

**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.

**Redirect Health Everyday CARE Plan Formulary**  
**Alphabetical Index**  
**Last Updated 11/1/2017**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ADACEL INJ, BOOSTRIX INJ	VAC	\$0	TOXOIDS
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	VACCINES
amethyst tab	-	\$0	CONTRACEPTIVES
apri tab	-	\$0	CONTRACEPTIVES
aranelle tab	-	\$0	CONTRACEPTIVES
ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79; All other members not covered)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction); All other members not covered)	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG (Covered for males age 45-79 and females age 55-79; All other members not covered)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction); All other members not covered)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79; All other members not covered)	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN TAB 81MG (Covered for males age 45-79; Covered for females (no age restriction); All other members not covered)	OTC	\$0	ANALGESICS - NONNARCOTIC
atorvastatin tab 10mg	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg	-	\$0	ANTIHYPERLIPIDEMICS
aviane tab	-	\$0	CONTRACEPTIVES
BEXSERO INJ	VAC	\$0	VACCINES
BEYAZ TAB	-	\$0	CONTRACEPTIVES
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CERVARIX INJ	VAC	\$0	VACCINES
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
cesia tab	-	\$0	CONTRACEPTIVES
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
cryselle tab	-	\$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
ENGERIX-B INJ	VAC	\$0	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enpresse tab	-	\$0	CONTRACEPTIVES
FEMALE CONDOMS	OTC	\$0	MEDICAL DEVICES AND SUPPLIES

OTC    **NC** =Not Covered  
Over-the-Counter  
VAC    Vaccine Program

QL

**generic** =small letters  
Quantity Limit

SMKG

**BRANDS** =CAPITAL LETTERS  
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.

**Redirect Health Everyday CARE Plan Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 11/1/2017**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ferrous sulfate elixir (Covered for members 1 year or younger; All other members not covered)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger; All other members not covered)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger; All other members not covered)	OTC	\$0	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP (Covered for members 1 year or younger; All other members not covered)	OTC	\$0	HEMATOPOIETIC AGENTS
FLUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MINERALS & ELECTROLYTES
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	VACCINES
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at 100% member pay)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only; All other members not covered)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only; All other members not covered)	OTC	\$0	HEMATOPOIETIC AGENTS
GARDASIL 9 INJ	VAC	\$0	VACCINES
GARDASIL INJ	VAC	\$0	VACCINES
HAVRIX INJ, VAQTA INJ	VAC	\$0	VACCINES
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
IRON SUSP (Covered for members 1 year or younger; All other members not covered)	OTC	\$0	HEMATOPOIETIC AGENTS
jolessa tab, amethia tab	-	\$0	CONTRACEPTIVES
junel FE tab	-	\$0	CONTRACEPTIVES
junel tab	-	\$0	CONTRACEPTIVES
kariva tab	-	\$0	CONTRACEPTIVES
kelnor tab	-	\$0	CONTRACEPTIVES
levonorgestrel tab	OTC	\$0	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
LEVONORGESTREL/ETHINYL ESTRADIOL TAB	-	\$0	CONTRACEPTIVES
lovastatin tab	-	\$0	ANTIHYPERLIPIDEMICS
LURIDE CHEW TAB (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MINERALS & ELECTROLYTES
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MINERALS & ELECTROLYTES
medroxyprogesterone inj (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
MENACTRA INJ	VAC	\$0	VACCINES
MENHIBRIX INJ	VAC	\$0	VACCINES
MENOMUNE INJ	VAC	\$0	VACCINES

OTC	<b>NC</b> =Not Covered	QL	<b>generic</b> =small letters	SMKG	<b>BRANDS</b> =CAPITAL LETTERS
VAC	Over-the-Counter		Quantity Limit		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.

**Redirect Health Everyday CARE Plan Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 11/1/2017**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
MENVEO INJ	VAC	\$0	VACCINES
MIRENA IUD	-	\$0	CONTRACEPTIVES
M-M-R II INJ	VAC	\$0	VACCINES
mononessa tab	-	\$0	CONTRACEPTIVES
necon tab	-	\$0	CONTRACEPTIVES
necon tab 1-50	-	\$0	CONTRACEPTIVES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (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	-	\$0	CONTRACEPTIVES
nortrel tab	-	\$0	CONTRACEPTIVES
NUVARING	-	\$0	CONTRACEPTIVES
PARAGARD IUD	-	\$0	CONTRACEPTIVES
peg 3350/electrolytes soln (Covered at \$0 for members 50-75 years, all other members covered at 100% member pay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PNEUMOVAX INJ	VAC	\$0	VACCINES
pravastatin tab	-	\$0	ANTHYPERLIPIDEMICS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	\$0	VACCINES
raloxifene tab (Covered at \$0 for women 35 years or older; All other members covered at 100% member pay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
rosuvastatin tab 10mg (QL= 1 tab/day)	QL	\$0	ANTHYPERLIPIDEMICS
rosuvastatin tab 5mg (QL= 1 tab/day)	QL	\$0	ANTHYPERLIPIDEMICS
simvastatin tab (80mg is Not Covered)	-	\$0	ANTHYPERLIPIDEMICS
sodium fluoride chew tab (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride soln (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0	MINERALS & ELECTROLYTES

OTC	<b>NC</b> =Not Covered	QL	<b>generic</b> =small letters	SMKG	<b>BRANDS</b> =CAPITAL LETTERS
VAC	Over-the-Counter		Quantity Limit		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.

**Redirect Health Everyday CARE Plan Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 11/1/2017**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
tamoxifen tab (Covered at \$0 for women 35 years or older; All other members covered at 100% member pay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TETANUS/DIPHThERIA TOXOID INJ	VAC	\$0	TOXOIDS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
tri-legest tab	-	\$0	CONTRACEPTIVES
trilyte soln (Covered at \$0 for members 50-75 years, all other members covered at 100% member pay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
tri-nessa (LO) tab	-	\$0	CONTRACEPTIVES
TRUMENBA INJ	VAC	\$0	VACCINES
TWINRIX INJ	VAC	\$0	VACCINES
VARIVAX INJ	VAC	\$0	VACCINES
vcf vaginal gel	OTC	\$0	VAGINAL PRODUCTS
vitamin D cap 1000unit (Covered for members 65 years or older; All other members not covered)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older; All other members not covered)	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older; All other members not covered)	OTC	\$0	VITAMINS
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0	VACCINES
wymzya FE tab	-	\$0	CONTRACEPTIVES
XULANE PATCH	-	\$0	CONTRACEPTIVES
YASMIN TAB	-	\$0	CONTRACEPTIVES
YAZ TAB	-	\$0	CONTRACEPTIVES
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0	VACCINES
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

OTC	<b>NC</b> =Not Covered	QL	<b>generic</b> =small letters	SMKG	<b>BRANDS</b> =CAPITAL LETTERS
VAC	Over-the-Counter Vaccine Program		Quantity Limit		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.

**Redirect Health Everyday CARE Plan Formulary  
Category/Class**

**Last Updated\* 11/1/2017**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
-----------------	---------------------	-------------

**ANALGESICS - NONNARCOTIC**

**SALICYLATES**

ASPIRIN CHEW TAB 75MG (Covered for males age 45-79 and females age 55-79; All other members not covered)	OTC	\$0
aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction); All other members not covered)	OTC	\$0
ASPIRIN EC TAB 325MG (Covered for males age 45-79 and females age 55-79; All other members not covered)	OTC	\$0
aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction); All other members not covered)	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79; All other members not covered)	OTC	\$0
ASPIRIN TAB 81MG (Covered for males age 45-79; Covered for females (no age restriction); All other members not covered)	OTC	\$0

**ANTHYPERLIPIDEMICS**

**HMG COA REDUCTASE INHIBITORS**

atorvastatin tab 10mg	-	\$0
atorvastatin tab 20mg	-	\$0
lovastatin tab	-	\$0
pravastatin tab	-	\$0
rosuvastatin tab 10mg (QL= 1 tab/day)	QL	\$0
rosuvastatin tab 5mg (QL= 1 tab/day)	QL	\$0
simvastatin tab (80mg is Not Covered)	-	\$0

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

tamoxifen tab (Covered at \$0 for women 35 years or older; All other members covered at 100% member pay)	-	\$0
--	---	-----

**CONTRACEPTIVES**

**COMBINATION CONTRACEPTIVES - ORAL**

amethyst tab	-	\$0
apri tab	-	\$0
aranelle tab	-	\$0
aviane tab	-	\$0
BEYAZ TAB	-	\$0
cesia tab	-	\$0
cryselle tab	-	\$0
enpresse tab	-	\$0
jolessa tab, amethia tab	-	\$0
junel FE tab	-	\$0
junel tab	-	\$0
kariva tab	-	\$0
kelnor tab	-	\$0
LEVONORGESTREL/ETHINYL ESTRADIOL TAB	-	\$0
mononessa tab	-	\$0
necon tab	-	\$0
necon tab 1-50	-	\$0
nortrel tab	-	\$0
tri-legest tab	-	\$0
tri-nessa (LO) tab	-	\$0
wymzya FE tab	-	\$0
YASMIN TAB	-	\$0

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

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
VAC	Over-the-Counter	QL	Quantity Limit	SMKG	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.

**Redirect Health Everyday CARE Plan Formulary  
Category/Class**

Last Updated\* 11/1/2017

DrugName	Special Code	Tier
<b>CONTRACEPTIVES Cont.</b>		
YAZ TAB	-	\$0
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
XULANE PATCH	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
NUVARING	-	\$0
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD	-	\$0
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0
levonorgestrel tab	OTC	\$0
LEVONORGESTREL TAB 0.75MG	-	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (QL= 1 inj/90 days)	QL	\$0
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
MIRENA IUD	-	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab	-	\$0
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (Covered at \$0 for women 35 years or older; All other members covered at 100% member pay)	-	\$0
<b>HEMATOPOIETIC AGENTS</b>		
<b>FOLIC ACID/FOLATES</b>		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at 100% member pay)	-	\$0
folic acid tab 400mcg (Covered for females only; All other members not covered)	OTC	\$0
folic acid tab 800mcg (Covered for females only; All other members not covered)	OTC	\$0
<b>IRON</b>		
ferrous sulfate elixir (Covered for members 1 year or younger; All other members not covered)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger; All other members not covered)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger; All other members not covered)	OTC	\$0
FERROUS SULFATE SYRUP (Covered for members 1 year or younger; All other members not covered)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger; All other members not covered)	OTC	\$0
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
peg 3350/electrolytes soln (Covered at \$0 for members 50-75 years, all other members covered at 100% member pay; Limited to 2 fills/calendar year)	QL	\$0
trilyte soln (Covered at \$0 for members 50-75 years, all other members covered at 100% member pay; Limited to 2 fills/calendar year)	QL	\$0
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CERVICAL CAP	-	\$0

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

OTC	<b>NC</b> =Not Covered	QL	<b>generic</b> =small letters	SMKG	<b>BRANDS</b> =CAPITAL LETTERS
VAC	Over-the-Counter Vaccine Program		Quantity Limit		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.

**Redirect Health Everyday CARE Plan Formulary  
Category/Class**

Last Updated\* 11/1/2017

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

**MEDICAL DEVICES AND SUPPLIES Cont.**

DIAPHRAGM	-	\$0
FEMALE CONDOMS	OTC	\$0

**MINERALS & ELECTROLYTES**

**FLUORIDE**

FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0
LURIDE CHEW TAB (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0
LURIDE SOLN (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0
sodium fluoride chew tab (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0
sodium fluoride soln (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0

**MOUTH/THROAT/DENTAL AGENTS**

**DENTAL PRODUCTS**

PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$0
sodium fluoride cream (Covered at \$0 for members 5 years or younger; All other members covered at 100% member pay)	-	\$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
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine gum (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine lozenge (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
nicotine patch (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
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	\$0

**TOXOIDS**

**TOXOID COMBINATIONS**

ADACEL INJ, BOOSTRIX INJ	VAC	\$0
TETANUS/DIPHTHERIA TOXOID INJ	VAC	\$0

**VACCINES**

**BACTERIAL VACCINES**

BEXSERO INJ	VAC	\$0
MENACTRA INJ	VAC	\$0
MENHIBRIX INJ	VAC	\$0
MENOMUNE INJ	VAC	\$0

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

OTC	<b>NC</b> =Not Covered Over-the-Counter	QL	<b>generic</b> =small letters Quantity Limit	SMKG	<b>BRANDS</b> =CAPITAL LETTERS Smoking Cessation
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.

**Redirect Health Everyday CARE Plan Formulary  
Category/Class**

**Last Updated\* 11/1/2017**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
MENVEO INJ	VAC	\$0
PNEUMOVAX INJ	VAC	\$0
PREVNAR 13 INJ	VAC	\$0
TRUMENBA INJ	VAC	\$0
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	\$0
<b>VIRAL VACCINES</b>		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
CERVARIX INJ	VAC	\$0
ENGERIX-B INJ	VAC	\$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0
FLUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
FLUZONE QUAD INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$0
GARDASIL 9 INJ	VAC	\$0
GARDASIL INJ	VAC	\$0
HAVRIX INJ, VAQTA INJ	VAC	\$0
M-M-R II INJ	VAC	\$0
TWINRIX INJ	VAC	\$0
VARIVAX INJ	VAC	\$0
ZOSTAVAX INJ (Covered for members age 50 or older)	VAC	\$0
<b>VAGINAL PRODUCTS</b>		
<b>SPERMICIDES</b>		
CONCEPTROL GEL	OTC	\$0
CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	OTC	\$0
vcf vaginal gel	OTC	\$0
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
vitamin D cap 1000unit (Covered for members 65 years or older; All other members not covered)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older; All other members not covered)	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older; All other members not covered)	OTC	\$0

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

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
VAC	Over-the-Counter Vaccine Program	QL	Quantity Limit	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.



**Redirect Health Everyday CARE Plan Formulary**  
**Last Updated\* 11/1/2017**  
**Over-the-Counter (OTC)**

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

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

ASPIRIN CHEW TAB 75MG	aspirin chew tab 81mg	aspirin ec tab 325mg	aspirin ec tab 81mg
aspirin tab 325mg	ASPIRIN TAB 81MG	CONCEPTROL GEL	CONTRACEPTIVE FILM
CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	FEMALE CONDOMS
ferrous sulfate elixir	FERROUS SULFATE LIQUII	ferrous sulfate soln	FERROUS SULFATE SYRUP
folic acid tab 400mcg	folic acid tab 800mcg	IRON SUSP	levonorgestrel tab
NICODERM PATCH	NICORETTE GUM	NICORETTE LOZENGE	nicotine gum
NICOTINE KIT	nicotine lozenge	nicotine patch	PLAN B TAB
TODAY SPONGE	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.

**Redirect Health Everyday CARE Plan Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 11/1/2017**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
bupropion SR tab( Limited to 180 days/plan year)	\$0
CHANTIX PAK( Limited to 180 days/plan year)	\$0
CHANTIX TAB( Limited to 180 days/plan year)	\$0
NICODERM PATCH( Limited to 180 days/plan year)	\$0
NICORETTE GUM( Limited to 180 days/plan year)	\$0
NICORETTE LOZENGE( Limited to 180 days/plan year)	\$0
nicotine gum( Limited to 180 days/plan year)	\$0
NICOTINE KIT( Limited to 180 days/plan year)	\$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
ZYBAN TAB( Limited to 180 days/plan year)	\$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.

**Redirect Health Everyday CARE Plan Formulary**  
**Last Updated\* 11/1/2017**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
medroxyprogesterone inj	QL= 1 inj/90 days
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
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
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 years, all other members covered at 100% member pay; 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 50-75 years, all other members covered at 100% member pay; Limited to 2 fills/calendar year
VIVOTIF CAP	QL= 4 caps/fill
ZYBAN TAB	Limited to 180 days/plan year

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