

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. 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.

Allegiance Minimum Essential Coverage PPACA Formulary
Alphabetical Index
Last Updated 6/1/2023

Drug Name	Special Code	Tier	Category
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ashlyna tab, daysee tab (SEASONALE/SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
atorvastatin tab 10mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CONCEPTROL GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
crystelle tab (OGESTREL equiv)	-	\$0	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
ELLA TAB	-	\$0	CONTRACEPTIVES
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
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 (FERROUS SULFATE equiv)	OTC	\$0	HEMATOPOIETIC AGENTS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
folic acid tab 1mg (Covered at \$0 for females only)	-	\$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
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GOLYTELY SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES

OTC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Over-the-Counter	QL	generic = small letters Quantity Limit	SMKG	BRANDS = CAPITAL LETTERS Smoking Cessation
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Drug Name	Special Code	Tier	Category
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
lovastatin tab (MEVACOR equiv)	-	\$0	ANTHYPERLIPIDEMICS
LURIDE CHEW TAB	-	\$0	MINERALS & ELECTROLYTES
LURIDE SOLN	-	\$0	MINERALS & ELECTROLYTES
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
MIRENA IUD	-	\$0	CONTRACEPTIVES
NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
norethindrone tab (NOR-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
NULYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
NUVARING	-	\$0	CONTRACEPTIVES
PARAGARD IUD	-	\$0	CONTRACEPTIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
pravastatin tab (PRAVACHOL equiv)	-	\$0	ANTHYPERLIPIDEMICS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTHYPERLIPIDEMICS
rosuvastatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)	QL	\$0	ANTHYPERLIPIDEMICS
simvastatin tab (ZOCOR equiv)	-	\$0	ANTHYPERLIPIDEMICS
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES

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**Allegiance Minimum Essential Coverage PPACA Formulary Cont.
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 Last Updated 6/1/2023**

Drug Name	Special Code	Tier	Category
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TYBLUME TAB	-	\$0	CONTRACEPTIVES
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VELIVET PAK	-	\$0	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
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
XULANE PATCH	-	\$0	CONTRACEPTIVES
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES

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Category/Class**

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DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC		
SALICYLATES		
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction))	OTC	\$0
ANTIHYPERTENSIVES		
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)	-	\$0
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older)	-	\$0
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older)	-	\$0
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older)	-	\$0
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	\$0
ashlyna tab, daysee tab (SEASONALE/SEASONIQUE equiv)	-	\$0
cryselle tab (OGESTREL equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
junel tab (LOESTRIN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
VELIVET PAK	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
violele tab, kariva tab (MIRCETTE equiv)	-	\$0
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
XULANE PATCH	-	\$0
zafemy patch (XULANE equiv)	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
COPPER CONTRACEPTIVES - IUD		

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	QL	Quantity Limit	SMKG Smoking Cessation

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
PARAGARD IUD	-	\$0
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		
NEXPLANON IMPLANT	-	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NOR-QD equiv)	-	\$0
ENDOCRINE AND METABOLIC AGENTS - MISC.		
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older)	-	\$0
HEMATOPOIETIC AGENTS		
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at \$0 for females only)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
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 (FERROUS SULFATE equiv)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year)	QL	\$0
NULYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year)	QL	\$0
trilyte soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0
MINERALS & ELECTROLYTES		
FLUORIDE		

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**Allegiance Minimum Essential Coverage PPACA Formulary
Category/Class**

Last Updated* 6/1/2023

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0
LURIDE CHEW TAB	-	\$0
LURIDE SOLN	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0
MOUTH/THROAT/DENTAL AGENTS		
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger)	-	\$0
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger)	-	\$0
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
VAGINAL PRODUCTS		
SPERMICIDES		
CONCEPTROL GEL	OTC	\$0
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
VITAMINS		
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

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Allegiance Minimum Essential Coverage PPACA Formulary
Last Updated* 6/1/2023
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

aspirin chew tab 81mg
CONTRACEPTIVE FOAM
ferrous sulfate elixir
folic acid tab 400mcg
nicotine gum
PLAN B TAB

aspirin ec tab 81mg
CONTRACEPTIVE GEL
FERROUS SULFATE LIQUID
folic acid tab 800mcg
NICOTINE KIT
TODAY SPONGE

CONCEPTROL GEL
CONTRACEPTIVE SUPP
ferrous sulfate soln
IRON SUSP
nicotine lozenge
vitamin D cap 1000unit

CONTRACEPTIVE FILM
FEMALE CONDOMS
ferrous sulfate syrup
levonorgestrel tab
nicotine patch
vitamin D cap 400unit

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Allegiance Minimum Essential Coverage PPACA Formulary
Smoking Cessation Agents
Last Updated* 6/1/2023

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

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Allegiance Minimum Essential Coverage PPACA Formulary
Last Updated* 6/1/2023
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bupropion SR tab	Limited to 180 days/plan year
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
GAVILYTE-C SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GOLYTELY SOLN	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year
medroxyprogesterone inj	QL= 1 inj/90 days
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NULYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year
rosuvastatin tab 10mg	QL= 1 tab/day
rosuvastatin tab 5mg	QL= 1 tab/day
trilyte soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year
varenicline tartrate tab	Limited to 180 days/plan year

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