

MercyCare Select 4-Tier QHP Formulary
Category/Class
Last Updated* 3/1/2019

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
multivitamin tab	-	3
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FERREX 28 TAB	-	NC
folbee tab	-	NC
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	NC
multigen folic tab (CHROMAGEN FA equiv)	-	NC
multigen plus tab (CHROMAGEN FORTE equiv)	-	NC
multigen tab (CHROMAGEN equiv)	-	NC
PUREFOLIX TAB	-	NC
IRON		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	PA	2
aminocaproic acid tab (AMICAR equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
tranexamic acid inj (CYKLOKAPRON equiv)	M	M
AMICAR SOLN	-	NC
AMICAR SYRUP	-	NC
AMICAR TAB	-	NC
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv)	-	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB (QL= 15 tabs/fill)	PA-QL	3
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
PHENOBARBITAL TAB	-	1
SECONAL CAP	-	2
BUTISOL ELIXIR	-	3
BUTISOL TAB	-	3
HYPNOTICS - TRICYCLIC AGENTS		
SILENOR TAB	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
FLURAZEPAM CAP	-	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv)	-	1
SOMNOTE CAP	-	3
temazepam cap 22.5mg (RESTORIL equiv)	-	3
temazepam cap 7.5mg (RESTORIL equiv)	-	3
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	3
AMBIEN CR TAB	-	NC
AMBIEN TAB	-	NC
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ROZEREM TAB (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
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)	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)	QL	\$0
GOLYTELY PACKET	-	1
COLYTE SOLN	-	2
gavilyte-h kit	-	3
HALFLYTELY BOWEL PREP KIT	-	3
MOVIPREP SOLN	-	3
PREPOPIK PAK	PA	3
SUCLEAR KIT	-	3
SUPREP SOLN	PA	3
CLENPIQ SOLN	-	NC
GOLYTELY SOLN	-	NC
NULYTELY SOLN	-	NC
PLENVU SOLN	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1
KRISTALOSE PACKET	-	3
GIALAX KIT	-	NC
KRISTALOSE PACKET	-	NC
lactulose pack (KRISTALOSE equiv)	-	NC
MIRALAX PACKET	-	NC
MIRALAX POWDER	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
LAXATIVES Cont.		
polyethylene glycol 3350 powder (MIRALAX equiv)	-	NC
SALINE LAXATIVES		
OSMOPREP TAB	-	3
VISICOL TAB	-	3
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZMAX SUSP	-	3
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYCIN SUSP	-	2
clarithromycin ER tab (BIAXIN XL equiv)	-	3
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	2
erythromycin stearate tab	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
ERY-TAB	-	3
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
PCE TAB	-	3
ERYPED SUSP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
erythromycin ethylsuccinate susp (ERYPED equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
ERYPED SUSP 200MG/5ML	-	NC
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
DIABETIC SUPPLIES		
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
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
LANCET KIT	OTC	1
LANCETS	OTC	1
DIABETIC METER (all other diabetic meters)	OTC	NC
OMNIPOD PODS	-	NC
OMNIPOD STARTER KIT	-	NC
V-GO INJ KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	-	NC
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	2
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
CAFERGOT TAB	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
PRODRIN TAB	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
ERGOMAR SL TAB	PA	3
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY (QL= 8 sprays/fill, 2 fills/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
D.H.E. INJ	-	NC
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ (QL=1 inj/28 days)	PA-QL	2
AJOVY INJ	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER PACKET	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	PA-QL	3
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOMIG NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
FROVA TAB	-	NC
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	-	NC
ONZETRA XSAIL	-	NC
RELPAK TAB	-	NC
SUMAVEL DOSEPRO INJ	-	NC
ZECUITY PAD	-	NC
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0
LURIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at non-preferred brand copay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
FLUOR-A-DAY CHEW TAB	-	1
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
K-PHOS TAB	-	2
POTASSIUM		
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF MSP QL ST	NC =Not Covered Infertility Mandatory Specialty Pharmacy Program Quantity Limit Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program
M PA SMKG	BRANDS =CAPITAL LETTERS Medical Benefit Prior Authorization Smoking Cessation	

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

MercyCare Select 4-Tier QHP Formulary
Category/Class
Last Updated* 3/1/2019

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
POTASSIUM CHLORIDE ER TAB	-	1
potassium chloride ER tab (KLOR-CON equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
KLOR-CON M15 TAB	-	2
potassium chloride powder packet (KLOR-CON equiv)	-	2
KLOR-CON POWDER PACKET 25MEQ	-	3
potassium chloride soln	-	NC
ZINC		
zinc sulfate cap	-	1
GALZIN CAP	-	2

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS		
SYPRINE CAP	-	NC
trientine cap (SYPRINE equiv)	-	NC
IMMUNOSUPPRESSIVE AGENTS		
CYCLOSPORINE MODIFIED CAP	-	2
sirolimus soln (RAPAMUNE equiv)	-	4
ASTAGRAF XL CAP	-	NC
RAPAMUNE SOLN	-	NC
POTASSIUM REMOVING AGENTS		
LOKELMA PAK	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4
BENLYSTA INJ (QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL	4

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln	-	1
FIRST MOUTHWASH BLM	-	3
LIDOCAINE ORAL SOLN 4%	-	NC
ANTIALLERGY AGENTS - MOUTH/THROAT		
APHTHASOL PASTE	-	2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
FIRST DUKES MOUTHWASH	-	3
FIRST MARYS MOUTHWASH	-	3
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DEBACTEROL SOLN	M	M
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT GEL	-	2
PREVIDENT PASTE	-	2
PREVIDENT RINSE	-	2
PREVIDENT PASTE	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv) (QL= 3 caps/day)	QL	2
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
DIALYVITE/ZINC TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	NC
FIBRIK CAP	-	NC
FOLBEE PLUS CZ TAB	-	NC
NEPHRO-VITE TAB	-	NC
renaphro cap (NEPHROCAP equiv)	-	NC
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID		
MULTIVITAMIN/FLUORIDE CHEW TAB	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
V-C FORTE CAP	-	3
FORTAVIT CAP	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
ESCAVITE CHEW TAB	-	NC
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	NC
POLY-VI-FLOR SUSP	-	NC
QUFLORA PEDIATRIC CHEW TAB	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		

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

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

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

MercyCare Select 4-Tier QHP Formulary
Category/Class

Last Updated* 3/1/2019

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
PRENATAL VITAMIN (RX ONLY)	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
PRENATAL VITAMIN (RX ONLY)	-	NC
PRENATAL VITAMINS (NON-PREFERRED)	-	NC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 10mg, 20mg	-	1
carisoprodol tab (SOMA equiv)	-	1
CHLORZOXAZONE TAB 500MG	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	3
metaxalone tab (SKELAXIN equiv) (QL= 4 tabs/day)	QL	3
METAXALONE TAB 400MG (QL= 4 tabs/day)	QL	3
tizanidine cap (ZANAFLEX equiv) (QL= 3 caps/day)	QL	3
BACLOFEN TAB	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
FIRST BACLOFEN SUSP KIT	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
MUSCLE RELAXANT COMBINATIONS		
ORPHENADRINE/ASPIRIN/CAFFEINE TAB	-	3
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	3
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
AZENASE PAK	-	NC
DYMISTA NASAL SPRAY	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
GOPRELTO SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2
olopatadine nasal spray (PATANASE equiv) (QL= 2 bottles/fill)	QL	3
PATANASE NASAL SPRAY	-	NC
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	3
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill; OTC Only)	OTC-QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
FLUNISOLIDE NASAL SPRAY (QL= 2 bottles/fill)	QL	2
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	3
ZETONNA NASAL SPRAY (QL= 2 bottles/fill)	QL	3
budesonide nasal spray (RHINOCORT AQUA equiv) (Rx Only)	-	NC
NASACORT AQ NASAL SPRAY	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
VERAMYST NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE NASAL SOLN	-	NC

NEUROMUSCULAR AGENTS

ALS AGENTS

riluzole tab (RILUTEK equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

LACRISERT OPHTH INSERT	-	2
------------------------	---	---

BETA-BLOCKERS - OPHTHALMIC

betaxolol ophth soln (BETOPTIC-S equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	2
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	2
TIMOLOL OPHTH GEL SOLN	-	2
TIMOPTIC OCUDOSE OPHTH SOLN	-	3
ISTALOL OPHTH SOLN 0.5%	-	NC
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	2
ISOPTO HYOSCINE OPHTH SOLN	-	2
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	2
PILOPINE HS OPHTH GEL	-	3
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2%	-	1
ALPHAGAN P OPHTH SOLN 0.1%	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	2
IOPIDINE OPHTH SOLN 1%	-	2
SIMBRINZA OPHTH SUSP	-	2
ALPHAGAN P OPHTH SOLN 0.15%	-	NC
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	NC
LUMIFY OPHTH SOLN	-	NC
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth oint (GARAMYCIN equiv)	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBEX equiv)	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
trifluridine ophth soln (VIROPTIC equiv)	-	2
ZIRGAN OPHTH GEL	-	2
CILOXAN OPHTH OINT	-	3
gatifloxacin ophth soln (ZYMAXID equiv)	-	3
NATACYN OPHTH SUSP	PA	3
TOBEX OPHTH OINT	-	3
BESIVANCE OPHTH SUSP	-	NC
MOXEZA OPHTH SOLN	-	NC
VIGAMOX OPHTH SOLN	-	NC
OPHTHALMIC DECONGESTANTS		
phenylephrine ophth soln (MYDFRIN equiv)	-	1
naphazoline ophth soln	-	3
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (QL= 60 vials/fill, 1 fill/30 days)	PA-QL	2
CEQUA (PF) OPHTH SOLN	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN	-	NC
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
dexamethasone ophth soln	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)	-	1
prednisolone ophth soln (PRED FORTE equiv)	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP, LOTEMAX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
DUREZOL OPHTH EMULSION	-	2
LOTEMAX OPHTH GEL	-	2
LOTEMAX OPHTH OINT	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	2
VEXOL OPHTH SUSP	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
BLEPHAMIDE S.O.P. OPHTH OINT	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
TOBRADEX ST OPHTH SUSP	-	3
INVELTYS OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
OPHTHALMICS - MISC.		
cromolyn ophth soln (CROLOM equiv)	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
flurbiprofen ophth soln (OCUFEN equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
ketotifen ophth soln (ZADITOR equiv) (QL= 10ml/30 days)	OTC-QL	1
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 5ml/30 days)	QL	1
ALAMAST OPHTH SOLN	-	2
ALOCRIAL OPHTH SOLN	-	2
ALOMIDE OPHTH SOLN	-	2
AZOPT OPHTH SUSP	-	2
bromfenac ophth soln (BROMDAY equiv)	-	2
BROMFENAC OPHTH SOLN 0.09% (ONCE DAILY)	-	2
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	2
ILEVRO OPHTH SUSP	-	2
NEVANAC OPHTH SUSP	-	2
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	QL	2
PROLENSA OPHTH SOLN	-	2
ACUVAIL OPHTH SOLN	-	3
azelastine ophth soln (OPTIVAR equiv)	-	3
BEPREVE OPHTH SOLN	-	3
EMADINE OPHTH SOLN	-	3
epinastine ophth soln (ELESTAT equiv)	-	3
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
BROMSITE OPHTH SOLN	-	NC
PATADAY OPHTH SOLN	-	NC
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
NC =Not Covered INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	BRANDS =CAPITAL LETTERS M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
PROSTAGLANDINS - OPTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
TRAVATAN Z OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
ZIOPTAN OPHTH SOLN (QL= 1 bottle/day)	PA-QL	3
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1
CRESYLATE OTIC SOLN	-	3
OTIC ANALGESICS		
omedia otic soln (AMERICAINE equiv)	-	1
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	2
ofloxacin otic soln (FLOXIN equiv)	-	3
OTIC COMBINATIONS		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	1
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)	-	1
CIPRODEX OTIC SUSP	-	2
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
OTOZIN OTIC DROPS	-	3
CORTANE-B AQUEOUS OTIC SOLN	-	NC
CORTANE-B OTIC SOLN	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	2
ACETASOL HC OTIC SOLN	-	3
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
METHERGINE TAB	-	NC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
amoxicillin chew tab (AMOXIL equiv)	-	1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
INF Infertility MSP Mandatory Specialty Pharmacy Program QL Quantity Limit ST Step Therapy	LD Limited Distribution OTC Over-the-Counter SF Limited to two 15 day fills per month for first 3 months VAC Vaccine Program	generic =small letters BRANDS =CAPITAL LETTERS M Medical Benefit PA Prior Authorization SMKG Smoking Cessation

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
PENICILLINS Cont.		
AMOXICILLIN CHEW TAB 250MG	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
AMPICILLIN CAP	-	1
ampicillin cap (PRINCIPEN equiv)	-	1
ampicillin susp (PRINCIPEN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
PENICILLIN VK SOLN	-	1
penicillin vk soln (VEETIDS equiv)	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)	-	3
AUGMENTIN SUSP	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	2
megestrol ES susp (MEGACE ES equiv)	-	3
MEGACE ES SUSP	-	NC
progesterone oil inj	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
ANTABUSE TAB	-	NC
LUCEMYRA TAB	-	NC
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	4
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2
EXELON SOLN	-	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine sol (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
NAMZARIC CAP	-	2
NAMZARIC STARTER PACK	-	2
rivastigmine patch (EXELON equiv)	-	2
NAMENDA TAB	-	NC
NAMENDA XR CAP	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
FIBROMYALGIA AGENTS		
SAVELLA PAK	PA	2
SAVELLA TAB (QL= 2 tabs/day)	PA-QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	PA	3
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
AUSTEDO TAB	-	NC
INGREZZA CAP	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	3
AUBAGIO TAB (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
AVONEX INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
EXTAVIA INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
GILENYA CAP (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
glatiramer inj (COPAXONE equiv) (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PLEGRIDY INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
PLEGRIDY PEN INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
REBIF INJ (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP	4
TECFIDERA CAP (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
TECFIDERA STARTER PACK (QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-QL	4
AMPYRA TAB	-	NC
BETASERON INJ	-	NC
COPAXONE INJ	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
LYRICA CR TAB	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine (pmdd) tab (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	3
ergoloid mesylates tab (HYDERGINE equiv)	-	3
ORAP TAB	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (QL= 30 days supply/fill, limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT (QL= 30 days supply/fill, limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (QL= 30 days supply/fill, limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (QL= 30 days supply/fill, limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (QL= 30 days supply/fill, limited to 180 days/plan year)	QL-SMKG	\$0
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ	-	NC
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
PULMOZYME INH SOLN (Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA	4
SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP (QL= 9 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
ESBRIET TAB 267MG (QL= 9 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
ESBRIET TAB 801MG (QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421)	MSP-PA-QL-SF	4
OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	4

SULFONAMIDES

SULFONAMIDES		
SULFADIAZINE TAB	-	1

TETRACYCLINES

AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC

TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab 100mg (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
doxycycline monohydrate tab 50mg, 75mg (ADOXA equiv)	-	2
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
demeclocycline tab (DECLOMYCIN equiv)	-	3
DOXYCYCLINE HYCLATE DR CAP	-	3
tetracycline cap	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
DORYX TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
ORAXYL CAP	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
TARGADOX TAB	-	NC
XIMINO CAP	-	NC

THYROID AGENTS

ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1

THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
THYROID AGENTS Cont.		
SYNTHROID TAB	-	1
THYROLAR TAB	-	2
levothyroxine tab (SYNTHROID equiv)	-	NC
TIROSINT CAP	-	NC
TIROSINT-SOL	-	NC
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVVID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
PROPANTHELINE TAB	-	2
CANTIL TAB	-	3
CUVPOSA SOLN	-	3
LEVSIN INJ	-	3
methscopolamine tab (PAMINE equiv)	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL EXTENTABS	-	NC
DONNATAL TAB	-	NC
LIBRAX CAP	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		
CIMETIDINE SOLN	-	1
cimetidine tab (TAGAMET equiv)	-	1
famotidine tab (PEPCID equiv)	-	1
nizatidine cap (AXID equiv)	-	1
ranitidine cap (ZANTAC equiv)	-	1
ranitidine syrup (ZANTAC equiv)	-	1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
nizatidine soln (AXID equiv)	-	3
ZANTAC EFFER TAB	-	3
ZANTAC GRANULE PACKET	-	3
PEPCID SUSP	-	NC
MISC. ANTI-ULCER		

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE SUSP	-	2
PROTON PUMP INHIBITORS		
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
esomeprazole cap (NEXIUM equiv) (OTC Only)	OTC	2
FIRST OMEPRAZOLE SUSP	-	3
lansoprazole cap (PREVACID equiv)	-	3
LANSOPRAZOLE SUSP	-	3
ACIPHEX SPRINKLE CAP	-	NC
DEXILANT CAP	-	NC
ESOMEPRAZOLE STRONTIUM CAP	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
NEXIUM 24HR TAB	-	NC
NEXIUM GRANULE PACK	-	NC
OMEPRAZOLE TAB	OTC	NC
PREVACID OTC CAP	-	NC
PREVACID SOLUTAB	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	-	NC
PRILOSEC POWDER PACKET	-	NC
PROTONIX PAK	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER THERAPY COMBINATIONS		
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID CAP OTC	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
UROQID #2 TAB	-	3
HYOPHEN TAB	-	NC
PROSED DS TAB	-	NC
UTA CAP	-	NC
URINARY ANTI-INFECTIVES		
METHENAMINE MANDELATE TAB	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	2

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

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

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

MercyCare Select 4-Tier QHP Formulary
Category/Class

Last Updated* 3/1/2019

DrugName	Special Code	Tier
URINARY ANTI-INFECTIVES Cont.		
nitrofurantoin susp (FURADANTIN equiv)	-	2
MONUROL GRANULE PACK	-	3
FURADANTIN SUSP	-	NC
URINARY ANTISPASMODICS		
BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
tolterodine tab (DETROL equiv) (QL= 2 tabs/day)	QL	2
VESICARE TAB	-	2
GELNIQUE	-	3
TOVIAZ TAB	PA	3
tropium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day)	PA-QL	3
tropium tab (SANCTURA equiv) (QL= 2 tabs/day)	QL	3
GELNIQUE	-	NC
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	2
darifenacin SR tab (ENABLEX equiv)	PA	3
ENABLEX TAB	-	NC
OXYTROL PATCH	-	NC
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	1
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	PA	3
VACCINES		
BACTERIAL VACCINES		
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	2
VAXCHORA SUSP	-	NC
VIRAL VACCINES		
HEPLISAV-B INJ	VAC	NC
SHINGRIX INJ	VAC	NC
STAMARIL INJ	-	NC
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	2
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel (CONCEPTROL equiv)	OTC	\$0
CONCEPTROL GEL	OTC	NC
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv)	-	1
metronidazole vaginal gel (METROGEL equiv)	-	1
NYSTATIN VAGINAL TAB	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 8%	-	1
terconazole supp (TERAZOL equiv)	-	1
AVC VAGINAL CREAM	-	2
CLEOCIN VAGINAL SUPP	-	3
CLINDESSE VAGINAL CREAM	-	3
GYNAZOLE CREAM	-	3
MICONAZOLE 3 SUPP 200MG	-	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
FEMRING (3 copays per Rx)	-	3
ESTRACE VAGINAL CREAM	-	NC
IMVEXXY SUPP	-	NC
VAGIFEM TAB	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPINEPHRINE INJ 0.15MG (IMPAX)- CVS Only (QL= 2 inj/fill)	QL	2
EPINEPHRINE INJ 0.3MG (IMPAX)- CVS Only (QL= 2 inj/fill)	QL	2
EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill)	QL	2
epinephrine pen inj 0.3mg (EPIPEN equiv) (QL= 2 inj/fill)	QL	2
EPIPEN INJ (QL= 2 inj/fill)	QL	2
EPIPEN INJ 0.3MG (QL= 2 inj/fill)	QL	2
EPIPEN JR INJ (QL= 2 inj/fill)	QL	2
SYMJEPI INJ (QL= 2 inj/fill)	QL	2
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ, EPIPEN JR INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP	-	NC

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

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

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

**MercyCare Select 4-Tier QHP Formulary
Category/Class**

Last Updated* 3/1/2019

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0
cholecalciferol cap 50000 unit	OTC	1
vitamin D cap (Rx covered Only)	-	1
ERGOCAL CAP	-	NC
MEPHYTON TAB	-	NC
phytonadione tab (MEPHYTON equiv)	-	NC
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	2
POTABA TAB	-	2
niacin cap	-	NC
niacin CR tab (SLO-NIACIN equiv)	-	NC
niacin tab	-	NC
NIACIN TR TAB	-	NC
niacinamide tab	-	NC
POTABA CAP	-	NC

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

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

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

MercyCare Select 4-Tier QHP Formulary
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
8-MOP CAP	4
ABILIFY DISCMELT	3
ABILIFY SOLN	3
abiraterone tab 250mg	4
ABSTRAL SL TAB	3
acitretin cap	4
ACTEMRA ACTPEN INJ	4
ACTEMRA SC INJ	4
ACTIMMUNE INJ	4
acyclovir oint	3
adapalene/benzoyl peroxide gel 0.1-2.5%	3
ADDYI TAB	3
ADEMPAS TAB	4
AFINITOR DISPERZ	4
AFINITOR TAB	4
AIMOVIG INJ	2
albendazole tab	4
ALECENSA CAP	4
ALINIA SUSP	2
ALINIA TAB	2
almotriptan tab	3
alosetron tab	4
ALUNBRIG TAB 30MG	4
ALUNBRIG TAB 90MG, 180MG	4
AMCINONIDE LOTION	3
AMCINONIDE OINT	3
AMITIZA CAP	3
ANADROL TAB	3
ANDRODERM PATCH	3
ANDROXY TAB	2
ANZEMET TAB	3
APIDRA INJ	3
APIDRA SOLOSTAR INJ	3
APOKYN INJ	4
APTIOM TAB	3
ARANESP INJ	4
aripiprazole ODT	3
aripiprazole soln	3
armodafinil tab	2
atovaquone susp	4
BANZEL SUSP	2
BANZEL TAB	2

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

MercyCare Select 4-Tier QHP Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
BELSOMRA TAB	3
BENLYSTA AUTO-INJECTOR	4
BENLYSTA INJ	4
BENZNIDAZOLE TAB	2
BETHKIS NEB SOLN	4
bexarotene cap	4
BOSULIF TAB	4
BRILINTA TAB	2
BROVANA NEB SOLN	3
budesonide ER tab	4
budesonide inh susp	1
budesonide SR cap	4
buprenorphine SL tab	2
CABOMETYX TAB	4
calcipotriene cream	2
calcipotriene oint	2
calcipotriene soln	2
calcipotriene/betamethasone oint	3
CALCITRIOL OINT	4
CALQUENCE CAP	4
capecitabine tab	4
CAPRELSA TAB	4
CARBAGLU TAB	4
CAYSTON INH SOLN	4
CHOLBAM CAP	4
CIMZIA INJ	4
CIMZIA STARTER INJ KIT	4
clindamycin/tretinoin gel	3
clomipramine cap	3
COMETRIQ KIT	4
CORLANOR TAB	3
COSENTYX INJ (1-PACK)	4
COSENTYX INJ (2-PACK)	4
COTELLIC TAB	4
CRESEMBA CAP	3
CRINONE GEL	2
cycloserine cap	3
CYSTAGON CAP	4
CYSTARAN OPHTH SOLN	4
DALIRESP TAB	2
DARAPRIM TAB	4
darifenacin SR tab	3

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

MercyCare Select 4-Tier QHP Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
DENAVIR CREAM	4
desloratadine tab	3
DIFICID TAB	4
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	4
dofetilide cap	2
dronabinol cap	4
DUPIXENT INJ	4
EMGALITY INJ	2
EMSAM PATCH	3
ENBREL INJ 25MG	4
ENBREL INJ 50MG	4
ENBREL MINI INJ	4
ENBREL SURECLICK INJ 50MG	4
ENDOMETRIN INSERT	2
entecavir tab	4
ENTRESTO TAB	2
EPOGEN INJ	4
ERGOMAR SL TAB	3
ERIVEDGE CAP	4
ESBRIET CAP	4
ESBRIET TAB 267MG	4
ESBRIET TAB 801MG	4
EXJADE TAB	4
FANAPT TAB	4
FANAPT TITRATION PACK	4
FARYDAK CAP	4
fentanyl citrate lollipop	3
FENTORA TAB	3
FERRIPROX SOLN	4
FERRIPROX TAB	4
FETZIMA CAP	3
FETZIMA TITRATION PACK	3
flavoxate tab	3
flucytosine cap	4
FLUORAC CREAM	3
fondaparinux inj	4
FRAGMIN INJ	4
frovatriptan tab	3
FYCOMPA TAB	3
FYCOMPA SUSP	3
GENOTROPIN INJ	4
GILOTRIF TAB	4

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

MercyCare Select 4-Tier QHP Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
GRASTEK SL TAB	2
GUANIDINE TAB	3
HEMLIBRA INJ	4
HUMALOG INJ	3
HUMALOG KWIKPEN INJ	3
HUMALOG MIX INJ	3
HUMALOG MIX KWIKPEN INJ	3
HUMALOG PEN INJ	3
HUMIRA INJ 10MG	4
HUMIRA INJ 20MG	4
HUMIRA INJ 40MG	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	4
HUMIRA PEN INJ 40MG	4
HUMULIN MIX INJ	3
HUMULIN MIX PEN INJ	3
HUMULIN N INJ	3
HUMULIN N PEN INJ	3
HUMULIN R INJ	3
HUMULIN R INJ U-500	4
HUMULIN R U-500 KWIKPEN INJ	4
HYCAMTIN CAP	4
IBRANCE CAP	4
ICLUSIG TAB	4
IDHIFA TAB	4
imatinib tab	4
IMBRUVICA CAP 140MG	4
IMBRUVICA CAP 70MG	4
IMBRUVICA TAB	4
INCIVEK TAB	4
INCRELEX INJ	4
INFERGEN INJ	4
INLYTA TAB	4
INTRON-A INJ	4
IRESSA TAB	4
itraconazole cap	2
itraconazole soln	3
JADENU SPRINKLE	4
JADENU TAB	4
JAKAFI TAB	4
JYNARQUE PAK	4

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

MercyCare Select 4-Tier QHP Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
KALYDECO PAK	4
KALYDECO TAB	4
KEVZARA INJ	4
KINERET INJ	4
KISQALI PAK	4
KISQALI TAB	4
KITABIS PAK NEB SOLN	4
KUVAN TAB	4
LATUDA TAB	4
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	4
LENVIMA CAP	4
LETAIRIS TAB	4
LEUKINE INJ	4
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	3
linezolid susp	4
LINZESS CAP	3
LONSURF TAB	4
LYNPARZA CAP	4
LYNPARZA TAB	4
LYRICA CAP	3
LYRICA SOLN	3
LYSODREN TAB	4
MAVYRET TAB	4
MEKINIST TAB	4
MESNEX TAB	4
methoxsalen cap	4
METHYLTESTOSTERONE CAP	3
miglustat cap	4
modafinil tab	2
MOTOFEN TAB	3
MOVANTIK TAB	4
MYTELASE TAB	3
NATACYN OPHTH SUSP	3
NATPARA INJ	4
NERLYNX TAB	4
NEUMEGA INJ	4
NEUPRO PATCH	4
NEXAVAR TAB	4
NINLARO CAP	4
NOXAFIL SUSP	2
OCALIVA TAB	4

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

MercyCare Select 4-Tier QHP Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
octreotide inj	4
ODACTRA SL TAB	3
ODOMZO CAP	4
OFEV CAP	4
OLUMIANT TAB	4
OPSUMIT TAB	4
ORALAIR SL TAB	2
ORENCIA CLICK INJ	4
ORENCIA SC INJ 125MG/ML	4
ORENCIA SC INJ 50MG/0.4ML	4
ORENCIA SC INJ 87.5MG/0.7ML	4
ORFADIN CAP	4
ORKAMBI GRANULES PACKET	4
ORKAMBI TAB	4
OSPHENA TAB	3
OTEZLA STARTER PACK	4
OTEZLA TAB	4
oxandrolone tab	3
paliperidone ER tab	3
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	4
PANCRELIPASE CAP	4
PANRETIN GEL	4
PASER GRANULE	3
PERFOROMIST NEB SOLN	3
phenoxybenzamine cap	4
PICATO GEL	4
PRALUENT INJ	4
PREPOPIK PAK	3
PROCRIT INJ	4
PROGESTERONE SUPP	3
PROMACTA POWDER	4
PROMACTA TAB	4
PULMOZYME INH SOLN	4
QBRELIS SOLN	3
RAGWITEK SL TAB	2
REGRANEX GEL	2
REPATHA INJ	4
REPATHA PUSHTRONEX INJ	4
RESTASIS OPHTH EMULSION	2
REVLIMID CAP	4
REXULTI TAB	4
RIFATER TAB	3

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

MercyCare Select 4-Tier QHP Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
riluzole tab	4
RUBRACA TAB	4
RYDAPT CAP	4
SABRIL TAB	4
SAMSCA TAB	4
SANCUSO PATCH	3
SAPHRIS SL TAB	4
SAVELLA PAK	2
SAVELLA TAB	2
SIGNIFOR INJ	4
sildenafil tab 20mg	1
SIRTURO TAB	4
SIVEXTRO TAB	4
SKLICE LOTION	3
SOFOSBUVIR/VELPATASVIR TAB	4
SOMAVERT INJ	4
SORIATANE CK KIT	4
SPIRIVA HANDIHALER	3
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	3
SPRYCEL TAB	4
STIVARGA TAB	4
SUPREP SOLN	3
SUTENT CAP	4
SYLATRON INJ	4
SYMDEKO TAB	4
SYMLINPEN INJ	3
SYNAREL NASAL SOLN	4
TACLONEX SCALP SUSP	3
tacrolimus oint	2
tadalafil tab (PAH)	4
tadalafil tab 2.5mg, 5mg	3
TAFINLAR CAP	4
TAGRISSO TAB	4
TARCEVA TAB	4
TARGRETIN GEL	4
TASIGNA CAP	4
TAVALISSE TAB	4
tazarotene cream 0.1%	3
TAZORAC CREAM 0.05%	3
TAZORAC GEL	3
telmisartan tab	2

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

MercyCare Select 4-Tier QHP Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
temozolomide cap	4
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 2%	3
TESTOSTERONE GEL PUMP	3
testosterone gel pump 1.62%	3
TESTOSTERONE GEL, VOGELXO GEL	3
testosterone soln	3
tetrabenazine tab	4
THALOMID CAP	4
TOBI PODHALER	4
tobramycin neb soln	4
tolcapone tab	4
TOVIAZ TAB	3
TRACLEER TAB 32MG	4
TRACLEER TAB 62.5MG, 125MG	4
tranexamic acid tab	2
TRECTOR TAB	3
tretinoin cap	4
tretinoin cream	2
tretinoin gel	2
tretinoin gel 0.05%	3
TRETIN-X CREAM	3
TRINTELLIX TAB	3
tropium chloride SR cap	3
TRUVADA TAB	4
TYKERB TAB	4
TYVASO INH SOLN	4
TYZEKA TAB	4
UCERIS RECTAL FOAM	4
UPTRAVI TAB	4
VALCHLOR GEL	4
valganciclovir soln	4
valganciclovir tab	4
VELTASSA POWDER	3
VENCLEXTA STARTER PACK	4
VENCLEXTA TAB	4
VENTAVIS INH SOLN	4
VERZENIO TAB	4

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

MercyCare Select 4-Tier QHP Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2019

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 prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
VICTRELIS CAP	4
vigabatrin powder pack	4
vigabatrin tab	4
VIIBRYD STARTER KIT	3
VIIBRYD TAB	3
VIMPAT SOLN	2
VIMPAT TAB	2
voriconazole susp	4
voriconazole tab	4
VOSEVI TAB	4
VOTRIENT TAB	4
XADAGO TAB	4
XALKORI CAP	4
XIFAXAN TAB 200MG	3
XIFAXAN TAB 550MG	4
XTANDI CAP	4
XULTOPHY INJ	2
XYREM SOLN	4
ZARXIO INJ	4
ZEJULA CAP	4
ZELBORAF TAB	4
ZIOPTAN OPHTH SOLN	3
ZOLINZA CAP	4
ZONTIVITY TAB	3
ZORTRESS TAB	4
ZYDELIG TAB	4
ZYFLO TAB	4
ZYKADIA CAP	4

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

MercyCare Select 4-Tier QHP Formulary
Last Updated* 3/1/2019
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

ACCU-CHEK 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
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
budesonide nasal spray	CALIBRATION LIQUID	cetirizine chew tab	cholecalciferol cap 50000 unit
CLINISTIX TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%	esomeprazole cap	FEMALE CONDOMS
ferrous sulfate elixir	FERROUS SULFATE LIQUIII	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	HUMULIN MIX INJ
HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ
IRON SUSP	KETO-DIASTIX TEST STRIF	KETOSTIX	ketotifen ophth soln
LANCET DEVICE	LANCET KIT	LANCETS	levonorgestrel tab
NASACORT OTC NASAL SPRAY	nicotine gum	NICOTINE KIT	nicotine lozenge
nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN INJ	NOVOTWIST PEN NEEDLE
NOVOTWIST/NOVOFINE PEN NEEDLE	PEAK FLOW METER	PLAN B TAB	PRECISION XTRA METER
PRECISION XTRA TEST STRIP	TODAY SPONGE	triamcinolone OTC nasal spray	vcf vaginal gel
vitamin D cap 1000unit	vitamin D cap 400unit	VITAMIN D TAB 400UNIT	

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

MercyCare Select 4-Tier QHP Formulary
Last Updated* 3/1/2019
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

8-MOP CAP	abiraterone tab 250mg	acitretin cap	ACTEMRA ACTPEN INJ
ACTEMRA SC INJ	ACTIMMUNE INJ	adefovir dipivoxil tab	ADEMPAS TAB
AFINITOR DISPERZ	AFINITOR TAB	albendazole tab	ALECENSA CAP
alosetron tab	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	aminocaproic acid tab
APOKYN INJ	APRISO CAP	ARANESP INJ	atovaquone susp
AUBAGIO TAB	AURYXIA TAB	AVONEX INJ	AZASAN TAB
BENLYSTA	BENLYSTA INJ	BETHKIS NEB SOLN	bezarotene cap
AUTO-INJECTOR			
BOSULIF TAB	budesonide ER tab	budesonide SR cap	CABOMETYX TAB
CALCITRIOL OINT	CALQUENCE CAP	capecitabine tab	CAPRELSA TAB
CARBAGLU TAB	CAYSTON INH SOLN	CHOLBAM CAP	CIMZIA INJ
CIMZIA STARTER INJ KIT	cinacalcet tab	COMETRIQ KIT	COSENTYX INJ (1-PACK)
COSENTYX INJ (2-PACK)	COTELLIC TAB	CREON CAP	cyclophosphamide cap
cyclophosphamide tab	cyclosporine cap	CYSTAGON CAP	CYSTARAN OPHTH SOLN
dalfampridine ER tab	DARAPRIM TAB	DENAVIR CREAM	DEPEN TITRATAB, D-PENAMINE TAB
			dronabinol cap
DIFICID TAB	DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	DIPENTUM CAP	
DUPIXENT INJ	ELMIRON CAP	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	enoxaparin inj	entecavir tab
EPOGEN INJ	ERIVEDGE CAP	ERYPED SUSP	erythromycin ethylsuccinate susp
ESBRIET CAP	ESBRIET TAB 267MG	ESBRIET TAB 801MG	etoposide cap
EXJADE TAB	EXTAVIA INJ	FARYDAK CAP	FERRIPROX SOLN
FERRIPROX TAB	flucytosine cap	fondaparinux inj	FORTEO INJ
FOSRENOL POWDER PACK	FRAGMIN INJ	FULPHILA INJ	FUZEON INJ
GENOTROPIN INJ	GILENYA CAP	GILOTRIF TAB	glatiramer inj
GLEOSTINE/LOMUSTINE CAP	HEMLIBRA INJ	HUMIRA INJ 10MG	HUMIRA INJ 20MG
HUMIRA INJ 40MG	HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK	HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK
HUMIRA PEN INJ 40MG	HYCAMTIN CAP	IBRANCE CAP	ICLUSIG TAB
IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG
IMBRUVICA TAB	INCIVEK TAB	INCRELEX INJ	INFERGEN INJ

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

INLYTA TAB	INTRON-A INJ	IRESSA TAB	isotretinoin cap
JADENU SPRINKLE	JADENU TAB	JAKAFI TAB	JYNARQUE PAK
KALYDECO PAK	KALYDECO TAB	KEVZARA INJ	KINERET INJ
KISQALI PAK	KISQALI TAB	KITABIS PAK NEB SOLN	KUVAN TAB
lanthanum carbonate chew tab	LEDIPASVIR/SOFOSBUVIR TAB	LENVIMA CAP	LETAIRIS TAB
LEUKINE INJ	LIALDA TAB	linezolid susp	LONSURF TAB
LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB	MAVYRET TAB
MEKINIST TAB	mesalamine kit	mesalamine supp	MESNEX TAB
methoxsalen cap	miglustat cap	MODERIBA DOSE PACK	MODERIBA PAK
mycophenolate DR tab	mycophenolate mofetil susp	MYLERAN TAB	NATPARA INJ
NERLYNX TAB	NEUMEGA INJ	NEUPRO PATCH	NEXAVAR TAB
nilutamide tab	nimodipine cap	NINLARO CAP	NIVESTYM INJ
OCALIVA TAB	octreotide inj	ODOMZO CAP	OFEV CAP
OLUMIANT TAB	OPSUMIT TAB	ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/ML
ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML	ORFADIN CAP	ORKAMBI GRANULES PACKET
ORKAMBI TAB	OTEZLA STARTER PACK	OTEZLA TAB	PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP
PANCRELIPASE CAP	PANRETIN GEL	PEGASYS INJ	PEGASYS INJ KIT
PEG-INTRON INJ	phenoxybenzamine cap	PICATO GEL	PLEGRIDY INJ
PLEGRIDY PEN INJ	PRALUENT INJ	PROCRIT INJ	PROMACTA POWDER
PROMACTA TAB	PULMOZYME INH SOLN	REBETOL SOLN	REBIF INJ
RENAGEL TAB	REPATHA INJ	REPATHA PUSHTRONEX INJ	REVLIMID CAP
ribavirin cap	ribavirin tab	RIDAURA CAP	riluzole tab
risedronate tab 30mg	RUBRACA TAB	RYDAPT CAP	SABRIL TAB
SAMSCA TAB	SANDIMMUNE SOLN 100MG/ML	SENSIPAR TAB	SEVELAMER CARBONATE TAB
sevelamer hydrochloride tab	sevelamer powder pak	sevelamer tab	SIGNIFOR INJ
sirolimus tab	SIRTURO TAB	SOFOSBUVIR/VELPATASVI R TAB	SOMAVERT INJ
SORIATANE CK KIT	SPRYCEL TAB	STIMATE NASAL SOLN	STIVARGA TAB
SUTENT CAP	SYLATRON INJ	SYMDEKO TAB	SYNAREL NASAL SOLN
tadalafil tab (PAH)	TAFINLAR CAP	TAGRISSO TAB	TARCEVA TAB
TARGRETIN GEL	TASIGNA CAP	TAVALISSE TAB	TECFIDERA CAP
TECFIDERA STARTER PACK	temozolomide cap	tetrabenazine tab	THALOMID CAP
TOBI PODHALER	tobramycin neb soln	tolcapone tab	TRACLEER TAB 32MG
TRACLEER TAB 62.5MG, 125MG	tretinoin cap	TYKERB TAB	TYMLOS INJ
TYVASO INH SOLN	TYZEKA TAB	UCERIS RECTAL FOAM	UPTRAVI TAB
VALCHLOR GEL	valganciclovir soln	valganciclovir tab	vancomycin cap
VELPHORO CHEW TAB	VENCLEXTA STARTER PACK	VENCLEXTA TAB	VENTAVIS INH SOLN
VERZENIO TAB	VICTRELIS CAP	vigabatrin powder pack	vigabatrin tab
voriconazole susp	voriconazole tab	VOSEVI TAB	VOTRIENT TAB
XADAGO TAB	XALKORI CAP	XIFAXAN TAB 550MG	XTANDI CAP
XYREM SOLN	ZARXIO INJ	ZEJULA CAP	ZELBORAF TAB
zileuton ER tab	ZOLINZA CAP	ZORTRESS TAB	ZYDELIG TAB

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

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

MercyCare Select 4-Tier QHP Formulary

Last Updated* 3/1/2019

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone

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

**MercyCare Select 4-Tier QHP Formulary
Smoking Cessation Agents
Last Updated* 3/1/2019**

Drug Name	Tier # for Drug Copay
bupropion SR tab(QL= 30 days supply/fill, limited to 180 days/plan year)	\$0
CHANTIX PAK(QL= 30 days supply/fill, limited to 180 days/plan year)	\$0
CHANTIX TAB(QL= 30 days supply/fill, limited to 180 days/plan year)	\$0
nicotine gum(QL= 30 days supply/fill, limited to 180 days/plan year)	\$0
NICOTINE KIT(QL= 30 days supply/fill, limited to 180 days/plan year)	\$0
nicotine lozenge(QL= 30 days supply/fill, limited to 180 days/plan year)	\$0
nicotine patch(QL= 30 days supply/fill, limited to 180 days/plan year)	\$0
NICOTROL INHALER(QL= 30 days supply/fill, limited to 180 days/plan year)	\$0
NICOTROL NASAL SPRAY(QL= 30 days supply/fill, limited to 180 days/plan yea	\$0

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

**MercyCare Select 4-Tier QHP Formulary
Infertility Drug List
Last Updated* 3/1/2019**

Drug Name	Tier # for Drug Copay
LUPRON DEPOT INJ	M
LUPRON DEPOT KIT (3 MONTH) INJ	M
LUPRON DEPOT KIT (6 MONTH) INJ	M
PREGNYL INJ	M

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

MercyCare Select 4-Tier QHP Formulary
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABILIFY DISCMELT	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 888-773-7376
ADVAIR DISKUS INHALER	QL= 1 inhaler/fill
ADVAIR HFA INHALER	QL= 1 inhaler/fill
AFINITOR DISPERZ	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
AFINITOR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
AIMOVIG INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill
ALECENSA CAP	QL= 8 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 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
aprepitant pak	QL= 3 caps/fill
ARCAPTA NEOHALER	QL= 30 units/fill
aripiprazole ODT	QL= 2 tabs/day
aripiprazole tab	QL= 2 tabs/day
azelastine nasal spray 0.1%	QL= 2 bottles/fill
azelastine nasal spray 0.15%	QL= 2 bottles/fill
AZELEX CREAM	QL= 1 tube(30gm)/30 days
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone
BELSOMRA TAB	QL= 15 tabs/fill
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
BENLYSTA INJ	QL= 4 inj/28 day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
bimatoprost ophth soln	QL= 2.5ml/30 days
BREO ELLIPTA INHALER	QL= 1 inhaler/fill

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
budesonide ER tab	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
budesonide nasal spray	QL= 2 bottles/fill; OTC Only
buprenorphine patch	QL= 4 patches/28 days
BUPRENORPHINE PATCH, BUTRANS PATCH	QL= 4 patches/28 days
bupropion SR tab	QL= 30 days supply/fill, 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
BYDUREON INJ	QL= 4 inj/28 days
BYDUREON PEN INJ	QL= 4 inj/28 days
BYETTA INJ	QL= 1 pen/30 days
CABOMETYX TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
calcipotriene cream	QL= 60gm/30 days
calcipotriene oint	QL= 60gm/30 days
calcipotriene soln	QL= 60ml/30 days
calcipotriene/betamethasone oint	QL= 60gm/30 days
CALCITRIOL OINT	QL= 100gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
CALQUENCE CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
celecoxib cap	QL= 2 caps/day
cevimeline cap	QL= 3 caps/day
CHANTIX PAK	QL= 30 days supply/fill, limited to 180 days/plan year
CHANTIX TAB	QL= 30 days supply/fill, limited to 180 days/plan year
CIMZIA INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
clindamycin/tretinoin gel	QL= 30g/fill
clobetasol E foam	QL= 50gm/fill
clobetasol foam	QL= 50gm/fill
clobetasol lotion	QL= 59ml/fill
clobetasol propionate cream	QL= 45gm/fill
clobetasol propionate emollient cream	QL= 45gm/fill
clobetasol propionate gel	QL= 30gm/fill
clobetasol propionate ointment	QL= 45gm/fill
clobetasol propionate soln	QL= 50ml/fill
clobetasol shampoo	QL= 118ml/fill
clobetasol spray	QL= 59ml/fill
COMBIVENT INHALER	QL= 1 inhaler/fill
COMBIVENT RESPIMAT INHALER	QL= 1 inhaler/fill
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
COTELLIC TAB	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
CYSTARAN OPHTH SOLN	QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DENAVIR CREAM	QL= 5gm/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
desipramine tab	QL= 2 tabs/day
desvenlafaxine ER tab	QL= 1 tab/day
diclofenac gel 1%	QL= 2 tubes/fill
DIFICID TAB	QL= 20 tabs/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
DIHYDROERGOTAMINE SPRAY, MIGRANAL SPRAY	QL= 8 sprays/fill, 2 fills/30 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
DILANTIN CAP 30MG	QL= 3 caps/day
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	QL= 45gm/fill
DULERA INHALER	QL= 1 inhaler/fill
DUPIXENT INJ	QL= 2 inj/ 28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
econazole cream	QL= 30gm/fill
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ELMIRON CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
EMGALITY INJ	QL=1 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
enoxaparin inj	QL= 17 days supply; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
entecavir tab	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ENTRESTO TAB	QL= 2 tabs/day
EPINEPHRINE INJ 0.15MG (IMPAX)- CVS Only	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG (IMPAX)- CVS Only	QL= 2 inj/fill
EPINEPHRINE PEN INJ 0.15MG (MYLAN)	QL= 2 inj/fill

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
epinephrine pen inj 0.3mg	QL= 2 inj/fill
EPIPEN INJ	QL= 2 inj/fill
EPIPEN INJ 0.3MG	QL= 2 inj/fill
EPIPEN JR INJ	QL= 2 inj/fill
ESBRIET CAP	QL= 9 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ESBRIET TAB 267MG	QL= 9 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ESBRIET TAB 801MG	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
eszopiclone tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 2 tabs/day
FARXIGA TAB	QL= 1 tab/day
FARYDAK CAP	QL= 6 caps/21 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
fenoprofen calcium tab	QL= 4 tabs/day
fentanyl citrate lollipop	QL= 120 lozenges/30 days
fentanyl patch 100mcg	QL= 10 patches/30 days
fentanyl patch 12mcg	QL= 10 patches/30 days
fentanyl patch 25mcg	QL= 10 patches/30 days
fentanyl patch 50mcg	QL= 10 patches/30 days
fentanyl patch 75mcg	QL= 10 patches/30 days
FENTORA TAB	QL= 120 tabs/30 days
FETZIMA CAP	QL= 1 cap/day
FETZIMA TITRATION PACK	QL= 1 cap/day
FLECTOR PATCH	QL= 30 patches/fill
FLUNISOLIDE NASAL SPRAY	QL= 2 bottles/fill
fluorouracil cream	QL= 40g/fill
FLUOROURACIL SOLN	QL= 10ml/fill
flurandrenolide cream	QL= 60gm/fill
fluticasone nasal spray	QL= 2 bottles/fill
FORADIL AEROLIZER	QL= 60 units/fill
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
GENVOYA TAB	QL= 1 tab/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
GLUCAGEN HYPOKIT INJ	QL= 1 kit/fill
GLUCAGEN INJ	QL= 1 kit/fill
GLUCAGON INJ KIT	QL= 1 kit/fill
granisetron tab	QL= 9 tabs/fill
GRANISOL SOLN	QL= 60ml/fill

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
guaifenesin/codeine syrup	QL= 240ml/fill
halobetasol propionate cream	QL= 15gm/fill
halobetasol propionate oint	QL= 15gm/fill
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill, 2 fills/30 days
hydromorphone ER tab	QL= 2 tabs/day
HYSINGLA ER TAB	QL= 1 tab/day
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
IDHIFA TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
imiquimod cream	QL= 24gm/30 days
INLYTA TAB	QL= 8 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
isotretinoin cap	QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
JAKAFI TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KADIAN CAP	
KALYDECO PAK	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ketorolac tab	QL= 20 tabs/5 days
ketotifen ophth soln	QL= 10ml/30 days
KEVZARA INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
KISQALI PAK	QL= 91 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
KISQALI TAB	QL= 63 tabs/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
LASTACFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
LENVIMA CAP	QL= 3 caps/day; Only available through Accredo 888-773-7376
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	QL= 1 inhaler/fill
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 2 patches/day
LINZESS CAP	QL= 1 cap/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LYNPARZA CAP	Only available through Biologics 800-850-4306, QL= 16 caps/day
LYNPARZA TAB	Only available through Biologics 800-850-4306, QL= 4 tabs/day
malathion lotion	QL= 2 bottles/fill
MAVYRET TAB	QL= 3 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
mefenamic acid cap	QL= 30 caps/fill
metaxalone tab	QL= 4 tabs/day
METAXALONE TAB 400MG	QL= 4 tabs/day
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
METIPRANOLOL OPHTH SOLN	QL= 2 bottles/fill
mometasone nasal spray	QL= 2 bottles/fill
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
morphine sulfate ER cap	QL= 2 caps/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATROBA SUSP	QL= 1 bottle/fill
NEFAZODONE TAB	QL= 2 tabs/day
nefazodone tab 50mg, 250mg	QL= 2 tabs/day
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
nicotine gum	QL= 30 days supply/fill, limited to 180 days/plan year
NICOTINE KIT	QL= 30 days supply/fill, limited to 180 days/plan year
nicotine lozenge	QL= 30 days supply/fill, limited to 180 days/plan year
nicotine patch	QL= 30 days supply/fill, limited to 180 days/plan year
NICOTROL INHALER	QL= 30 days supply/fill, limited to 180 days/plan year
NICOTROL NASAL SPRAY	QL= 30 days supply/fill, limited to 180 days/plan year
NUCYNTA ER TAB	QL= 2 tabs/day
NUCYNTA TAB	QL= 4 tabs/day
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
olopatadine nasal spray	QL= 2 bottles/fill
olopatadine ophth soln 0.1%	QL= 5ml/30 days
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OLUMIANT TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
OPSUMIT TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
ORENCIA CLICK INJ	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
OTEZLA TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
oxaprozin tab	QL= 2 tabs/day
oxycodone cap	QL= 4 caps/day
oxycodone conc	QL= 90ml/30 days
oxycodone soln	QL= 100ml/30 days
oxycodone tab 10mg	QL= 4 tabs/day
oxycodone tab 15mg	QL= 3 tabs/day
oxycodone tab 20mg	QL= 3 tabs/day
oxycodone tab 30mg	QL= 2 tabs/day
oxycodone tab 5mg	QL= 4 tabs/day
oxymorphone tab	QL= 4 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days
paliperidone ER tab	QL= 1 tab/day
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; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
pimecrolimus cream	QL= 30g/fill; Covered for members 2 years or older
POTIGA TAB	QL= 3 tabs/day
POTIGA TAB 50MG	QL= 9 tabs/day
PRALUENT INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
RESTASIS OPHTH EMULSION	QL= 60 vials/fill, 1 fill/30 days
REVLIMID CAP	QL= 1 cap/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
ROZEREM TAB	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
SAVELLA TAB	QL= 2 tabs/day
scopolamine patch	QL= 3 patches/30 days
SEREVENT DISKUS INHALER	QL= 1 inhaler/fill
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL= 6 tabs/fill
SKLICE LOTION	QL= 1 tube/fill
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
SORILUX FOAM	QL= 60gm/30 days
SPINOSAD SUSP	QL= 1 bottle/fill
STIVARGA TAB	QL= 4 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/fill
sumatriptan inj	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; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYNERA PATCH	QL= 1 patch/fill
SYNJARDY TAB	QL= 2 tabs/day

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TACLONEX SCALP SUSP	QL= 60ml/30 days
tacrolimus oint	QL= 60gm/30 days
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Prior Authorization for BPH
TAFINLAR CAP	QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
TAGRISSE TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
TARGRETIN GEL	QL= 60g/fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
tazarotene cream 0.1%	QL= 60gm/30 days
TAZORAC CREAM 0.05%	QL= 60gm/30 days
TAZORAC GEL	QL= 30gm/30 days
TECFIDERA CAP	QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
TECFIDERA STARTER PACK	QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
testosterone soln	QL= 2 bottles/30 days
tizanidine cap	QL= 3 caps/day
TOLAK CREAM 4%	QL= 40g/fill
tolmetin cap	QL= 3 caps/day
TOLMETIN TAB	QL= 3 tabs/day
tolterodine SR cap	QL= 1 cap/day
tolterodine tab	QL= 2 tabs/day
TRANSDERM-SCOP PATCH	QL= 3 patches/30 days
TRAVATAN Z OPHTH SOLN	QL= 2.5ml/30 days
tretinoin cream	QL= 23gm/30 days
tretinoin gel	QL= 23gm/30 days
tretinoin gel 0.05%	QL= 45gm/30 days
TRETIN-X CREAM	QL= 35gm/30 days
triamcinolone nasal spray	QL= 2 bottles/fill

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
triamcinolone OTC nasal spray	QL= 2 bottles/fill
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
TRINTELLIX TAB	QL= 1 tab/day
TRIUMEQ TAB	QL= 1 tab/day
tropium chloride SR cap	QL= 1 cap/day
tropium tab	QL= 2 tabs/day
TRULICITY INJ	QL= 4 pens/28 days
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 888-773-7376
ULESFIA LOTION	QL= 4 bottles/fill
ULORIC TAB	QL= 1 tab/day
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 888-773-7376
VALCHLOR GEL	QL= 60g/fill; Only available through Accredo 888-773-7376
vancomycin cap	QL= 56 cap/ fill; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VARUBI TAB	QL= 2 tabs/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 888-773-7376
VENTOLIN HFA INHALER	QL= 2 inhalers/fill
VERZENIO TAB	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
VICTOZA INJ	QL= 9ml/30 days
VIIBRYD STARTER KIT	QL= 1 tab/day
VIIBRYD TAB	QL= 1 tab/day
VIMPAT TAB	QL= 2 tabs/day
VIVOTIF CAP	QL= 4 caps/fill
VOSEVI TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XADAGO TAB	QL= 1 tab/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XALKORI CAP	QL= 2 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 2 tabs/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
XTANDI CAP	QL= 4 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
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
ZETONNA NASAL SPRAY	QL= 2 bottles/fill

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

MercyCare Select 4-Tier QHP Formulary Cont.
Last Updated* 3/1/2019
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZIOPTAN OPHTH SOLN	QL= 1 bottle/day
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
ZOMIG NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZYKADIA CAP	QL= 3 caps/day; Required through Network Specialty Pharmacy only. Call Customer Service at 800-895-2421
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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