



Valley Health Plan Prescription Drug Formulary

Employer Group Classic & Preferred Plans

Updated September 2023
Notice is subject to change
and all previous versions
are no longer in effect.

Employer Group Plan Benefits:
www.valleyhealthplan.org/members/member-materials

Employer Group Call Center:
Monday – Friday 9am to 5pm (year round)



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General Disclosures

Valley Health Plan (VHP) Members have prescription drug coverage. VHP contracts with Navitus Health Solutions, a pharmacy benefit management (PBM) company to administer the prescription drug benefit and process claims. This document supplements your Combined Evidence of Coverage and Disclosure Form (EOC) handbook. Under this supplemental Outpatient Prescription Drug Benefit document, a member may receive the benefits described below, subject to all terms, conditions, exclusions, and limitations described in the EOC.

The presence of a prescription drug on the Formulary does not guarantee you will be prescribed that particular drug by your prescriber for a particular medical condition. Your prescribing provider will choose the appropriate therapy based upon medical necessity. Except for certain mandatory specialty prescriptions, a member may get covered outpatient prescription drug benefits from any Plan Pharmacy. Only prescription(s) for emergent or urgent care services will be covered at an out-of-network pharmacy when a Plan Pharmacy is not available, and reimbursement will be subject to Plan approval.

Visit www.valleyhealthplan.org/members/pharmacy or call VHP Member Services at **1.888.421.8444 (toll-free)** to find a list of Plan Pharmacies. Members should always present their VHP ID card to the Plan Pharmacy.

Ask the pharmacy staff to let you know if something is not covered. A copay/coinsurance may be charged for covered benefits as listed in your EOC. If the retail price for a prescription drug is less than your copayment, the retail price should be charged.

This formulary is subject to change and all previous versions of the formulary no longer apply. All previous effective versions of the formulary should be discarded. For an electronic version of the formulary, or questions about the drug formulary, visit www.valleyhealthplan.org/members/pharmacy or call VHP Member Services at 1.888.421.8444 (toll-free).

Pharmacy Member Portal

Members have access to an online portal to view important Outpatient Drug Benefit information. Register at <http://www.valleyhealthplan.org/members/pharmacy> to get a User ID and password to access the following information:

- Claim Forms
- Drug History
- Drug Search (Information about drugs)
- Formulary (List of covered drugs)
- Mail Order
- Pharmacy and Therapeutics (P&T) Committee Updates
- Prescription Benefits
- Specialty Pharmacy

If you have questions, please call VHP Member Services at **1.888.421.8444 (toll-free)**.

Drug Formulary

VHP uses a drug formulary (list of covered drugs). Visit www.valleyhealthplan.org/members/pharmacy to view the VHP Drug Formulary or call VHP Member Services at **1.888.421.8444 (toll-free)** to ask for a printed copy.

- For Employer Group members, select the “Employer Group Formulary”

The VHP Drug Formulary is the list of prescription drugs that has been reviewed and selected by VHP Plan Providers on the VHP P&T Committee using professionally-recognized medical standards for medical, safety, and cost effectiveness. The formulary includes both FDA approved brand name and generic drugs. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use. Drugs listed in the Formulary are covered as long as the drug specific coverage criteria are met, the prescription is filled at a network pharmacy, and other plan rules are followed.

The Formulary is updated monthly with any changes and quarterly after each VHP Pharmacy & Therapeutics (P&T) Committee meeting (See P&T Employer Group Formulary Updates: online Member portal Pharmacy documents). The Committee members are actively practicing physicians, pharmacists from various specialties. The P&T Committee frequently consults with other physician subject matter experts to provide additional input to the Committee. A list of P&T formulary updates from the quarterly VHP P&T Committee meeting is available on the VHP website www.valleyhealthplan.org/members/pharmacy or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Definitions of Terms Used Here:

Brand Name Drug - is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

Coinsurance - is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Copayment - is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Deductible - is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

Drug Tier - is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

Enrollee - is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary shall also include subscriber as defined in this section below.

Exception Request - is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

Exigent Circumstances - are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

Formulary - is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

Generic Drug - is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

Non-Formulary Drug - is a prescription drug that is not listed on the health plan's formulary.

Out-of-Pocket Cost - are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Prescribing Provider - a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

Prescription -is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

Prescription Drug - is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

Prior Authorization - is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug.

The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

Step Therapy - is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

Subscriber - means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

How Do I Use the Formulary?

Each prescription drug may be located by looking up the therapeutic category and class of the drug or the BRAND or **generic** name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

There are two ways you can find your drug within the VHP Formulary by:

- 1. Therapeutic Drug Category and Class:** Under the therapeutic category and drug class, each drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs. The generic name of a brand name drug is included after the brand name in parenthesis and in all **bold and italicized** lowercase letters. If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all **bold and italicized** lowercase letters; and in the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with first letter of each word capitalized.

Example: ANTICOAGULANTS
HEPARINS AND HEPARINOID-LIKE AGENTS

| Drug Name | Drug Tier | Requirements/ Limits |
|---|-----------|-------------------------|
| <i>enoxaparin inj</i> 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML | 1 | QL= 17 days supply |
| FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UN- T/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML (<i>dalteparin sodium</i>) | 2 | - |

From the above example:

Generic Drug:

- enoxaparin inj

Brand Drug:

- FRAGMIN INJ (dalteparin sodium)

Alphabetical Index: The covered brand or generic drug names are listed in alphabetical order. You can look at the index to find your drug, which will provide the page number where you will find current coverage information.

For more pharmacy information, visit www.valleyhealthplan.org/members/pharmacy or call VHP Member Services at **1.888.421.8444 (toll-free)**.

Covered Outpatient Formulary Drugs Include:

| Tier | Definition |
|------|---|
| 0 | Birth Control, Health Care Reform Act Drugs, and Vaccines |
| 1 | Generic Drugs and Low-cost Preferred Brands |
| 2 | Brand Name Drugs |

Tier 0: Healthcare reform drugs include but not limited to the following: prenatal vitamins, fluoride preparations, aspirin 81-325 generic single ingredient products only, iron preparations generic immediate release single ingredient products, tobacco cessation products, tamoxifen/raloxifene, statins (lower strengths), bowel preparation, and medications recommended by USPSTF grade A or B (vitamin D, folic acid, Truvada, and Descovy).

Blood Glucose Supplies: Selected brands of blood glucose monitors, blood glucose and ketone testing strips, lancets, pen delivery systems for injecting insulin and insulin needles and syringes are covered under the prescription drug formulary. Insulin pump and all necessary supplies are covered under the medical benefit.

Oral Anticancer Drugs: Member Cost Share for orally administered anticancer medications covered under the Plan shall not exceed \$250 for an individual prescription of up to a thirty (30) day supply.

Preventive Coverage for HIV Preexposure Prophylaxis (PrEP): VHP covers preventive health services for HIV PrEP to any individual who is determined to be at high risk of contracting HIV by the attending health care provider without cost sharing.

VHP covers PrEP drugs Truvada and Descovy without step therapy or prior authorization. If a generic version is available VHP will cover the generic version.

Tiers are subject to change throughout the year. To find the most up-to-date formulary status and utilization management edits for a specific drug visit the Valley Health Plan online formulary available at

www.valleyhealthplan.org/members/pharmacy or Navitus Customer Care **1.866.333.2757**.

Key to Formulary Abbreviations and Symbols

| Abbreviation | Description |
|----------------|---|
| NC | Not Covered |
| generic | Bold faced, italicized, lowercase letters |
| BRANDS | CAPITAL LETTERS |
| EXC | Plan Exclusion |
| MSP | Mandatory Specialty Pharmacy Program |
| PAD | Provider Administered Drug |
| SF | Limited to two 15 day fills per month for first 3 months |
| ST | Step Therapy |
| INF | Infertility |
| OTC | Over-the-Counter |
| QL | Quantity Limit |
| SMKG | Smoking Cessation |
| VAC | Vaccine Program |
| LD | Limited Distribution |
| PA | Prior Authorization |
| RS | Restricted to Specialist |
| ¢ | RxCENTS (Tablet Splitting Program) |
| M | Medical Benefit |
| ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx |

Formulary Changes

The formulary can change when a new drug, new generic, or new formulation is available. Formulary changes may result in changes to your prescription such as change in dispensed brand, cost-sharing tier, or restrictions governing use.

The FDA has strict standards for identity, strength, quality, purity, and potency before approving a generic drug. When available, the pharmacy is required to switch a brand name drug to the equal generic drug. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, route of administration, quality, performance characteristics, and intended use.

If the prescriber believes a member needs the brand name drug, they must send the PBM a Prescription Drug Prior Authorization or Step Therapy Exception Request form as well as attestation the FDA MedWatch form was submitted to the FDA. If the brand name drug is determined to be medically necessary, the member will be able to get the drug.

If new adverse information about the safety or effectiveness of a drug is released, this can affect the formulary status. If VHP makes a negative change to the status of a formulary drug, including change in drug or dosage form, tier placement resulting in an increase in cost share, add utilization management restriction, the plan will notify affected members and providers. If VHP removes the drug from formulary, VHP will offer a formulary alternative(s) and will allow for at least 60 days of coverage before the change becomes effective. If the FDA recalls a drug on the formulary due to safety concern, VHP will remove the drug from the formulary and send notice to affected members and providers. To get updated information about the drugs that are covered by VHP, please visit our website www.valleyhealthplan.org/members/pharmacy or call VHP Member Services at **1.888.421.8444 (toll-free)**.

Prescription Drug Prior Authorization (PA) and Non-Formulary Drugs

When a drug is on the Formulary with PA abbreviated under the column Special Code or the drug is not on the Formulary, your provider must fill out a Prescription Drug Prior Authorization or Step Therapy Exception Request form.

A member can ask for a Prescription Drug Prior Authorization or Step Therapy Exception Request to be sent to the provider by:

- Contacting VHP Member Services, or its designee, at MemberServices@vhp.sccgov.org or **1.888.421.8444 (toll-free)**; or
- Logging on to the pharmacy member portal at www.valleyhealthplan.org/members/pharmacy and filling out an online request.

The prescriber must completely fill out the Prescription Drug Prior Authorization or Step Therapy Exception Request form with information that supports the request for a drug not on formulary and submit to the PBM. The form will be reviewed and approved based on established medical criteria and/or medical necessity and the member and provider will

receive communication with the decision.

- If a drug had previously been approved for coverage for treatment of a member's medical condition, and the member's provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed, is safe, and effective therapy, the drug will continue to be covered. This does not preclude your prescriber from prescribing the alternative formulary drug.
- The Prescription Drug Prior Authorization or Step Therapy Exception Request form request will be turned around within 72 hours for nonurgent requests, and within 24 hours if exigent circumstances exist, upon receipt of a completed prior authorization request from a prescribing provider.
- If the Plan fails to respond to a completed Prescription Drug Prior Authorization or Step Therapy Exception Request within 72 hours of receiving of a nonurgent request and 24 hours of receiving an exigent request, the request shall be granted for the duration of the prescription including refills.
- If the Plan approves the Non-formulary drug, the drug would be approved as follows:
 - Non-formulary generic drugs are Tier 1
 - Non-formulary brand drugs are Tier 2

Step Therapy (ST) Program

Selected formulary drugs require step therapy (ST). This means that a Member must try an alternative clinically equivalent formulary drug(s) first. VHP P&T Committee selects all drugs required for step therapy. There may be a situation where it may be medically necessary for a Member to receive certain medications without first trying an alternative drug. Some instances that may qualify for Step Therapy Exception include but not limited to the following: negative reaction, not clinically appropriate, or stable on prescription drug from a previous health coverage. In these instances, your Provider may request a Prescription Drug Prior Authorization or Step Therapy Exception Request form by contacting Navitus Customer Service or prescribe another formulary drug that is medically appropriate. The list of formulary drugs with step therapy can be changed by Valley Health Plan's P&T Committee. An updated list of the formulary drugs with step therapy is available at www.valleyhealthplan.org/members/pharmacy or by calling VHP Member Services at **1.888.421.8444 (toll- free)**.

Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, VHP has placed quantity limitations on some prescription drugs. Members are covered for up to the amount posted in the VHP Drug Formulary based on recognized standards of care and FDA-approved dosing guidelines. If a prescriber believes it is necessary to prescribe more than the QL amount posted on the list, he or she must submit a Prescription Drug Prior Authorization or Step Therapy Exception Request form to VHP's PBM. A list of covered drugs with QL is available at www.valleyhealthplan.org/members/pharmacy or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Vacation Supply

If your medication is due to be refilled while you are on vacation, you can have it filled at one of VHP's participating pharmacies nationwide. You may also be able to call us and request an early refill authorization at your regular pharmacy which will allow you to pick up your prescription before you leave town. To request an early refill authorization, please call the number on the back of your member ID card. If you use our mail order pharmacy, you can also request your refill be shipped to a different address while you are traveling.

Lost or Misplaced Medications

You may be financially responsible for lost or misplaced medications. The Pharmacy Benefits Manager (PBM) or pharmacist will advise you of all charges. For more pharmacy information, visit www.valleyhealthplan.org/members/pharmacy or call VHP Member Services at **1.888.421.8444 (toll-free)**.

How to Dispute This Determination

External Exception Requests

You, your designee, or your prescribing physician (or other physician) may request for the original exception request and the subsequent denial of such request to be reviewed by an independent review organization. This process is called an "external exception request review." If you would like an external exception request review to be performed, contact Valley Health Plan Member Services at 1.888.421-8444 (toll-free) or by email at memberservices@vhp.sccgov.org. Valley Health Plan must make its determination to authorize an external exception request to be reviewed by an independent review organization and notify you or your designee and the prescribing physician (or other prescriber, as appropriate).

If the original request was a standard exception request, we will make our determination to authorize an external exception request to be reviewed by an independent review organization no later than 72 hours following the receipt of the request. If the original request was an expedited exception request, we will make our determination to authorize an external exception request to be reviewed by an independent review organization no later than 24 hours following the receipt of the request.

If you believe that this determination is not correct you have the right to appeal the decision by filing a grievance with your health plan. Your health plan requests that you submit your grievance within 180 days from the postmark date of this notice. You or someone you designate (your authorized representative) may submit your grievance verbally or in writing. You can call your health plan at the numbers listed below to learn how to name your authorized representative.

There are two types of grievances: Standard and Expedited

- 1. Standard Grievance Process:** A standard grievance will be resolved within 30 days. Your health plan will notify you in writing of the decision within 30 calendar

days of receiving your grievance.

2. Expedited 72 Hour Grievance Process: Your health plan makes every effort to resolve your grievance as quickly as possible. In some cases, you have the right to an expedited grievance when a delay in the decision making might pose an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb, major bodily function, or the normal time frame for the decision making process would be detrimental to your life, or health or could jeopardize your ability to regain maximum function. If you request an expedited grievance, your health plan will evaluate your grievance and health condition to determine if your grievance qualifies as expedited. If your grievance qualifies as expedited, it will be resolved within 72 hours. If not, your grievance will be resolved within the standard 30 days.

Submitting Your Grievance

Please submit a copy of your denial notice and a brief explanation of your situation, and/or other relevant information to your health plan. Your health plan will document and process your standard or expedited grievance and provide you with written notification of the decision. You may write, call, or fax your grievance to your health plan (see the health plan address, telephone, and fax numbers listed at the end of this letter).

If you feel Valley Health Plan has not addressed your issues, you may also contact the Department of Managed Health Care (DMHC). Section 1368.02 of the California Health and Safety Code requires the following notice.

DMHC Consumer Help-Line

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1.888.421.8444 (toll-free)** and use your Health Plan's grievance process before contacting the Department. For the hearing and speech impaired, call the California Relay Service (CRS) by simply dialing 711 or the 800 CRS number of your modality. Utilizing this Grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment dispute for emergency or urgent medical services.

The department also has a toll-free telephone number **1.888.466.2219** and a TDD line **1.877.688.9891** for the hearing and speech impaired. The Department's internet website www.dm.ca.gov has complaint forms, IMR application forms, and instructions online.

Health Plan Grievance Contact Information

| Health Plan Name | Standard Grievance, Expedited Grievance, External Exception Request |
|--|---|
| Valley Health Plan All Line of Business | 2480 North 1st street, Ste 160, San Jose, CA 95131 Phone: 1.888.421.8444 (toll-free) or 1.408.885.4760 (toll-free) Fax: 1.408.885.4425 or TTY 711 www.valleyhealthplan.org |

Drugs Covered under the Medical Benefit vs the Outpatient Prescription Drug Benefit

Drugs that are self-administered are covered under the enrollee’s outpatient prescription drug benefit. These drugs can be found in the formulary. Drugs that are required to be given in a physician’s office or outpatient infusion center are covered under the enrollee’s medical benefit. Drugs covered under the medical benefit will follow guidelines approved by the Plan. All prior authorization request must be submitted through the Plan’s Authorization System.

In some instances, drugs given at the physician’s office or outpatient infusion center, may be covered under the Outpatient Prescription Drug Benefit, refer to the Formulary for up to date coverage. In the case that the drugs given at the physician’s office or outpatient infusion center, is covered under the Outpatient Prescription Drug Benefit, the drug can be obtained through the Mandatory Specialty Pharmacy and sent to the physician’s office or outpatient infusion center directly. An out of pocket cost may apply as described by your Summary of Benefits and Coverage (SBC), for more details see Copays and Deductible section.

Copays and Deductibles

Copays apply to formulary drugs prescribed by an authorized prescriber and dispensed by a Plan Pharmacy. Please see your Summary of Benefits and Coverage (SBC) for the copay amount for each tier.

| Plan Retail Pharmacy | 30 Day Supply |
|----------------------|---------------|
| Tier 0 Retail | 0 Copay |
| Tier 1 Retail | 0 Copay |
| Tier 2 Retail | 0 Copay |

| Costco Mail Service Pharmacy | 30 Day Supply |
|------------------------------|---------------|
| Tier 0 Mail | 0 Copay |
| Tier 1 Mail | 0 Copay |
| Tier 2 Mail | 0 Copay |

Some benefit plans have a deductible that applies to a covered prescription brand name or an overall deductible that is combined between medical care and covered prescription drugs. If the benefit plan includes a deductible, the member is responsible for paying all costs to meet the deductible each calendar year. Once the deductible is met, VHP will cover the prescription drugs at the applicable copayment.

The total amount of copayments and coinsurance an enrollee is required to pay shall not exceed two hundred and fifty dollars (\$250) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered under the Plan's formulary as applicable under your Plan's copay and deductibles.



Maintenance Drug

A maintenance drug is prescribed for a serious chronic illness or condition. The pharmacy can dispense up to a 90-day supply for formulary drugs that are listed on the Maintenance Drug List. For members starting a new brand maintenance drug, for the first fill the member can get a 30 day supply. For additional refills, the member can get up to a 90 day supply. You can find the list at www.valleyhealthplan.org/members/pharmacy or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Not all drugs on the Maintenance Drug List may be covered on the Drug Formulary. Always refer to the formulary for a list of current covered drugs. Members can get the maintenance drug through the Plan Pharmacy or Plan mail service pharmacy administered by Costco.

Pharmacy Network

Members must get prescription drugs from a VHP Plan Pharmacy, including nationwide Walgreens, Safeway, Albertsons, local Valley Health Center Pharmacies (VHC), and independent pharmacies in California. For a complete list of contracted pharmacies, please visit www.valleyhealthplan.org/members/pharmacy or call VHP Member Services at **1.888.421.8444 (toll-free)**.

Mail Order Pharmacy Prescription Drug Program

Members have the choice to get maintenance drugs for serious chronic conditions or long term medical conditions through the mail service pharmacy administered by Costco. Tier 4 drugs are not available through this program.

To use this program you must get a new prescription for each drug that allows up to a 90-day supply.

How do I Renew or start a new prescription?

To register for the Plan's mail order pharmacy program, visit our website at

www.valleyhealthplan.org/shoppers/pharmacy/pharmacy/mail-order-pharmacy-prescription-drug-program.

If you have any questions about Outpatient Prescription Drug Benefits, please call Navitus Customer Care at **1.866.333.2757**. If you have questions about mail order, please call Costco Pharmacy at **1.800.607.6861**.

Mandatory Specialty Pharmacy (MSP) Drugs

Certain specialty formulary drugs are classified as MSP drugs by the VHP P&T Committee and must be provided exclusively through Santa Clara Valley Medical Center (SCVMC) Specialty Pharmacy or Lumicera Specialty Pharmacy. MSP drugs may require specialized delivery and administration on an ongoing basis. They are often for chronic conditions and involve complex care issues that need to be managed.

VHP has partnered with SCVMC Specialty Pharmacy and Lumicera Specialty Pharmacy to supply MSP drugs for our members. These specialty pharmacies have a dedicated team of pharmacists, specialty technicians, patient care coordinators and/or nurses are available to answer all of your therapy and drug support needs. The SCVMC Specialty Pharmacy and Lumicera Specialty team work in cooperation with your prescribers to coordinate your care for optimal outcomes. At SCVMC Specialty Pharmacy, members have the option of walking in to SCVMC Pharmacy, its VHC affiliates, or have the drug delivered to the member's home, office, etc. At Lumicera, MSP drugs are dispensed through a mandatory mail order program, using free, discreet, delivery to the member's home, office, or other location. Specialty drugs are available for a maximum of a 30-day supply.

For a list of MSP drugs, please visit www.valleyhealthplan.org/members/pharmacy or call VHP Member Services at **1.888.421.8444 (toll-free)**.

Direct Member Reimbursement (DMR)

When preparing for travel, it is important to get any care, such as routine prescriptions for serious chronic conditions, before leaving the Network Service Area.

In an emergency, where a Plan Pharmacy cannot be reached, a reimbursement for prescriptions that have been filled and paid for can be requested. A claim form must be completed for review and approval under the guidelines of the EOC. Claim forms are available online at www.valleyhealthplan.org/members/forms-and-resources or by calling VHP Member Services at **1.888.421.8444 (toll-free)**.

Specific information about the prescription, the reason for reimbursement request, and any proof of payment made by primary insurers is needed to submit a claim. Complete the appropriate claim form and mail it along with the original receipt to:

**Navitus Health Solutions Operations Division-Claims
P.O. Box 999 Appleton, WI 54912-0999**

Discrimination is Against the Law

Valley Health Plan (VHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws. VHP does not exclude people or treat them differently because of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws.

Valley Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact VHP Member Service Department.

If you believe that VHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, religion, disability, sex, sexual orientation, gender identity, gender expression, or any other classification prohibited by state or federal laws, you can file a grievance with:

Valley Health Plan Member Services

2480 North First Street, Ste 160

San Jose, CA 95131

1.888.421.8444 (toll-free)

California Relay Service **(CRS) 711** or the **800 CSR** number from your modality

www.valleyhealthplan.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Valley Health Plan Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Assistance

Valley Health Plan is required by federal law to provide the following information.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1.888.421.8444 (California Relay Service (CRS) 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.421.8444 (California Relay Service (CRS) 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.888.421.8444 (California Relay Service (CRS) 711).

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.888.421.8444 (California Relay Service (CRS) 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.421.8444 (California Relay Service (CRS) 711) 번으로 전화해 주십시오.

繁體中文 (Chinese)

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.421.8444 (California Relay Service (CRS) 711)。

Հայաստան (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1.888.421.8444 (California Relay Service (CRS) 711):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.421.8444 (California Relay Service (CRS) 711).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1.888.421.8444 (California Relay Service (CRS) 711) تماس بگیرید.

日本語 (Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.888.421.8444 (California Relay Service (CRS) 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.888.421.8444 (California Relay Service (CRS) 711).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1.888.421.8444 (California Relay Service (CRS) 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888.421.8444.1
(California Relay Service (CRS) 711)

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1.888.421.8444 (California Relay Service (CRS) 711) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1.888.421.8444
(California Relay Service (CRS) 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ
គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.888.421.8444 (California Relay Service (CRS) 711)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີ
ພ້ອມໃຫ້ທ່ານ. ໂທ 1.888.421.8444 (California Relay Service (CRS) 711).

Employer Formulary
Last Updated 9/1/2023

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss | | |
| AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss | | |
| <i>amphetamine/dextroamphetamine ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 5MG</i> (ADDERALL XR Equiv) | 1 | - |
| <i>amphetamine/dextroamphetamine tab 10MG, 12.5MG, 15MG, 20MG, 30MG, 5MG, 7.5MG</i> (ADDERALL Equiv) | 1 | - |
| <i>dextroamphetamine ER cap 10MG, 15MG, 5MG</i> (DEXEDRINE Equiv) | 1 | - |
| <i>dextroamphetamine soln 5MG/5ML</i> (PROCENTRA Equiv) | 1 | - |
| <i>dextroamphetamine sulfate tab 15mg 15MG</i> (ZENZEDI Equiv) | 1 | - |
| <i>dextroamphetamine sulfate tab 20mg 20MG</i> (ZENZEDI Equiv) | 1 | - |
| <i>dextroamphetamine sulfate tab 30mg 30MG</i> (ZENZEDI Equiv) | 1 | - |
| <i>dextroamphetamine tab 10MG, 5MG</i> (DEXEDRINE Equiv) | 1 | - |
| VYVANSE CAP 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG (<i>lisdexamfetamine dimesylate</i>) | 2 | - |
| ANALEPTICS - Miscellaneous stimulant drugs | | |

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|------------------------|--|-------------------------------|-------------------|--------------------------------|--------------------------------------|
| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter | PA | Prior Authorization |
| PAD | Provider Administered Drug | OL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Employer Formulary
Last Updated 9/1/2023

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>caffeine citrate soln 20MG/ML, 60MG/3ML</i> (CAFCIT Equiv) | 1 | Only covered for members less than 1 year old |
| ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss | | |
| <i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv) | 1 | PA-QL QL= 1 cap/day |
| <i>phentermine tab 37.5MG</i> (ADIPEX Equiv) | 1 | PA-QL QL= 1 tab/day |
| QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG (<i>phentermine hcl-topiramate</i>) | 2 | PA-QL QL= 1 cap/day |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders | | |
| <i>atomoxetine cap 100MG, 10MG, 18MG, 25MG, 40MG, 60MG, 80MG</i> (STRATTERA Equiv) | 1 | - |
| <i>clonidine ER tab .1MG</i> (KAPVAY Equiv) | 1 | - |
| <i>guanfacine ER tab 1MG, 2MG, 3MG, 4MG</i> (INTUNIV Equiv) | 1 | - |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders | | |
| SUNOSI TAB 150MG, 75MG (<i>solriamfetol hcl</i>) | 2 | PA-QL QL= 1 tab/day |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders | | |

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Employer Formulary
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|---|--|---|
| WAKIX TAB 17.8MG, 4.45MG (<i>pitolisant hcl</i>) | 2 | LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| STIMULANTS - MISC. - Miscellaneous stimulant drugs | | |
| <i>armodafinil tab 150MG, 200MG, 250MG, 50MG</i> (NUVIGIL Equiv) | 1 | PA-QL QL= 1 tab/day |
| <i>dexmethylphenidate ER cap 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG</i> (FOCALIN XR Equiv) | 1 | - |
| <i>dexmethylphenidate tab 10MG, 2.5MG, 5MG</i> (FOCALIN Equiv) | 1 | - |
| <i>methylphenidate CD cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (METADATE CD Equiv) | 1 | - |
| <i>methylphenidate ER cap 20MG, 30MG, 40MG, 60MG</i> (RITALIN LA Equiv) | 1 | - |
| METHYLPHENIDATE ER TAB 18MG (<i>methylphenidate hcl</i>) | 2 | - |
| <i>methylphenidate ER tab 10MG, 18MG, 20MG, 27MG, 36MG, 54MG</i> | 1 | - |
| <i>methylphenidate soln 10MG/5ML, 5MG/5ML</i> (METHYLIN Equiv) | 1 | - |
| <i>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv) | 1 | - |

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Employer Formulary
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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>modafinil tab 100MG, 200MG</i> (PROVIGIL Equiv) | 1 | PA-QL QL= 2 tabs/day |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC - Drugs to prevent allergic reactions | | |
| ALLERGENIC EXTRACTS - Drugs to prevent allergic reactions | | |
| <i>PALFORZIA POWDER PACK 300MG (peanut (arachis hypogaea) allergen powder-dnfp)</i> | 2 | LD-PA Only available through Walgreens 888-347-3416 |
| <i>PALFORZIA SPRINKLE CAP 100MG, 1MG, 20MG (peanut (arachis hypogaea) allergen powder-dnfp)</i> | 2 | LD-PA Only available through Walgreens 888-347-3416 |
| AMINOGLYCOSIDES - Drugs to treat bacterial infections | | |
| AMINOGLYCOSIDES - Drugs to treat infections | | |
| <i>amikacin inj 1GM/4ML, 500MG/2ML</i> (AMIKIN Equiv) | M | - |
| <i>ARIKAYCE SUSP 590MG/8.4ML (amikacin sulfate liposome)</i> | 2 | LD-PA-QL QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046 |
| <i>KANAMYCIN INJ (kanamycin sulfate)</i> | M | - |
| <i>neomycin tab 500MG</i> | 1 | - |
| <i>STREPTOMYCIN INJ 1GM (streptomycin sulfate)</i> | M | - |
| <i>tobramycin neb soln 300MG/5ML</i> (TOBI Equiv) | 1 | MSP-PA |
| ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system | | |

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Employer Formulary
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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| OLUMIANT TAB 1MG, 2MG (<i>baricitinib</i>) | 2 | MSP-PA-QL QL= 1 tab/day |
| OLUMIANT TAB 4MG 4MG (<i>baricitinib</i>) | 2 | MSP-PA-QL QL= 1 tab/day |
| RINVOQ ER TAB 15MG, 30MG, 45MG (<i>upadacitinib</i>) | 2 | LMSP-PA-QL QL= 1 tab/day |
| XELJANZ SOLN 1MG/ML (<i>tofacitinib citrate</i>) | 2 | MSP-PA-QL QL= 10ml/day |
| XELJANZ TAB 10MG, 5MG (<i>tofacitinib citrate</i>) | 2 | MSP-PA-QL QL= 2 tabs/day |
| XELJANZ XR TAB 11MG, 22MG (<i>tofacitinib citrate</i>) | 2 | MSP-PA-QL QL= 1 tab/day |
| ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system | | |
| RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML (<i>methotrexate (antirheumatic)</i>) | 2 | MSP-PA |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system | | |
| AMJEVITA AUTO-INJECTOR 40MG/0.8ML (<i>adalimumab-atto</i>) | 2 | MSP-PA-QL QL= 2 syringes/28 days |
| AMJEVITA AUTO-INJECTOR (1 PEN PACK) 40MG/0.8ML (<i>adalimumab-atto</i>) | 2 | MSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 10MG 10MG/0.1ML, 10MG/0.2ML (<i>adalimumab</i>) | 2 | MSP-PA-QL QL= 2 syringes/28 days |

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Employer Formulary
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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| HUMIRA INJ 20MG 20MG/0.2ML, 20MG/0.4ML <i>(adalimumab)</i> | 2 | MSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i> | 2 | MSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ 80MG 80MG/0.8ML <i>(adalimumab)</i> | 2 | MSP-PA-QL QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK 40MG/0.8ML, 80MG/0.8ML <i>(adalimumab)</i> | 2 | MSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK 80MG/0.8ML <i>(adalimumab)</i> | 2 | MSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK 80MG/0.8ML <i>(adalimumab)</i> | 2 | MSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UEVEITIS STARTER PACK 40MG/0.8ML <i>(adalimumab)</i> | 2 | MSP-PA-QL QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG 40MG/0.4ML, 40MG/0.8ML <i>(adalimumab)</i> | 2 | MSP-PA-QL QL= 2 pens/28 days |
| SIMPONI AUTO-INJECTOR 100MG 100MG/ML <i>(golimumab)</i> | 2 | MSP-PA-QL QL= 1 inj/28 days |
| SIMPONI INJ 100MG 100MG/ML <i>(golimumab)</i> | 2 | MSP-PA-QL QL= 1 inj/28 days |
| GOLD COMPOUNDS - Drugs to treat disorders of the immune system | | |
| RIDAURA CAP 3MG <i>(auranofin)</i> | 2 | - |
| INTERLEUKIN-1 BLOCKERS - Drugs to treat disorders of the immune system | | |
| ARCALYST INJ 220MG <i>(rilonacept)</i> | M | - |

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Employer Formulary

Last Updated 9/1/2023

| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis | | |
| ACTEMRA ACTPEN INJ 162MG/0.9ML (<i>tocilizumab</i>) | 2 | MSP-PA-QL QL= 2 inj/28 days |
| ACTEMRA IV INJ 200MG/10ML, 400MG/20ML, 80MG/4ML (<i>tocilizumab</i>) | M | - |
| ACTEMRA SC INJ 162MG/0.9ML (<i>tocilizumab</i>) | 2 | MSP-PA-QL QL= 2 inj/28 days |
| KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML (<i>sarilumab</i>) | 2 | MSP-PA-QL QL= 2 inj/28 days |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation | | |
| <i>celecoxib cap 100MG, 200MG, 400MG, 50MG</i> (CELEBREX Equiv) | 1 | QL QL= 2 caps/day |
| <i>diclofenac potassium tab 50MG</i> (CATAFLAM Equiv) | 1 | - |
| <i>diclofenac sodium EC tab 25MG, 50MG, 75MG</i> (VOLTAREN Equiv) | 1 | - |
| <i>diclofenac sodium XR tab 100MG</i> (VOLTAREN XR Equiv) | 1 | - |
| <i>etodolac cap 200MG, 300MG</i> (LODINE Equiv) | 1 | - |
| <i>etodolac tab 400MG, 500MG</i> | 1 | - |
| <i>fenoprofen calcium tab 600MG</i> | 1 | - |
| FENOPROFEN TAB (<i>fenoprofen calcium</i>) | 1 | - |
| FLURBIPROFEN TAB 50MG (<i>flurbiprofen</i>) | 2 | - |
| <i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv) | 1 | - |

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7

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Employer Formulary
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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>ibuprofen susp (Rx ONLY) 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv) | 1 | - |
| <i>ibuprofen tab 400MG, 600MG</i> | 1 | - |
| <i>indomethacin cap 25MG, 50MG</i> (INDOCIN Equiv) | 1 | - |
| <i>indomethacin CR cap 75MG</i> (INDOCIN SR Equiv) | 1 | - |
| <i>ketorolac tab 10MG</i> (TORADOL Equiv) | 1 | QL QL= 20 tabs/5 days |
| MECLOFENAMATE CAP 100MG, 50MG (<i>meclofenamate sodium</i>) | 1 | - |
| <i>meloxicam tab 15MG, 7.5MG</i> (MOBIC Equiv) | 1 | - |
| <i>nabumetone tab 500MG, 750MG</i> (RELAFEN Equiv) | 1 | - |
| <i>naproxen DR tab 500mg 500MG</i> | 1 | - |
| <i>naproxen EC tab 375MG</i> (NAPROSYN EC Equiv) | 1 | - |
| <i>naproxen sodium tab 220MG, 275MG, 550MG</i> (ANAPROX Equiv) | 1 | - |
| NAPROXEN SUSP (<i>naproxen</i>) | 2 | - |
| <i>naproxen susp 125MG/5ML</i> (NAPROSYN Equiv) | 1 | - |
| <i>naproxen tab 250MG, 375MG, 500MG</i> (NAPROSYN Equiv) | 1 | - |
| <i>oxaprozin tab 600MG</i> (DAYPRO Equiv) | 1 | - |
| <i>piroxicam cap 10MG, 20MG</i> (FELDENE Equiv) | 1 | - |
| <i>sulindac tab 150MG, 200MG</i> (CLINORIL Equiv) | 1 | - |
| TOLMETIN CAP 400MG (<i>tolmetin sodium</i>) | 2 | - |
| <i>tolmetin cap</i> (TOLECTIN DS Equiv) | 1 | - |

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| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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| PAD | Provider Administered Drug | OL | Quantity Limit | RS | Restricted to Specialist |
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| TOLMETIN TAB 200MG, 600MG (<i>tolmetin sodium</i>) | 1 | - |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system | | |
| OTEZLA STARTER PACK (<i>apremilast</i>) | 2 | MSP-PA-QL QL= 1 pack/28 days |
| OTEZLA TAB 30MG (<i>apremilast</i>) | 2 | MSP-PA-QL QL= 2 tabs/day |
| PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system | | |
| <i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv) | 1 | - |
| SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system | | |
| ORENCIA CLICK INJ 125MG/ML (<i>abatacept</i>) | 2 | MSP-PA-QL QL= 4 inj/28 days |
| ORENCIA IV INJ 250MG (<i>abatacept</i>) | M | - |
| ORENCIA SC INJ 125MG/ML 125MG/ML (<i>abatacept</i>) | 2 | MSP-PA-QL QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML 50MG/0.4ML (<i>abatacept</i>) | 2 | MSP-PA-QL QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML 87.5MG/0.7ML (<i>abatacept</i>) | 2 | MSP-PA-QL QL= 4 inj/28 days |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system | | |
| ENBREL INJ 25MG 25MG (<i>etanercept</i>) | 2 | MSP-PA-QL QL= 8 inj/28 days |
| ENBREL INJ 50MG 50MG/ML (<i>etanercept</i>) | 2 | MSP-PA-QL QL= 4 inj/28 days |

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| ENBREL MINI INJ 50MG/ML (<i>etanercept</i>) | 2 | MSP-PA-QL QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG 50MG/ML (<i>etanercept</i>) | 2 | MSP-PA-QL QL= 4 inj/28 days |
| ANALGESICS - NONNARCOTIC - Drugs to treat pain | | |
| ANALGESIC COMBINATIONS - Drugs to treat pain | | |
| <i>butalbital/acetaminophen tab 50MG-300MG, 50MG-325MG</i> (PHRENILIN Equiv) | 1 | QL QL= 6 tabs/day |
| <i>butalbital/acetaminophen/caffeine cap 40MG-50MG-300MG, 40MG-50MG-325MG</i> (FIORICET Equiv) | 1 | QL QL= 6 caps/day |
| <i>butalbital/acetaminophen/caffeine tab 40MG-50MG-325MG</i> (FIORICET Equiv) | 1 | QL QL= 6 tabs/day |
| <i>butalbital/aspirin/caffeine cap 40MG-50MG-325MG</i> (FIORINAL Equiv) | 1 | - |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB 40MG-50MG-325MG (<i>butalbital-aspirin-caffeine</i>) | 1 | QL QL= 6 tabs/day |
| SALICYLATES - Drugs to treat pain | | |
| <i>aspirin chew tab 81mg 81MG</i> | \$0 | OTC Covered for males age 45-79; Covered for females (no age restriction) |
| ASPIRIN EC TAB 325MG 325MG (<i>aspirin</i>) | \$0 | OTC Covered for males age 45-79 and females age 55-79 |

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| <i>aspirin ec tab 325mg 325MG</i> | \$0 | OTC Covered for males age 45-79 and females age 55-79 |
| <i>aspirin ec tab 81mg 81MG</i> | \$0 | OTC Covered for males age 45-79; Covered for females (no age restriction) |
| <i>aspirin tab 325mg 325MG</i> | \$0 | OTC Covered for males age 45-79 and females age 55-79 |
| <i>diflunisal tab 500MG</i> (DOLOBID Equiv) | 1 | - |
| <i>salsalate tab 500MG, 750MG</i> (DISALCID Equiv) | 1 | - |
| ANALGESICS - OPIOID - Drugs to treat pain | | |
| OPIOID AGONISTS - Drugs to treat pain | | |
| CODEINE SULFATE TAB 15MG, 60MG (<i>codeine sulfate</i>) | 1 | - |
| <i>codeine sulfate tab 30MG</i> | 1 | - |
| <i>fentanyl patch 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR</i> (DURAGESIC Equiv) | 1 | - |
| HYDROMORPHONE SUPP 3MG (<i>hydromorphone hcl</i>) | 2 | - |
| <i>hydromorphone tab 2MG, 4MG, 8MG</i> (DILAUDID Equiv) | 1 | - |
| <i>methadone soln 10MG/5ML, 5MG/5ML</i> | 1 | - |

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| <i>methadone tab 10MG, 5MG</i> (DOLOPHINE Equiv) | 1 | - |
| <i>methadose tab 40MG</i> | 1 | - |
| <i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv) | 1 | - |
| <i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 10MG/5ML, 20MG/5ML, 20MG/ML, 5MG/0.25ML</i> | 1 | - |
| MORPHINE SULFATE SOLN 20MG/5ML 20MG/5ML (<i>morphine sulfate</i>) | 2 | - |
| MORPHINE SULFATE SUPP 10MG, 20MG, 30MG, 5MG (<i>morphine sulfate</i>) | 1 | - |
| MORPHINE SULFATE TAB (<i>morphine sulfate</i>) | 1 | - |
| MORPHINE SULFATE TAB 15MG, 30MG (<i>morphine sulfate</i>) | 1 | - |
| <i>morphine sulfate tab 15MG, 30MG</i> | 1 | - |
| <i>oxycodone conc 100MG/5ML, 10MG/0.5ML</i> (ROXICODONE Equiv) | 1 | - |
| OXYCODONE ER TAB, OXYCONTIN CR TAB 10MG 15MG, 20MG, 30MG, 40MG, 60MG, 80MG (<i>oxycodone hcl</i>) | 2 | QL QL= 60 tabs/30 days |
| <i>oxycodone soln 5MG/5ML</i> (ROXICODONE Equiv) | 1 | - |
| <i>oxycodone tab 10MG, 15MG, 20MG, 30MG, 5MG</i> (ROXICODONE Equiv) | 1 | - |
| <i>tramadol hcl tab 100mg 100MG</i> | 1 | - |
| <i>tramadol tab 50MG</i> (ULTRAM Equiv) | 1 | - |

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| XTAMPZA ER CAP 13.5MG, 18MG, 27MG, 36MG, 9MG (<i>oxycodone</i>) | 2 | QL QL= 120 caps/30 days |
| OPIOID COMBINATIONS - Drugs to treat pain | | |
| <i>acetaminophen/codeine soln 12MG/5ML-120MG/5ML</i> | 1 | - |
| <i>acetaminophen/codeine tab 15MG-300MG, 30MG-300MG, 60MG-300MG</i> (TYLENOL/CODEINE Equiv) | 1 | - |
| <i>butalbital/acetaminophen/caffeine/codeine cap 30MG-40MG-50MG-300MG, 30MG-40MG-50MG-325MG</i> (FIORICET/CODEINE Equiv) | 1 | QL QL= 6 caps/day |
| <i>butalbital/aspirin/caffeine/codeine cap 30MG-40MG-50MG-325MG</i> (FIORINAL/CODEINE Equiv) | 1 | QL QL= 6 caps/day |
| <i>hydrocodone/acetaminophen soln 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML</i> (HYCET, LORTAB Equiv) | 1 | - |
| <i>hydrocodone/acetaminophen soln 10-325 mg/15ml 10MG/15ML-325MG/15ML</i> (HYCET Equiv) | 1 | - |
| <i>hydrocodone/acetaminophen tab</i> (LORTAB Equiv) | 1 | - |

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| OXYCODONE/ACETAMINOPHEN SOLN 5MG/5ML-325MG/5ML (<i>oxycodone w/ acetaminophen</i>) | 2 | - |
| <i>oxycodone/acetaminophen tab 10MG-325MG, 2.5MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (PERCOCET Equiv) | 1 | - |
| OXYCODONE/ASPIRIN TAB 4.835MG-325MG (<i>oxycodone-aspirin</i>) | 2 | - |
| OPIOID PARTIAL AGONISTS - Drugs to treat pain | | |
| <i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv) | 1 | QL QL= 4 patches/28 days |
| <i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv) | 1 | - |
| <i>buprenorphine/naloxone sl film .5MG-2MG, 1MG-4MG, 2MG-8MG, 3MG-12MG</i> (SUBOXONE SL FILM Equiv) | 1 | - |
| <i>buprenorphine/naloxone SL tab .5MG-2MG, 2MG-8MG</i> (SUBOXONE Equiv) | 1 | - |
| <i>butorphanol nasal spray 10MG/ML</i> (STADOL Equiv) | 1 | QL QL= 1 bottle/fill, 2 fills/30 days |
| <i>nalbuphine inj 10MG/ML, 20MG/ML</i> | M | - |
| ANDROGENS-ANABOLIC - Drugs to regulate male hormones | | |
| ANABOLIC STEROIDS - Drugs used to gain weight | | |
| <i>oxandrolone tab 10MG, 2.5MG</i> (OXANDRIN Equiv) | 1 | - |

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| ANDROGENS - Drugs to treat low testosterone level | | |
| ANDRODERM PATCH 2MG/24HR, 4MG/24HR <i>(testosterone)</i> | 2 | PA-QL QL= 1 patch/day |
| <i>danazol cap 100MG, 200MG, 50MG</i> (DANOCRINE Equiv) | 1 | - |
| <i>testosterone cypionate inj 100MG/ML, 200MG/ML</i> (DEPO-TESTOSTERONE Equiv) | 1 | - |
| TESTOSTERONE GEL 1% 25MG 25MG/2.5GM <i>(testosterone)</i> | 2 | PA-QL QL= 1 packet/day |
| <i>testosterone gel 1% 25mg 25MG/2.5GM</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 1 packet/day |
| <i>testosterone gel 1% 50mg 1%, 50MG/5GM</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 2 packets/day |
| <i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 4 bottles/30 days |
| <i>testosterone gel 1.62% 1.25gm 20.25MG/1.25GM</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 1 packet/day |
| <i>testosterone gel 1.62% 2.5gm 40.5MG/2.5GM</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 2 packets/day |
| TESTOSTERONE GEL PUMP 1% <i>(testosterone)</i> | 2 | PA-QL QL= 4 bottles/30 days |
| <i>testosterone gel pump 1.62% 1.62%</i> (ANDROGEL Equiv) | 1 | PA-QL QL= 2 bottles/30 days |
| ANORECTAL AGENTS - Drugs to treat problems related to the rectum | | |

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| INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions | | |
| <i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv) | 1 | - |
| RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions | | |
| <i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv) | 1 | - |
| <i>pramoxine/hydrocortisone cream 1%, 1%-2.5%</i> (ANALPRAM HC Equiv) | 1 | - |
| PROCTOFOAM HC FOAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>) | 2 | - |
| RECTAL STEROIDS - Drugs to treat systemic swelling conditions | | |
| <i>hydrocortisone supp 25MG, 30MG</i> (ANUSOL HC Equiv) | 1 | - |
| <i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv) | 1 | - |
| ANTHELMINTICS - Drugs to treat worm infections | | |
| ANTHELMINTICS - Drugs to treat parasites | | |
| <i>ivermectin tab 3MG</i> (STROMEKTOL Equiv) | 1 | PA |
| <i>praziquantel tab 600MG</i> (BILTRICIDE Equiv) | 1 | - |
| ANTIANGINAL AGENTS - Drugs to treat chest pain | | |
| ANTIANGINALS-OTHER - Drugs to treat chest pain | | |
| <i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv) | 1 | - |
| NITRATES - Drugs to treat chest pain | | |
| <i>isosorbide dinitrate SL tab</i> | 1 | - |

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| <i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv) | 1 | - |
| <i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv) | 1 | - |
| ISOSORBIDE MONONITRATE TAB 10MG, 20MG <i>(isosorbide mononitrate)</i> | 2 | - |
| <i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv) | 1 | - |
| NITRO-BID OINT 2% (<i>nitroglycerin</i>) | 2 | - |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR (<i>nitroglycerin</i>) | 2 | - |
| <i>nitroglycerin lingual spray .4MG/SPRAY</i> (NITROLINGUAL Equiv) | 1 | - |
| <i>nitroglycerin patch .1MG/HR, .2MG/HR, .4MG/HR, .6MG/HR</i> (NITRO-DUR Equiv) | 1 | - |
| <i>nitroglycerin SL tab .3MG, .4MG, .6MG</i> (NITROSTAT Equiv) | 1 | - |
| ANTI-ANXIETY AGENTS - Drugs to treat anxiety | | |
| ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs | | |
| <i>buspirone tab 10MG, 15MG, 30MG, 5MG, 7.5MG</i> (BUSPAR Equiv) | 1 | - |
| <i>hydroxyzine pamoate cap 25MG, 50MG</i> (VISTARIL Equiv) | 1 | - |
| <i>hydroxyzine syrup 10MG/5ML</i> (ATARAX Equiv) | 1 | - |

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| <i>hydroxyzine tab 10MG, 25MG, 50MG</i> (ATARAX Equiv) | 1 | - |
| <i>meprobamate tab 200MG, 400MG</i> (MILTOWN Equiv) | 1 | - |
| BENZODIAZEPINES - Drugs to treat anxiety | | |
| <i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv) | 1 | - |
| <i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv) | 1 | - |
| <i>clorazepate tab 15MG, 3.75MG, 7.5MG</i> (TRANXENE-T Equiv) | 1 | - |
| <i>diazepam conc 5MG/ML</i> (VALIUM Equiv) | 1 | - |
| <i>diazepam oral soln 5MG/5ML</i> | 1 | - |
| <i>diazepam tab 10MG, 2MG, 5MG</i> (VALIUM Equiv) | 1 | - |
| <i>lorazepam conc 1MG/0.5ML, 2MG/ML</i> (ATIVAN Equiv) | 1 | - |
| <i>lorazepam tab .5MG, 1MG, 2MG</i> (ATIVAN Equiv) | 1 | - |
| <i>oxazepam cap 10MG, 15MG, 30MG</i> (SERAX Equiv) | 1 | - |
| ANTIARRHYTHMICS - Drugs to control heart rhythm | | |
| ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm | | |
| <i>disopyramide cap 100MG, 150MG</i> (NORPACE Equiv) | 1 | - |
| <i>disopyramide ER cap</i> (NORPACE CR Equiv) | 1 | - |
| NORPACE CR CAP 100MG, 150MG (<i>disopyramide phosphate</i>) | 2 | - |
| <i>quinidine gluconate CR tab 324MG</i> | 1 | - |

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| QUINIDINE SULFATE TAB 200MG, 300MG <i>(quinidine sulfate)</i> | 2 | - |
| <i>quinidine sulfate tab 200MG, 300MG</i> | 1 | - |
| ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm | | |
| <i>mexiletine hcl cap 150MG, 200MG, 250MG</i> | 1 | - |
| ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm | | |
| <i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv) | 1 | - |
| <i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv) | 1 | - |
| <i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv) | 1 | - |
| ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm | | |
| <i>amiodarone tab 100MG, 200MG, 400MG</i> (CORDARONE Equiv) | 1 | - |
| <i>dofetilide cap 125MCG, 250MCG, 500MCG</i> (TIKOSYN Equiv) | 1 | - |
| MULTAQ TAB 400MG (<i>dronedarone hcl</i>) | 2 | - |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD | | |
| ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma | | |
| NUCALA INJ 100MG/ML (<i>mepolizumab</i>) | 2 | MSP-PA-QL QL= 1 inj/28 days |
| XOLAIR SYRINGE 150MG/ML, 75MG/0.5ML <i>(omalizumab)</i> | 2 | MSP-PA |

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| ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD | | |
| <i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv) | 1 | - |
| BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders | | |
| ATROVENT HFA INHALER 17MCG/ACT <i>(ipratropium bromide hfa)</i> | 2 | - |
| INCRUSE ELLIPTA INHALER 62.5MCG/INH <i>(umeclidinium bromide)</i> | 2 | - |
| <i>ipratropium neb soln .02%</i> (ATROVENT Equiv) | 1 | - |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT <i>(tiotropium bromide monohydrate)</i> | 2 | - |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT 2.5MCG/ACT <i>(tiotropium bromide monohydrate)</i> | 2 | - |
| <i>tiotropium bromide cap inhaler 18MCG</i> (SPIRIVA HANDIHALER Equiv) | 1 | - |
| LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD | | |
| <i>montelukast chew tab 4MG, 5MG</i> (SINGULAIR Equiv) | 1 | - |
| <i>montelukast granule pack 4MG</i> (SINGULAIR Equiv) | 1 | - |
| <i>montelukast tab 10MG</i> (SINGULAIR Equiv) | 1 | - |
| STEROID INHALANTS - Drugs to treat asthma and COPD | | |
| ARNUITY ELLIPTA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT <i>(fluticasone furoate (inhalation))</i> | 2 | - |

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| ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>) | 2 | - |
| ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT (<i>mometasone furoate (inhalation)</i>) | 2 | - |
| ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>) | 2 | - |
| ASMANEX INHALER 110MCG/INH, 220MCG/INH (<i>mometasone furoate (inhalation)</i>) | 2 | - |
| <i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv) | 1 | - |
| FLOVENT DISKUS INHALER 100MCG/BLIST, 250MCG/BLIST, 50MCG/BLIST (<i>fluticasone propionate (inhalation)</i>) | 2 | - |
| FLOVENT HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT (<i>fluticasone propionate hfa</i>) | 2 | - |
| SYMPATHOMIMETICS - Drugs to treat asthma and COPD | | |
| <i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv) | 1 | QL QL= 2 inhalers/30 days |
| <i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML</i> | 1 | - |

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| ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML, 2.5MG/0.5ML (<i>albuterol sulfate</i>) | 2 | - |
| <i>albuterol sulfate syrup 2MG/5ML</i> | 1 | - |
| <i>albuterol sulfate tab 2MG, 4MG</i> | 1 | - |
| ALBUTEROL TAB ER 4MG, 8MG (<i>albuterol sulfate</i>) | 2 | - |
| <i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML</i> (DUONEB Equiv) | 1 | - |
| ANORO ELLIPTA INHALER 25MCG/INH-62.5MCG/INH (<i>umeclidinium-vilanterol</i>) | 2 | - |
| BREO ELLIPTA INHALER 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>) | 2 | - |
| <i>budesonide/formoterol inhaler 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT</i> (SYMBICORT Equiv) | 1 | - |
| COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</i>) | 2 | - |
| DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT (<i>mometasone furoate-formoterol fumarate dihydrate</i>) | 2 | - |

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| DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i> | 2 | - |
| FLUTICASONE/SALMETEROL INHALER 14MCG/ACT-113MCG/ACT, 14MCG/ACT-232MCG/ACT, 14MCG/ACT-55MCG/ACT <i>(fluticasone-salmeterol)</i> | 1 | - |
| <i>fluticasone/salmeterol inhaler, wixela inhaler</i> 50MCG/ACT-100MCG/ACT, 50MCG/ACT-250MCG/ACT, 50MCG/ACT-500MCG/ACT (ADVAIR Equiv) | 1 | - |
| FLUTICASONE-SALMETEROL INHALER 115-21MCG/ACT 21MCG/ACT-115MCG/ACT <i>(fluticasone-salmeterol)</i> | 2 | - |
| FLUTICASONE-SALMETEROL INHALER 230-21MCG/ACT 21MCG/ACT-230MCG/ACT <i>(fluticasone-salmeterol)</i> | 2 | - |
| FLUTICASONE-SALMETEROL INHALER 45-21MCG/ACT 21MCG/ACT-45MCG/ACT <i>(fluticasone-salmeterol)</i> | 2 | - |
| <i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv) | 1 | - |
| METAPROTERENOL SYRUP 10MG/5ML <i>(metaproterenol sulfite)</i> | 1 | - |

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| SEREVENT DISKUS INHALER 50MCG/DOSE <i>(salmeterol xinafoate)</i> | 2 | - |
| STIOLTO INHALER 2.5MCG/ACT <i>(tiotropium bromide-olodaterol hcl)</i> | 2 | - |
| <i>terbutaline sulfate tab 2.5MG, 5MG</i> (BRETHINE Equiv) | 1 | - |
| TRELEGY ELLIPTA INHALER 25MCG/INH-62.5MCG/INH-100MCG/INH, 25MCG/INH-62.5MCG/INH-200MCG/INH <i>(fluticasone-umeclidinium-vilanterol)</i> | 2 | - |
| XANTHINES - Drugs to treat asthma and COPD | | |
| ELIXOPHYLLIN ELIXIR 80MG/15ML <i>(theophylline)</i> | 2 | - |
| <i>theophylline ER tab 100MG, 200MG, 300MG, 450MG</i> (THEOCHRON Equiv) | 1 | - |
| <i>theophylline ER tab 400mg, 600mg 400MG, 600MG</i> (UNIPHYL Equiv) | 1 | - |
| <i>theophylline soln 80MG/15ML</i> | 1 | - |
| ANTICOAGULANTS - Drugs to thin the blood | | |
| COUMARIN ANTICOAGULANTS - Drugs to thin the blood | | |
| <i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv) | 1 | - |
| DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood | | |
| ELIQUIS TAB, ELIQUIS STARTER PACK 2.5MG, 5MG <i>(apixaban)</i> | 2 | - |

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| XARELTO STARTER PACK (<i>rivaroxaban</i>) | 2 | - |
| XARELTO SUSP 1MG/ML (<i>rivaroxaban</i>) | 2 | - |
| XARELTO TAB 10MG, 15MG, 2.5MG, 20MG (<i>rivaroxaban</i>) | 2 | - |
| HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood | | |
| <i>enoxaparin inj 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML</i> (LOVENOX Equiv) | 1 | - |
| <i>fondaparinux inj 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML</i> (ARIXTRA Equiv) | 1 | PA |
| FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML (<i>dalteparin sodium</i>) | 2 | - |
| <i>heparin inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML</i> | 1 | - |
| THROMBIN INHIBITORS - Drugs to thin the blood | | |
| <i>dabigatran etexilate mesylate cap 150MG, 75MG</i> | 1 | - |
| PRADAXA CAP 110MG 110MG (<i>dabigatran etexilate mesylate</i>) | 2 | - |
| ANTICONVULSANTS - Drugs to treat seizures | | |
| ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures | | |
| <i>clobazam tab 10MG, 20MG</i> (ONFI Equiv) | 1 | - |

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| <i>clonazepam tab .5MG, 1MG, 2MG</i> (KLONOPIN Equiv) | 1 | - |
| ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs | | |
| <i>carbamazepine chew tab 100MG</i> (TEGRETOL Equiv) | 1 | - |
| <i>carbamazepine ER cap 100MG, 200MG, 300MG</i> (CARBATROL Equiv) | 1 | - |
| <i>carbamazepine ER tab 100MG, 200MG, 400MG</i> (TEGRETOL XR Equiv) | 1 | - |
| <i>carbamazepine susp 100MG/5ML, 200MG/10ML</i> (TEGRETOL Equiv) | 1 | - |
| <i>carbamazepine tab 200MG</i> (TEGRETOL Equiv) | 1 | - |
| DIACOMIT CAP 250MG, 500MG (<i>stiripentol</i>) | 2 | LD-PA Only available through PantheRx Pharmacy 855-726-8479 |
| DIACOMIT POWDER PACK 250MG, 500MG (<i>stiripentol</i>) | 2 | LD-PA Only available through PantheRx Pharmacy 855-726-8479 |
| EPIDIOLEX SOLN 100MG/ML (<i>cannabidiol</i>) | 2 | LD-PA Only available through Lumicera 855-847-3553 |
| FINTEPLA SOLN 2.2MG/ML (<i>fenfluramine hcl</i> (<i>anticonvulsant</i>)) | 2 | LD-PA-QL QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |

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| <i>gabapentin cap 100MG, 300MG, 400MG</i> (NEURONTIN Equiv) | 1 | - |
| <i>gabapentin soln 250MG/5ML, 300MG/6ML</i> (NEURONTIN Equiv) | 1 | - |
| <i>gabapentin tab 600MG, 800MG</i> (NEURONTIN Equiv) | 1 | - |
| <i>lacosamide oral solution 10MG/ML</i> (VIMPAT Equiv) | 1 | - |
| <i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv) | 1 | QL QL= 2 tabs/day |
| <i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv) | 1 | - |
| <i>lamotrigine ODT 100MG, 200MG, 25MG, 50MG</i> (LAMICTAL Equiv) | 1 | - |
| <i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv) | 1 | - |
| <i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv) | 1 | - |
| <i>levetiracetam soln 100MG/ML, 500MG/5ML</i> (KEPPRA Equiv) | 1 | - |
| <i>levetiracetam tab 1000MG, 250MG, 500MG, 750MG</i> (KEPPRA Equiv) | 1 | - |
| <i>oxcarbazepine susp 300MG/5ML, 60MG/ML</i> (TRILEPTAL Equiv) | 1 | - |
| <i>oxcarbazepine tab 150MG, 300MG, 600MG</i> (TRILEPTAL Equiv) | 1 | - |

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| POTIGA TAB (<i>ezogabine</i>) | 2 | PA-QL QL= 3 tabs/day |
| POTIGA TAB 50MG (<i>ezogabine</i>) | 2 | PA-QL |
| <i>pregabalin cap 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG</i> (LYRICA Equiv) | 1 | - |
| <i>pregabalin soln 20MG/ML</i> (LYRICA Equiv) | 1 | - |
| <i>primidone tab 250MG, 50MG</i> (MYSOLINE Equiv) | 1 | - |
| <i>rufinamide susp 40MG/ML</i> (BANZEL Equiv) | 1 | - |
| <i>rufinamide tab 200MG, 400MG</i> (BANZEL Equiv) | 1 | - |
| <i>topiramate sprinkle cap 15MG, 25MG</i> (TOPAMAX Equiv) | 1 | - |
| <i>topiramate tab 100MG, 200MG, 25MG, 50MG</i> (TOPAMAX Equiv) | 1 | - |
| ZONISADE SUSP 100MG/5ML (<i>zonisamide</i>) | 2 | Covered for members age 12 or younger |
| <i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv) | 1 | - |
| CARBAMATES - Drugs to treat seizures | | |
| <i>felbamate susp 600MG/5ML</i> (FELBATOL Equiv) | 1 | - |
| <i>felbamate tab 400MG, 600MG</i> (FELBATOL Equiv) | 1 | - |
| XCOPRI PAK 100-150MG (<i>cenobamate</i>) | 2 | PA-QL QL= 2 tabs/day |
| XCOPRI PAK 150-200MG (<i>cenobamate</i>) | 2 | PA-QL QL= 2 tabs/day |

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|--|--|---|
| XCOPRI PAK 50-200MG (<i>cenobamate</i>) | 2 | PA-QL QL= 2 tabs/day |
| XCOPRI TAB 150MG, 200MG 150MG, 200MG (<i>cenobamate</i>) | 2 | PA-QL QL= 2 tabs/day |
| XCOPRI TAB 50MG, 100MG 100MG, 50MG (<i>cenobamate</i>) | 2 | PA-QL QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG (<i>cenobamate</i>) | 2 | PA-QL QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG (<i>cenobamate</i>) | 2 | PA-QL QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG (<i>cenobamate</i>) | 2 | PA-QL QL= 1 tab/day |
| GABA MODULATORS - Drugs to treat seizures | | |
| <i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv) | 1 | - |
| <i>vigabatrin powder pack 500MG</i> (SABRIL POWDER Equiv) | 1 | LD-PA Only available through Lumicera 855-847-3553 |
| <i>vigabatrin tab 500MG</i> (SABRIL Equiv) | 1 | LD-PA Only available through Lumicera 855-847-3553 |
| <i>vigadrone powder pack 500MG</i> | 1 | LD-PA Only available through PantheRx 855-726-8479 |
| HYDANTOINS - Drugs to treat seizures | | |

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| DILANTIN CAP 30MG 30MG (<i>phenytoin sodium extended</i>) | 2 | - |
| PEGANONE TAB 250MG (<i>ethotoin</i>) | 2 | - |
| <i>phenytoin cap 100MG, 200MG, 300MG</i> (DILANTIN Equiv) | 1 | - |
| <i>phenytoin chew tab 50MG</i> (DILANTIN Equiv) | 1 | - |
| <i>phenytoin susp 100MG/4ML, 125MG/5ML</i> (DILANTIN Equiv) | 1 | - |
| SUCCINIMIDES - Drugs to treat seizures | | |
| <i>ethosuximide cap 250MG</i> (ZARONTIN Equiv) | 1 | - |
| <i>ethosuximide soln 250MG/5ML</i> (ZARONTIN Equiv) | 1 | - |
| <i>methsuximide cap 300MG</i> (CELONTIN CAP Equiv) | 1 | - |
| VALPROIC ACID - Drugs to treat seizures | | |
| <i>divalproex ER tab 250MG, 500MG</i> (DEPAKOTE ER Equiv) | 1 | - |
| <i>divalproex sodium DR tab 125MG, 250MG, 500MG</i> (DEPAKOTE Equiv) | 1 | - |
| <i>divalproex sprinkle cap 125MG</i> (DEPAKOTE Equiv) | 1 | - |
| <i>valproic acid cap 250MG</i> (DEPAKENE Equiv) | 1 | - |
| <i>valproic acid syrup 250MG/5ML</i> (DEPAKENE Equiv) | 1 | - |
| ANTIDEPRESSANTS - Drugs to treat depression disorder | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression | | |
| <i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv) | 1 | - |

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| <i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv) | 1 | - |
| ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs | | |
| <i>bupropion ER tab 100MG, 150MG, 200MG</i> (WELLBUTRIN Equiv) | 1 | - |
| <i>bupropion tab 100MG, 75MG</i> (WELLBUTRIN Equiv) | 1 | - |
| <i>bupropion XL tab 150MG, 300MG</i> (WELLBUTRIN XL Equiv) | 1 | - |
| MAPROTILINE TAB 25MG, 50MG, 75MG (<i>maprotiline hcl</i>) | 1 | - |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression | | |
| MARPLAN TAB 10MG (<i>isocarboxazid</i>) | 2 | - |
| PHENELZINE SULFATE TAB 15MG (<i>phenelzine sulfate</i>) | 2 | - |
| <i>phenelzine tab 15MG</i> (NARDIL Equiv) | 1 | - |
| <i>tranylcypromine tab 10MG</i> (PARNATE Equiv) | 1 | - |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression | | |
| <i>citalopram soln 10MG/5ML</i> (CELEXA Equiv) | 1 | - |
| <i>citalopram tab 10MG, 20MG, 40MG</i> (CELEXA Equiv) | 1 | - |
| <i>escitalopram soln 5MG/5ML</i> (LEXAPRO Equiv) | 1 | - |
| <i>escitalopram tab 10MG, 20MG, 5MG</i> (LEXAPRO Equiv) | 1 | - |
| <i>fluoxetine cap 10MG, 20MG, 40MG</i> (PROZAC Equiv) | 1 | - |
| <i>fluoxetine soln 20MG/5ML</i> (PROZAC Equiv) | 1 | - |

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| <i>fluoxetine tab 10MG, 20MG, 60MG</i> (PROZAC Equiv) | 1 | - |
| <i>fluvoxamine ER cap 100MG, 150MG</i> (LUVOX CR Equiv) | 1 | - |
| <i>fluvoxamine tab 100MG, 25MG, 50MG</i> (LUVOX Equiv) | 1 | - |
| <i>paroxetine ER tab 12.5MG, 25MG, 37.5MG</i> (PAXIL CR Equiv) | 1 | - |
| <i>paroxetine tab 10MG, 20MG, 30MG, 40MG</i> (PAXIL Equiv) | 1 | - |
| <i>sertraline conc 20MG/ML</i> (ZOLOFT Equiv) | 1 | - |
| <i>sertraline tab 100MG, 25MG, 50MG</i> (ZOLOFT Equiv) | 1 | - |
| SEROTONIN MODULATORS - Drugs to treat depression | | |
| NEFAZODONE TAB 100MG, 150MG, 200MG, 250MG, 50MG (<i>nefazodone hcl</i>) | 1 | - |
| <i>nefazodone tab 50mg, 250mg</i> | 1 | - |
| <i>trazodone tab 100MG, 150MG, 50MG</i> (DESYREL Equiv) | 1 | - |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression | | |
| <i>desvenlafaxine ER tab 100MG, 25MG, 50MG</i> (PRISTIQ Equiv) | 1 | - |
| <i>duloxetine EC cap 20mg, 30mg, 60mg 20MG, 30MG, 60MG</i> (CYMBALTA Equiv) | 1 | - |
| <i>venlafaxine ER cap 150MG, 37.5MG, 75MG</i> (EFFEXOR XR Equiv) | 1 | - |

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| <i>venlafaxine tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (EFFEXOR Equiv) | 1 | - |
| TRICYCLIC AGENTS - Drugs to treat depression | | |
| <i>amitriptyline tab</i> (ELAVIL Equiv) | 1 | - |
| AMOXAPINE TAB 100MG, 150MG, 25MG, 50MG (<i>amoxapine</i>) | 1 | - |
| <i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv) | 1 | - |
| <i>desipramine tab</i> (NORPRAMIN Equiv) | 1 | - |
| <i>doxepin cap 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</i> (SINEQUAN Equiv) | 1 | - |
| <i>doxepin conc 10MG/ML</i> (SINEQUAN Equiv) | 1 | - |
| <i>imipramine tab 10MG, 25MG, 50MG</i> (TOFRANIL Equiv) | 1 | - |
| <i>nortriptyline cap 10MG, 25MG, 50MG, 75MG</i> (PAMELOR Equiv) | 1 | - |
| <i>nortriptyline oral soln</i> (NORTRIPTYLINE Equiv) | 1 | - |
| NORTRIPTYLINE SOLN 10MG/5ML (<i>nortriptyline hcl</i>) | 2 | - |
| ANTIDIABETICS - Drugs to regulate blood sugar | | |
| ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar | | |
| <i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv) | 1 | - |
| ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar | | |

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| ALOGLIPTIN/METFORMIN TAB 12.5MG-1000MG, 12.5MG-500MG (<i>alogliptin-metformin hcl</i>) | 2 | QL QL= 2 tabs/day |
| ALOGLIPTIN/PIOGLITAZONE TAB 12.5MG-15MG, 12.5MG-30MG, 15MG-25MG, 25MG-30MG, 25MG-45MG (<i>alogliptin-pioglitazone</i>) | 2 | QL QL= 1 tab/day |
| ALOGLIPTIN/PIOGLITAZONE TAB 12.5MG-45MG (<i>alogliptin-pioglitazone</i>) | 2 | QL QL= 1 tab/day |
| <i>glipizide/metformin tab 2.5MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (METAGLIP Equiv) | 1 | - |
| <i>glyburide/metformin tab 1.25MG-250MG, 2.5MG-500MG, 5MG-500MG</i> (GLUCOVANCE Equiv) | 1 | - |
| GLYXAMBI TAB 5MG-10MG, 5MG-25MG (<i>empagliflozin-linagliptin</i>) | 2 | QL QL= 1 tab/day |
| JANUMET TAB 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>) | 2 | QL-ST QL= 2 tabs/day; Step Therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone |
| JANUMET XR TAB 100MG-1000MG, 50MG-1000MG, 50MG-500MG (<i>sitagliptin-metformin hcl</i>) | 2 | QL-ST QL= 2 tabs/day; Step Therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone |

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| JENTADUETO TAB 2.5MG-1000MG, 2.5MG-500MG, 2.5MG-850MG (<i>linagliptin-metformin hcl</i>) | 2 | QL-ST QL= 2 tabs/day; Step Therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone |
| JENTADUETO XR TAB 2.5MG-1000MG, 5MG-1000MG (<i>linagliptin-metformin hcl</i>) | 2 | QL-ST QL= 2 tabs/day; Step Therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone |
| SYNJARDY TAB 12.5MG-1000MG, 12.5MG-500MG, 5MG-1000MG, 5MG-500MG (<i>empagliflozin-metformin hcl</i>) | 2 | QL QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG 10MG-1000MG, 25MG-1000MG (<i>empagliflozin-metformin hcl</i>) | 2 | QL QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG 12.5MG-1000MG, 5MG-1000MG (<i>empagliflozin-metformin hcl</i>) | 2 | QL QL= 2 tabs/day |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG 5MG-10MG-1000MG, 5MG-25MG-1000MG (<i>empagliflozin-linagliptin-metformin</i>) | 2 | QL QL= 1 tab/day |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG 2.5MG-12.5MG-1000MG, 2.5MG-5MG-1000MG (<i>empagliflozin-linagliptin-metformin</i>) | 2 | QL QL= 2 tabs/day |

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| XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG, 5MG-1000MG <i>(dapagliflozin-metformin hcl)</i> | 2 | QL QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG 10MG-1000MG, 10MG-500MG, 5MG-500MG <i>(dapagliflozin-metformin hcl)</i> | 2 | QL QL= 1 tab/day |
| XULTOPHY INJ 3.6MG/ML-100UNIT/ML <i>(insulin degludec-liraglutide)</i> | 2 | QL QL= 15ml/30 days |
| BIGUANIDES - Drugs to regulate blood sugar | | |
| <i>metformin ER tab 500mg 500MG</i> (GLUCOPHAGE XR Equiv) | 1 | - |
| <i>metformin tab 1000MG, 500MG, 850MG</i> (GLUCOPHAGE Equiv) | 1 | - |
| <i>metformin tab ER 750mg 750MG</i> | 1 | - |
| DIABETIC OTHER - Drugs to regulate blood sugar | | |
| BAQSIMI NASAL POWDER 3MG/DOSE <i>(glucagon)</i> | 2 | QL QL= 2 inhalations/fill |
| GLUCAGEN HYPOKIT INJ 1MG <i>(glucagon hcl (rdna))</i> | 2 | - |
| <i>glucagon (rdna) for inj kit 1MG</i> (GLUCAGON Equiv) | 1 | - |
| GVOKE INJ .5MG/0.1ML, 1MG/0.2ML <i>(glucagon)</i> | 2 | QL QL= 2 inj/fill |
| GVOKE INJ KIT 1MG/0.2ML <i>(glucagon)</i> | 2 | QL QL= 2 inj/fill |

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| GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML <i>(glucagon)</i> | 2 | QL QL= 2 inj/fill |
| KORLYM TAB 300MG <i>(mifepristone (hyperglycemia))</i> | 2 | LD-PA-QL QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596) |
| ZEGALOGUE INJ .6MG/0.6ML <i>(dasiglucagon hcl)</i> | 2 | QL QL= 2 inj/fill |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar | | |
| ALOGLIPTIN TAB 12.5MG, 25MG, 6.25MG <i>(alogliptin benzoate)</i> | 2 | QL QL= 1 tab/day |
| JANUVIA TAB 100MG, 25MG, 50MG <i>(sitagliptin phosphate)</i> | 2 | QL-ST- ϕ QL= 1 tab/day; Step Therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone |
| TRADJENTA TAB 5MG <i>(linagliptin)</i> | 2 | QL-ST QL= 1 tab/day; Step Therapy requires trial of alogliptin, alogliptin/metformin, or alogliptin/pioglitazone |
| INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar | | |
| OZEMPIC INJ 2MG/3ML 2MG/3ML <i>(semaglutide)</i> | 2 | QL QL= 1 pack/28 days |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar | | |

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| BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>) | 2 | QL QL= 4 inj/28 days |
| BYDUREON INJ (<i>exenatide</i>) | 2 | QL QL= 4 inj/28 days |
| BYDUREON PEN INJ 2MG (<i>exenatide</i>) | 2 | QL QL= 4 inj/28 days |
| MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML (<i>tirzepatide</i>) | 2 | QL QL= 4 inj/28 days |
| OZEMPIC INJ 2MG/1.5ML 2MG/1.5ML (<i>semaglutide</i>) | 2 | QL QL= 1 pack/28 days |
| OZEMPIC INJ 4MG/3ML 4MG/3ML (<i>semaglutide</i>) | 2 | QL QL= 1 pack/28 days |
| OZEMPIC INJ 8MG/3ML 5.5MG/ML-8MG/3ML-14MG/ML (<i>semaglutide</i>) | 2 | QL QL= 1 pack/28 days |
| RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>) | 2 | QL QL=1 tab/day |
| TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>) | 2 | QL QL= 4 pens/28 days |
| VICTOZA INJ 18MG/3ML (<i>liraglutide</i>) | 2 | QL QL= 9ml/30 days |
| INSULIN - Drugs to regulate blood sugar | | |
| ADMELOG INJ, INSULIN LISPRO INJ (<i>insulin lispro</i> (<i>human</i>)) | 2 | - |

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| ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) 100UNIT/ML (<i>insulin lispro</i>) | 2 | - |
| HUMULIN R INJ U-500 500UNIT/ML (<i>insulin regular (human)</i>) | 2 | - |
| HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML (<i>insulin regular (human)</i>) | 2 | - |
| INSULIN ASPART FLEXPEN INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>) | 2 | - |
| INSULIN ASPART INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>) | 2 | - |
| INSULIN ASPART MIX FLEXPEN INJ 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>) | 2 | - |
| INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart protamine & aspart (human)</i>) | 2 | - |
| INSULIN ASPART PENFILL INJ 100UNIT/ML (NOVOLOG Equiv) (<i>insulin aspart</i>) | 2 | - |
| INSULIN GLARGINE-YFGN INJ (SEMGLEE Equiv) 100UNIT/ML (<i>insulin glargine-yfgn</i>) | 2 | - |
| INSULIN GLARGINE-YFGN PEN (SEMGLEE Equiv) 100UNIT/ML (<i>insulin glargine-yfgn</i>) | 2 | - |

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| LEVEMIR FLEXTOUCH INJ 100UNIT/ML (<i>insulin detemir</i>) | 2 | - |
| LEVEMIR INJ 100UNIT/ML (<i>insulin detemir</i>) | 2 | - |
| NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>) | 1 | OTC |
| NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML (<i>insulin nph isophane & reg (human)</i>) | 1 | - |
| NOVOLIN N FLEXPEN INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>) | 1 | OTC |
| NOVOLIN N INJ 100UNIT/ML (<i>insulin nph (human) (isophane)</i>) | 1 | OTC |
| NOVOLIN R FLEXPEN INJ 100UNIT/ML (<i>insulin regular (human)</i>) | 2 | OTC |
| NOVOLIN R INJ 100UNIT/ML (<i>insulin regular (human)</i>) | 1 | OTC |
| REZVOGLAR INJ 100UNIT/ML (<i>insulin glargine-aglr</i>) | 2 | - |
| TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML (<i>insulin degludec</i>) | 2 | - |
| TRESIBA INJ 100UNIT/ML (<i>insulin degludec</i>) | 2 | - |
| INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar | | |
| <i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv) | 1 | - |
| MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar | | |

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| <i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv) | 1 | - |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar | | |
| <i>FARXIGA TAB 10MG, 5MG</i> (<i>dapagliflozin propanediol</i>) | 2 | QL QL= 1 tab/day |
| <i>JARDIANCE TAB 10MG, 25MG</i> (<i>empagliflozin</i>) | 2 | QL QL= 1 tab/day |
| SULFONYLUREAS - Drugs to regulate blood sugar | | |
| <i>glimepiride tab 1MG, 2MG, 4MG</i> (AMARYL Equiv) | 1 | - |
| <i>glipizide ER tab 10MG, 2.5MG, 5MG</i> (GLUCOTROL XL Equiv) | 1 | - |
| <i>glipizide tab 10MG, 5MG</i> (GLUCOTROL Equiv) | 1 | - |
| <i>glyburide micronized tab 1.5MG, 3MG, 6MG</i> (GLYNASE Equiv) | 1 | - |
| <i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv) | 1 | - |
| <i>TOLAZAMIDE TAB</i> (<i>tolazamide</i>) | 1 | - |
| <i>TOLBUTAMIDE TAB 500MG</i> (<i>tolbutamide</i>) | 2 | - |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea | | |
| ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea | | |
| <i>DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML</i> (<i>diphenoxylate w/ atropine</i>) | 2 | - |
| ANTIDIARRHEALS - Drugs to treat diarrhea | | |
| ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea | | |

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| <i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv) | 1 | - |
| ANTIDOTES - Drugs to treat overdose or toxicity | | |
| ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| CHEMET CAP 100MG (<i>succimer</i>) | 2 | - |
| OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity | | |
| <i>naloxone inj .4MG/ML, 4MG/10ML</i> | \$0 | - |
| <i>naltrexone tab 50MG</i> (REVIA Equiv) | 1 | - |
| VIVITROL INJ 380MG (<i>naltrexone</i>) | \$0 | LMSP-PAD |
| ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity | | |
| ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| <i>deferasirox tab 125MG, 250MG, 500MG</i> (EXJADE Equiv) | 1 | MSP |
| <i>deferiprone tab 1000MG, 500MG</i> (FERRIPROX Equiv) | 1 | LD-PA Only available through Lumicera 855-847-3553 |
| OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity | | |
| KLOXXADO NASAL SPRAY 8MG/0.1ML (<i>naloxone hcl</i>) | \$0 | QL QL= 2 sprays/fill |
| <i>naloxone hcl nasal spray 4MG/0.1ML</i> (NARCAN Equiv) | \$0 | QL QL= 2 sprays/fill |
| NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>) | \$0 | --QL QL= 2 inj/fill |

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| <i>naloxone prefilled inj 2MG/2ML</i> | \$0 | --QL QL= 2 inj/fill |
| ZIMHI SOLN 5MG/0.5ML (<i>naloxone hcl</i>) | \$0 | - |
| ANTIEMETICS - Drugs to treat nausea and vomiting | | |
| 5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting | | |
| <i>granisetron tab 1MG</i> (KYTRIL Equiv) | 1 | QL QL= 14 tabs/fill |
| <i>ondansetron ODT 4MG, 8MG</i> (ZOFRAN Equiv) | 1 | - |
| <i>ondansetron soln 4MG/5ML</i> (ZOFRAN Equiv) | 1 | - |
| ONDANSETRON TAB 24MG (<i>ondansetron hcl</i>) | 2 | - |
| <i>ondansetron tab 24MG, 4MG, 8MG</i> (ZOFRAN Equiv) | 1 | - |
| ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting | | |
| <i>meclizine hcl tab 12.5MG, 25MG</i> (ANTIVERT Equiv) | 1 | - |
| <i>trimethobenzamide cap 300MG</i> (TIGAN Equiv) | 1 | - |
| ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics | | |
| <i>doxylamine/pyridoxine dr tab 10MG</i> (DICLEGIS Equiv) | 1 | PA-QL QL= 4 tabs/day |
| <i>dronabinol cap 10MG, 2.5MG, 5MG</i> (MARINOL Equiv) | 1 | PA |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting | | |
| <i>aprepitant cap 125MG, 40MG, 80MG</i> (EMEND Equiv) | 1 | QL QL= 3 caps/fill |

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| <i>aprepitant pak</i> (EMEND Equiv) | 1 | QL QL= 3 caps/fill |
| ANTIFUNGALS - Drugs to treat fungal infection | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) - Drugs to treat fungal infections | | |
| BREXAFEMME TAB 150MG (<i>ibrexafungerp citrate</i>) | 2 | PA-QL QL= 4 tabs/course |
| ANTIFUNGALS - Drugs to treat fungal infection | | |
| <i>flucytosine cap 250MG, 500MG</i> (ANCOBON Equiv) | 1 | - |
| <i>griseofulvin micro tab 500MG</i> (GRIFULVIN V Equiv) | 1 | - |
| <i>griseofulvin susp 125MG/5ML</i> (GRIFULVIN Equiv) | 1 | - |
| <i>griseofulvin tab 125MG, 250MG</i> (GRIS-PEG Equiv) | 1 | - |
| <i>nystatin powder</i> | 1 | - |
| <i>nystatin tab 500000UNIT</i> | 1 | - |
| <i>terbinafine tab 250MG</i> (LAMISIL Equiv) | 1 | - |
| IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections | | |
| <i>fluconazole susp 10MG/ML, 40MG/ML</i> (DIFLUCAN Equiv) | 1 | - |
| <i>fluconazole tab 100MG, 150MG, 200MG, 50MG</i> (DIFLUCAN Equiv) | 1 | - |
| <i>itraconazole cap 100MG</i> (SPORANOX Equiv) | 1 | - |
| <i>ketoconazole tab 200MG</i> (NIZORAL Equiv) | 1 | - |

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| <i>voriconazole susp 40MG/ML</i> (VFEND Equiv) | 1 | RS Restricted to Infectious Disease or Pulmonology Specialist |
| <i>voriconazole tab 200MG, 50MG</i> (VFEND Equiv) | 1 | RS Restricted to Infectious Disease or Pulmonology Specialist |
| ANTIHISTAMINES - Drugs to treat allergies | | |
| ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv) | 1 | Only 50mg covered |
| <i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv) | 1 | - |
| ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>cetirizine syrup 1MG/ML, 5MG/5ML</i> (ZYRTEC Equiv) | 1 | OTC |
| <i>cetirizine tab 10MG, 5MG</i> (ZYRTEC Equiv) | 1 | OTC |
| <i>loratadine ODT 10MG, 5MG</i> (CLARITIN Equiv) | 1 | OTC |
| <i>loratadine syrup 5MG/5ML</i> (CLARITIN Equiv) | 1 | OTC |
| <i>loratadine tab 10MG</i> (CLARITIN Equiv) | 1 | OTC |
| ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>promethazine supp</i> (PHENERGAN Equiv) | 1 | - |
| <i>promethazine syrup 6.25MG/5ML</i> | 1 | - |
| <i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv) | 1 | - |
| PROMETHEGAN SUPP 50MG (<i>promethazine hcl</i>) | 2 | - |
| ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms | | |

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| <i>cyproheptadine syrup 2MG/5ML</i> | 1 | - |
| <i>cyproheptadine tab 4MG</i> | 1 | - |
| ANTHYPERLIPIDEMICS - Drugs to treat high cholesterol | | |
| ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol | | |
| NEXLETOL TAB 180MG (<i>bempedoic acid</i>) | 2 | PA-QL QL=1 tab/day |
| ANTHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol | | |
| NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>) | 2 | PA-QL QL=1 tab/day |
| ANTHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol | | |
| <i>omega-3-acid ethyl esters cap 1GM-375MG-465MG</i> (LOVAZA Equiv) | 1 | - |
| BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol | | |
| <i>cholestyramine lite powder 4GM/DOSE</i> (QUESTRAN LITE Equiv) | 1 | - |
| <i>cholestyramine lite powder pack 4GM</i> (QUESTRAN LITE Equiv) | 1 | - |
| <i>cholestyramine powder 4GM/DOSE</i> (QUESTRAN Equiv) | 1 | - |
| <i>cholestyramine powder pack 4GM</i> (QUESTRAN Equiv) | 1 | - |
| <i>colesevelam pack 3.75GM</i> (WELCHOL Equiv) | 1 | - |
| <i>colesevelam tab 625MG</i> (WELCHOL Equiv) | 1 | - |
| <i>colestipol tab 1GM</i> (COLESTID Equiv) | 1 | - |

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| FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol | | |
| <i>fenofibrate cap 67mg, 134mg, 200mg 134MG, 200MG, 67MG</i> (LOFIBRA Equiv) | 1 | - |
| <i>fenofibrate tab 48mg, 54mg, 145mg, 160mg 145MG, 160MG, 48MG, 54MG</i> (TRICOR Equiv) | 1 | - |
| <i>fenofibric acid DR cap 135MG, 45MG</i> (TRILIPIX Equiv) | 1 | - |
| <i>gemfibrozil tab 600MG</i> (LOPID Equiv) | 1 | - |
| HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol | | |
| <i>atorvastatin tab 40MG, 80MG</i> (LIPITOR Equiv) | \$0 | - |
| <i>atorvastatin tab 10mg 10MG</i> (LIPITOR Equiv) | \$0 | - |
| <i>atorvastatin tab 20mg 20MG</i> (LIPITOR Equiv) | \$0 | - |
| <i>fluvastatin cap 20MG, 40MG</i> (LESCOL Equiv) | 1 | - |
| <i>fluvastatin ER tab 80MG</i> (LESCOL XL Equiv) | 1 | PA |
| <i>lovastatin tab 10MG, 20MG, 40MG</i> (MEVACOR Equiv) | \$0 | - |
| <i>pravastatin tab 10MG, 20MG, 40MG, 80MG</i> (PRAVACHOL Equiv) | \$0 | - |
| <i>rosuvastatin tab 10MG, 20MG, 40MG, 5MG</i> (CRESTOR Equiv) | \$0 | - |
| <i>simvastatin tab 10MG, 20MG, 40MG, 5MG</i> (ZOCOR Equiv) | \$0 | 80mg is Not Covered |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol | | |
| <i>ezetimibe tab 10MG</i> (ZETIA Equiv) | 1 | - |

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|---|--|---|
| NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol | | |
| <i>niacin ER tab 1000MG, 500MG, 750MG</i> (NIASPAN Equiv) | 1 | - |
| NIACOR TAB 500MG (<i>niacin (antihyperlipidemic)</i>) | 2 | - |
| NIACOR TAB (<i>niacin (antihyperlipidemic)</i>) | 1 | - |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol | | |
| PRALUENT INJ 150MG/ML, 75MG/ML (<i>alirocumab</i>) | 2 | PA-QL QL= 2 inj/28 days |
| REPATHA INJ 140MG/ML (<i>evolocumab</i>) | 2 | PA-QL QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ 420MG/3.5ML (<i>evolocumab</i>) | 2 | PA-QL QL= 1 inj/28 days |
| ANTIHYPERTENSIVES - Drugs to treat high blood pressure | | |
| ACE INHIBITORS - Drugs to treat high blood pressure | | |
| <i>benazepril tab 10MG, 20MG, 40MG, 5MG</i> (LOTENSIN Equiv) | 1 | - |
| <i>captopril tab 100MG, 12.5MG, 25MG, 50MG</i> (CAPOTEN Equiv) | 1 | - |
| <i>enalapril maleate oral soln 1MG/ML</i> (EPANED Equiv) | 1 | Covered for members age 12 or younger |
| <i>enalapril tab 10MG, 2.5MG, 20MG, 5MG</i> (VASOTEC Equiv) | 1 | - |

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|---|--|---|
| <i>fosinopril tab 10MG, 20MG, 40MG</i> (MONOPRIL Equiv) | 1 | - |
| <i>lisinopril tab 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG</i> (PRINIVIL/ZESTRIL Equiv) | 1 | - |
| <i>moexipril tab 15MG, 7.5MG</i> (UNIVASC Equiv) | 1 | - |
| PERINDOPRIL TAB 8MG (<i>perindopril erbumine</i>) | 2 | - |
| <i>perindopril tab 2MG, 4MG, 8MG</i> (ACEON Equiv) | 1 | - |
| <i>quinapril tab 10MG, 20MG, 40MG, 5MG</i> (ACCUPRIL Equiv) | 1 | - |
| <i>ramipril cap 1.25MG, 10MG, 2.5MG, 5MG</i> (ALTACE Equiv) | 1 | - |
| <i>trandolapril tab 1MG, 2MG, 4MG</i> (MAVIK Equiv) | 1 | - |
| AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure | | |
| <i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv) | 1 | - |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure | | |
| <i>irbesartan tab 150MG, 300MG, 75MG</i> (AVAPRO Equiv) | 1 | - |
| <i>losartan tab 100MG, 25MG, 50MG</i> (COZAAR Equiv) | 1 | - |
| <i>valsartan tab 160MG, 320MG, 40MG, 80MG</i> (DIOVAN Equiv) | 1 | - |
| ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure | | |
| <i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv) | 1 | - |
| <i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv) | 1 | - |

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| <i>doxazosin tab 1MG, 2MG, 4MG, 8MG</i> (CARDURA Equiv) | 1 | - |
| <i>guanfacine IR tab 1MG, 2MG</i> (TENEX Equiv) | 1 | - |
| METHYLDOPA TAB 250MG, 500MG (<i>methyldopa</i>) | 2 | - |
| <i>methyldopa tab 250MG, 500MG</i> (ALDOMET Equiv) | 1 | - |
| <i>prazosin cap</i> (MINIPRESS Equiv) | 1 | - |
| <i>terazosin cap 10MG, 1MG, 2MG, 5MG</i> (HYTRIN Equiv) | 1 | - |
| ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure | | |
| <i>amlodipine/benazepril cap 10MG-20MG, 10MG-40MG, 2.5MG-10MG, 5MG-10MG, 5MG-20MG, 5MG-40MG</i> (LOTREL Equiv) | 1 | - |
| <i>amlodipine/valsartan tab 10MG-160MG, 10MG-320MG, 5MG-160MG, 5MG-320MG</i> (EXFORGE Equiv) | 1 | - |
| <i>amlodipine/valsartan/hydrochlorothiazide tab 10MG-12.5MG-160MG, 10MG-25MG-160MG, 10MG-25MG-320MG, 5MG-12.5MG-160MG, 5MG-25MG-160MG</i> (EXFORGE HCT Equiv) | 1 | - |
| <i>atenolol/chlorthalidone tab 25MG-100MG, 25MG-50MG</i> (TENORETIC Equiv) | 1 | - |
| <i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv) | 1 | - |

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| <i>bisoprolol/hydrochlorothiazide tab 2.5MG-6.25MG, 5MG-6.25MG, 6.25MG-10MG</i> (ZIAC Equiv) | 1 | - |
| <i>enalapril/hydrochlorothiazide tab 10MG-25MG, 5MG-12.5MG</i> (VASERETIC Equiv) | 1 | - |
| <i>fosinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG</i> (MONOPRIL HCT Equiv) | 1 | - |
| <i>irbesartan/hydrochlorothiazide tab 12.5MG-150MG, 12.5MG-300MG</i> (AVALIDE Equiv) | 1 | - |
| <i>lisinopril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ZESTORETIC Equiv) | 1 | - |
| <i>losartan/hydrochlorothiazide tab 12.5MG-100MG, 12.5MG-50MG, 25MG-100MG</i> (HYZAAR Equiv) | 1 | - |
| METHYLDOPA/HYDROCHLOROTHIAZIDE TAB 15MG-250MG, 25MG-250MG (<i>methyldopa & hydrochlorothiazide</i>) | 1 | - |
| <i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i> (LOPRESSOR HCT Equiv) | 1 | - |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB (<i>moexipril-hydrochlorothiazide</i>) | 2 | - |
| <i>moexipril/hydrochlorothiazide tab</i> (UNIRETIC Equiv) | 1 | - |
| PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB 25MG-40MG, 25MG-80MG (<i>propranolol & hydrochlorothiazide</i>) | 1 | - |

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| <i>quinapril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG</i> (ACCURETIC Equiv) | 1 | - |
| <i>valsartan/hydrochlorothiazide tab 12.5MG-160MG, 12.5MG-320MG, 12.5MG-80MG, 25MG-160MG, 25MG-320MG</i> (DIOVAN HCT Equiv) | 1 | - |
| VASODILATORS - Drugs to treat high blood pressure | | |
| <i>hydralazine tab 100MG, 10MG, 25MG, 50MG</i> (APRESOLINE Equiv) | 1 | - |
| <i>minoxidil tab 10MG, 2.5MG</i> (LONITEN Equiv) | 1 | - |
| ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs | | |
| ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs | | |
| FIRST METRONIDAZOLE SUSP 100MG/ML, 50MG/ML (<i>metronidazole benzoate</i>) | 2 | - |
| <i>metronidazole cap 375MG</i> (FLAGYL Equiv) | 1 | - |
| <i>metronidazole tab 250MG, 500MG</i> (FLAGYL Equiv) | 1 | - |
| PENTAMIDINE ISETHIONATE INJ (<i>pentamidine isethionate</i>) | M | - |
| <i>pentamidine neb soln 300MG</i> (NEBUPENT Equiv) | 1 | - |
| <i>trimethoprim tab 100MG</i> (PROLOPRIM Equiv) | 1 | - |
| VIBATIV INJ (<i>telavancin hcl</i>) | M | - |
| XIFAXAN TAB 550MG 550MG (<i>rifaximin</i>) | 2 | PA-QL QL= 2 tabs/day |
| ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations | | |

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| <i>smz/tmp (DS) tab 160MG-800MG, 80MG-400MG</i> (BACTRIM DS Equiv) | 1 | - |
| <i>smz/tmp susp 40MG/5ML-200MG/5ML</i> (BACTRIM, SEPTRA Equiv) | 1 | - |
| ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections | | |
| ALINIA SUSP 100MG/5ML (<i>nitazoxanide</i>) | 2 | - |
| <i>atovaquone susp 750MG/5ML</i> (MEPRON Equiv) | 1 | - |
| LAMPIT TAB 120MG, 30MG (<i>nifurtimox</i>) | 2 | PA |
| <i>nitazoxanide tab 500MG</i> (ALINIA Equiv) | 1 | - |
| CARBAPENEMS - Drugs to treat bacterial infections | | |
| <i>ertapenem inj 1GM</i> (INVANZ Equiv) | M | - |
| IMIPENEM/CILASTATIN INJ 250MG (<i>imipenem-cilastatin</i>) | M | - |
| <i>imipenem/cilastin inj 250MG, 500MG</i> (PRIMAXIN Equiv) | M | - |
| INVANZ INJ (<i>ertapenem sodium</i>) | M | - |
| <i>meropenem inj 1GM, 500MG</i> (MERREM Equiv) | M | - |
| GLYCOPEPTIDES - Drugs to treat bacterial infections | | |
| FIRVANQ SOLN 25MG/ML, 50MG/ML (<i>vancomycin hcl</i>) | 2 | - |
| <i>vancomycin cap 125MG, 250MG</i> (VANCOCIN Equiv) | 1 | QL QL= 56 caps/fill |
| <i>vancomycin hcl soln 250MG/5ML, 25MG/ML, 50MG/ML</i> (FIRVANQ Equiv) | 1 | - |

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| LEPROSTATICS - Drugs to treat Leprosy (bacterial infections) | | |
| <i>dapsone tab 100MG, 25MG</i> | 1 | - |
| LINCOSAMIDES - Drugs to treat bacterial infections | | |
| <i>clindamycin cap 150MG, 75MG</i> (CLEOCIN Equiv) | 1 | - |
| <i>clindamycin soln 75MG/5ML</i> (CLEOCIN Equiv) | 1 | QL QL= 14 days supply/fill |
| <i>lincomycin inj 300MG/ML</i> | M | - |
| MONOBACTAMS - Drugs to treat bacterial infections | | |
| <i>aztreonam inj 1GM, 2GM</i> (AZACTAM Equiv) | M | - |
| CAYSTON INH SOLN 75MG (<i>aztreonam lysine</i>) | 2 | LD-PA Only available through Walgreens 888-347-3416 |
| OXAZOLIDINONES - Drugs to treat bacterial infections | | |
| <i>linezolid susp 100MG/5ML</i> | 1 | PA |
| <i>linezolid tab 600MG</i> (ZYVOX Equiv) | 1 | PA |
| SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>) | 2 | PA-QL QL= 6 tabs/fill |
| SIVEXTRO TAB 200MG (<i>tedizolid phosphate</i>) | 2 | PA-QL QL= 6 tabs/fill |
| URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections | | |
| <i>methenamine hippurate tab 1GM</i> (HIPREX Equiv) | 1 | - |
| <i>methenamine mandelate tab .5GM, 1GM, 500MG</i> | 1 | - |
| <i>nitrofurantoin macrocrystals cap 100MG, 50MG</i> (MACRODANTIN Equiv) | 1 | - |

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| <i>nitrofurantoin monohydrate cap 100MG</i> (MACROBID Equiv) | 1 | - |
| <i>nitrofurantoin susp 25MG/5ML</i> (FURADANTIN Equiv) | 1 | - |
| ANTIMALARIALS - Drugs to treat malaria (parasitic infections) | | |
| ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections) | | |
| <i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv) | 1 | - |
| ANTIMALARIALS - Drugs to treat malaria (parasitic infections) | | |
| <i>chloroquine tab</i> (ARALEN Equiv) | 1 | - |
| <i>hydroxychloroquine tab 100MG, 200MG, 300MG, 400MG</i> (PLAQUENIL Equiv) | 1 | - |
| KRINTAFEL TAB 150MG (<i>tafenoquine succinate</i>) | 2 | - |
| <i>mefloquine tab 250MG</i> (LARIAM Equiv) | 1 | - |
| <i>primaquine tab 26.3MG</i> (PRIMAQUINE Equiv) | 1 | - |
| <i>pyrimethamine tab 25MG</i> (DARAPRIM Equiv) | 1 | LD-PA-QL QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders | | |
| FIRDAPSE TAB 10MG (<i>amifampridine phosphate</i>) | 2 | LD-PA Only available through Anovo Specialty Pharmacy 844-288-5007 |
| GUANIDINE TAB 125MG (<i>guanidine hcl</i>) | 2 | - |

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| <i>pyridostigmine CR tab 180MG</i> (MESTINON Equiv) | 1 | - |
| <i>pyridostigmine tab 60MG</i> (MESTINON Equiv) | 1 | - |
| ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections) | | |
| ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections) | | |
| RIFAMATE CAP 150MG-300MG (<i>isoniazid & rifampin</i>) | 2 | - |
| ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections) | | |
| <i>cycloserine cap 250MG</i> (CYCLOSERINE Equiv) | 1 | PA |
| <i>ethambutol tab 100MG, 400MG</i> (MYAMBUTOL Equiv) | 1 | - |
| <i>isoniazid syrup 50MG/5ML</i> (ISONIAZID Equiv) | 1 | - |
| ISONIAZID TAB 100MG (<i>isoniazid</i>) | 2 | - |
| <i>isoniazid tab 100MG, 300MG</i> | 1 | - |
| PRIFTIN TAB 150MG (<i>rifapentine</i>) | 2 | - |
| <i>pyrazinamide tab 500MG</i> | 1 | - |
| <i>rifabutin cap 150MG</i> (MYCOBUTIN Equiv) | 1 | - |
| <i>rifampin cap 150MG, 300MG</i> (RIFADIN Equiv) | 1 | - |
| TRECTOR TAB 250MG (<i>ethionamide</i>) | 2 | - |
| ANTINEOPLASTICS - Drugs to treat cancer | | |
| ALKYLATING AGENTS - Drugs to treat cancer | | |
| ALFERON-N INJ 5000000UNIT/ML (<i>interferon alfa-n3</i>) | 2 | MSP |
| HEXALEN CAP (<i>altretamine</i>) | 2 | ONC |

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| HYCAMTIN CAP .25MG, 1MG (<i>topotecan hcl</i>) | 2 | MSP-ONC-PA |
| INTRON-A INJ 10000000UNIT/ML, 60000000UNIT/ML (<i>interferon alfa-2b</i>) | 2 | MSP |
| LEUKERAN TAB 2MG (<i>chlorambucil</i>) | 2 | ONC |
| MESNEX TAB 400MG (<i>mesna</i>) | 2 | MSP-ONC |
| <i>tretinoin cap 10MG</i> (VESANOID Equiv) | 1 | MSP-ONC |
| ZOLINZA CAP 100MG (<i>vorinostat</i>) | 2 | MSP-ONC-PA-SF |
| ANTIMETABOLITES - Drugs to treat cancer | | |
| <i>mercaptopurine tab 50MG</i> (PURINETHOL Equiv) | 1 | ONC |
| <i>methotrexate tab 2.5MG</i> (TREXALL Equiv) | 1 | ONC |
| TABLOID TAB 40MG (<i>thioguanine</i>) | 2 | ONC |
| ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer | | |
| <i>hydroxyurea cap 500MG</i> (HYDREA Equiv) | 1 | ONC |
| MATULANE CAP 50MG (<i>procarbazine hcl</i>) | 2 | ONC |
| PROLEUKIN INJ (<i>aldesleukin for iv soln</i>) | M | - |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs | | |
| <i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i> | 1 | ONC |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer | | |
| ALKYLATING AGENTS - Drugs to treat cancer | | |
| <i>busulfan inj 6MG/ML</i> | M | - |
| BUSULFEX INJ 6MG/ML (<i>busulfan</i>) | M | - |
| <i>cyclophosphamide cap 25MG, 50MG</i> | 1 | ONC |
| CYCLOPHOSPHAMIDE TAB 25MG, 50MG (<i>cyclophosphamide</i>) | 2 | ONC |

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| LMSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter | PA | Prior Authorization |
| PAD | Provider Administered Drug | OL | Quantity Limit | RS | Restricted to Specialist |
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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| GLEOSTINE/LOMUSTINE CAP 100MG, 10MG, 40MG (<i>lomustine</i>) | 2 | ONC |
| <i>melphalan inj 50MG</i> (ALKERAN Equiv) | M | - |
| MELPHALAN TAB 2MG (<i>melphalan</i>) | 2 | - |
| MYLERAN TAB 2MG (<i>busulfan</i>) | 2 | MSP-ONC |
| <i>temozolomide cap 100MG, 140MG, 180MG, 20MG, 250MG, 5MG</i> (TEMODAR Equiv) | 1 | MSP-ONC-PA |
| ZANOSAR INJ 1GM (<i>streptozocin</i>) | M | - |
| ANTIMETABOLITES - Drugs to treat cancer | | |
| <i>capecitabine tab 150MG, 500MG</i> (XELODA Equiv) | 1 | MSP-ONC |
| FLUDARABINE INJ 25MG/ML (<i>fludarabine phosphate</i>) | M | - |
| <i>fludarabine inj 50MG/2ML</i> | M | - |
| METHOTREXATE INJ 250MG/10ML (<i>methotrexate sodium</i>) | 2 | - |
| <i>methotrexate inj 1GM</i> | 1 | - |
| ONUREG TAB 200MG, 300MG (<i>azacitidine</i>) | 2 | ONC-PA-QL QL= 14 tabs/28 days |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer | | |
| INLYTA TAB 1MG, 5MG (<i>axitinib</i>) | 2 | MSP-ONC-PA-QL-SF QL= 8 tabs/day |
| LENVIMA CAP 10MG, 4MG (<i>lenvatinib mesylate</i>) | 2 | LD-ONC-PA-QL QL= 3 caps/day; Only available through Optum 877-445-6874 |

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|--|--|---|
| MVASI INJ 100MG/4ML, 400MG/16ML (<i>bevacizumab-awwb</i>) | M | - |
| ZIRABEV INJ 100MG/4ML, 400MG/16ML (<i>bevacizumab-bvzr</i>) | M | - |
| ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer | | |
| RITUXAN INJ 100MG/10ML, 500MG/50ML (<i>rituximab</i>) | M | - |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer | | |
| HERZUMA INJ 150MG, 420MG (<i>trastuzumab-pkrb</i>) | M | - |
| KANJINTI INJ 150MG, 420MG (<i>trastuzumab-anns</i>) | M | - |
| OGIVRI INJ 1.1%-420MG, 150MG, 420MG (<i>trastuzumab-dkst</i>) | M | - |
| ONTRUZANT INJ 150MG, 420MG (<i>trastuzumab-dttb</i>) | M | - |
| TRAZIMERA INJ 150MG, 420MG (<i>trastuzumab-qyyp</i>) | M | - |
| TUKYSA TAB 150MG, 50MG (<i>tucatinib</i>) | 2 | LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer | | |
| VENCLEXTA STARTER PACK (<i>venetoclax</i>) | 2 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |

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|---|--|---|
| VENCLEXTA TAB 100MG, 10MG, 50MG (<i>venetoclax</i>) | 2 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |
| ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer | | |
| <i>erlotinib tab 100MG, 150MG, 25MG</i> (TARCEVA Equiv) | 1 | MSP-ONC-PA-SF |
| EXKIVITY CAP 40MG (<i>mobocertinib succinate</i>) | 2 | LD-ONC-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| <i>gefitinib tab 250MG</i> (IRESSA Equiv) | 1 | LD-ONC-PA Only available through Lumicera 855-847-3553 |
| GILOTRIF TAB 20MG, 30MG, 40MG (<i>afatinib dimaleate</i>) | 2 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| TAGRISSE TAB 40MG, 80MG (<i>osimertinib mesylate</i>) | 2 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| VIZIMPRO TAB 15MG, 30MG, 45MG (<i>dacomitinib</i>) | 2 | MSP-ONC-PA-QL-SF QL= 1 tab/day |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer | | |
| <i>abiraterone acetate tab 500mg 500MG</i> (ZYTIGA Equiv) | 1 | MSP-ONC-QL QL= 2 tabs/day |
| <i>abiraterone tab 250mg 250MG</i> (ZYTIGA Equiv) | 1 | MSP-ONC-QL QL= 4 tabs/day |

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|--|--|---|
| <i>anastrozole tab 1MG</i> (ARIMIDEX Equiv) | \$0 | ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| <i>bicalutamide tab 50MG</i> (CASODEX Equiv) | 1 | ONC |
| EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>) | 2 | ONC |
| EULEXIN CAP 125MG (<i>flutamide</i>) | 2 | ONC |
| <i>exemestane tab 25MG</i> (AROMASIN Equiv) | \$0 | ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| FLUTAMIDE CAP 125MG (<i>flutamide</i>) | 2 | ONC |
| <i>flutamide cap 125MG</i> (EULEXIN Equiv) | 1 | ONC |
| <i>letrozole tab 2.5MG</i> (FEMARA Equiv) | 1 | ONC |
| LYSODREN TAB 500MG (<i>mitotane</i>) | 2 | LD-ONC Only available through Walgreens 888-347-3416 |
| <i>megestrol susp 400MG/10ML, 40MG/ML, 800MG/20ML</i> (MEGACE Equiv) | 1 | ONC |
| <i>megestrol tab 20MG, 40MG</i> (MEGACE Equiv) | 1 | ONC |
| <i>nilutamide tab 150MG</i> (NILANDRON Equiv) | 1 | MSP-ONC |
| NUBEQA TAB 300MG (<i>darolutamide</i>) | 2 | MSP-ONC-PA-QL-SF QL= 4 tabs/day |

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|--|--|---|
| ORGOVYX TAB 120MG (<i>relugolix</i>) | 2 | LD-ONC-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 |
| <i>tamoxifen tab 10MG, 20MG</i> (NOLVADEX Equiv) | \$0 | ONC Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| <i>toremifene tab 60MG</i> (FARESTON Equiv) | 1 | ONC |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors | | |
| WELIREG TAB 40MG (<i>belzutifan</i>) | 2 | LD-ONC-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer | | |
| POMALYST CAP 1MG, 2MG, 3MG, 4MG (<i>pomalidomide</i>) | 2 | ONC |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer | | |
| AYVAKIT TAB 100MG, 200MG, 25MG, 300MG, 50MG (<i>avapritinib</i>) | 2 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer | | |
| XPOVIO PAK 20MG, 40MG, 50MG, 60MG (<i>selinexor</i>) | 2 | LD-ONC-PA-QL-SF QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 |
| ANTINEOPLASTIC ANTIBIOTICS - Drugs to treat cancer | | |

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|---|--|--|
| <i>mitoxantrone inj 2MG/ML</i> | M | - |
| ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer | | |
| INQOVI TAB 35MG-100MG <i>(decitabine-cedazuridine)</i> | 2 | MSP-PA-QL QL= 5 tabs/28 days |
| KISQALI PAK 2.5MG-200MG <i>(ribociclib succinate-letrozole)</i> | 2 | MSP-ONC-PA-QL QL= 91 tabs/28 days |
| LONSURF TAB 6.14MG-15MG, 8.19MG-20MG <i>(trifluridine-tipiracil)</i> | 2 | MSP-ONC-PA |
| ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer | | |
| ALECENSA CAP 150MG <i>(alectinib hcl)</i> | 2 | MSP-ONC-PA-QL QL= 8 caps/day |
| ALUNBRIG TAB 30MG 30MG <i>(brigatinib)</i> | 2 | LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| ALUNBRIG TAB 90MG, 180MG 180MG, 90MG <i>(brigatinib)</i> | 2 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| BALVERSA TAB 3MG 3MG <i>(erdafitinib)</i> | 2 | LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767 |
| BALVERSA TAB 4MG 4MG <i>(erdafitinib)</i> | 2 | LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767 |

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|---|--|--|
| BALVERSA TAB 5MG 5MG (<i>erdafitinib</i>) | 2 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG (<i>bortezomib</i>) | M | - |
| BOSULIF TAB 100MG, 400MG, 500MG (<i>bosutinib</i>) | 2 | MSP-ONC-PA-SF |
| BRAFTOVI CAP 75MG 75MG (<i>encorafenib</i>) | 2 | LD-ONC-PA-QL QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| BRUKINSA CAP 80MG (<i>zanubrutinib</i>) | 2 | LD-ONC-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553 |
| CABOMETYX TAB 20MG, 40MG, 60MG (<i>cabozantinib s-malate</i>) | 2 | MSP-ONC-PA-QL-SF QL= 1 tab/day |
| CALQUENCE CAP 100MG (<i>acalabrutinib</i>) | 2 | LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>) | 2 | LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| COMETRIQ KIT 20MG (<i>cabozantinib s-malate</i>) | 2 | LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118 |
| COPIKTRA CAP 15MG, 25MG (<i>duvelisib</i>) | 2 | LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |

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|---|--|---|
| COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>) | 2 | MSP-ONC-PA-QL QL= 3 tabs/day |
| <i>everolimus tab 10MG, 2.5MG, 5MG, 7.5MG</i> (AFINITOR Equiv) | 1 | MSP-ONC-PA-QL QL= 1 tab/day |
| <i>everolimus tab for oral susp 2MG, 3MG, 5MG</i> (AFINITOR Equiv) | 1 | MSP-ONC-PA-QL-SF QL= 1 tab/day |
| GAVRETO CAP 100MG (<i>pralsetinib</i>) | 2 | LD-ONC-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553 |
| IBRANCE CAP 100MG, 125MG, 75MG (<i>palbociclib</i>) | 2 | MSP-ONC-PA-QL QL= 21 caps/28 days |
| IBRANCE TAB 100MG, 125MG, 75MG (<i>palbociclib</i>) | 2 | MSP-ONC-PA-QL QL= 21 caps/28 days |
| ICLUSIG TAB 10MG, 15MG, 30MG, 45MG (<i>ponatinib hcl</i>) | 2 | LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144 |
| IDHIFA TAB 100MG, 50MG (<i>enasidenib mesylate</i>) | 2 | MSP-ONC-PA-QL QL= 1 tab/day |
| <i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv) | 1 | MSP-ONC-PA |
| IMBRUVICA CAP 140MG 140MG (<i>ibrutinib</i>) | 2 | LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>) | 2 | LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |

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| IMBRUVICA SUSP 70MG/ML (<i>ibrutinib</i>) | 2 | LD-ONC-PA-QL QL= 6 mL/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB 140MG, 280MG, 420MG, 560MG (<i>ibrutinib</i>) | 2 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| JAKAFI TAB 10MG, 15MG, 20MG, 25MG, 5MG (<i>ruxolitinib phosphate</i>) | 2 | MSP-ONC-PA-QL-SF QL= 2 tabs/day |
| KISQALI TAB 200MG (<i>ribociclib succinate</i>) | 2 | MSP-ONC-PA-QL QL= 63 tabs/28 days |
| KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>) | 2 | LD-ONC-PA-QL QL= 4 caps/day; Only available through Onco360 877-662-6633 |
| KOSELUGO CAP 10MG 10MG (<i>selumetinib sulfate</i>) | 2 | LD-ONC-PA-QL QL= 8 caps/day; Only available through Onco360 877-662-6633 |
| KRAZATI TAB 200MG (<i>adagrasib</i>) | 2 | LD-PA-QL-SF QL= 6 tabs/day; Only available through Biologics 800-850-4306 |
| <i>lapatinib ditosylate tab 250MG</i> (TYKERB Equiv) | 1 | MSP-ONC-PA |
| LORBRENA TAB 100MG 100MG (<i>lorlatinib</i>) | 2 | MSP-ONC-PA-QL-SF QL= 1 tab/day |
| LORBRENA TAB 25MG 25MG (<i>lorlatinib</i>) | 2 | MSP-ONC-PA-QL-SF QL= 3 tabs/day |

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|--|--|---|
| LUMAKRAS TAB 120MG (<i>sotorasib</i>) | 2 | LD-ONC-PA-QL-SF QL= 8 tabs/day; Only available through Biologics 800-850-4306 |
| LUMAKRAS TAB 230MG 320MG (<i>sotorasib</i>) | 2 | LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| LYTGOBI THERAPY PACK 4MG (<i>futibatinib</i>) | 2 | LD-PA-QL-SF QL= 5 tabs/day; Only available through Onco360 877-662-6633 |
| MEKINIST TAB 0.5MG .5MG (<i>trametinib dimethyl sulfoxide</i>) | 2 | MSP-ONC-PA-QL QL= 3 tabs/day |
| MEKINIST TAB 2MG 2MG (<i>trametinib dimethyl sulfoxide</i>) | 2 | MSP-ONC-PA-QL QL= 1 tab/day |
| MEKTOVI TAB 15MG (<i>binimetinib</i>) | 2 | MSP-ONC-PA-QL QL= 6 tabs/day |
| NERLYNX TAB 40MG (<i>neratinib maleate</i>) | 2 | LD-ONC-PA-QL-SF QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |
| NINLARO CAP 2.3MG, 3MG, 4MG (<i>ixazomib citrate</i>) | 2 | LD-ONC-PA Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566 |

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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|--|--|---|
| PEMAZYRE TAB 13.5MG, 4.5MG, 9MG <i>(pemigatinib)</i> | 2 | LD-ONC-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| PIQRAY TAB 150MG, 200MG <i>(alpelisib)</i> | 2 | MSP-ONC-PA-SF |
| QINLOCK TAB 50MG <i>(ripretinib)</i> | 2 | LD-ONC-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| RETEVMO CAP 40MG, 80MG <i>(selpercatinib)</i> | 2 | MSP-ONC-PA-QL-SF QL= 4 caps/day |
| REZLIDHIA CAP 150MG <i>(olutasidenib)</i> | 2 | LD-PA-QL-SF QL= 2 caps/day; Only available through Biologics 800-850-4306 |
| ROZLYTREK CAP 100MG, 200MG <i>(entrectinib)</i> | 2 | MSP-ONC-PA-QL QL= 3 caps/day |
| RUBRACA TAB 200MG, 250MG, 300MG <i>(rucaparib camsylate)</i> | 2 | LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Optum 877-445-6874 |
| RYDAPT CAP 25MG <i>(midostaurin)</i> | 2 | MSP-ONC-PA |
| SCSEMBLIX TAB 20MG, 40MG <i>(asciminib hcl)</i> | 2 | MSP-PA-QL QL= 60 tabs/30 days; 300 tabs/30 days (T315I mutation only) |
| <i>sorafenib tosylate tab 200MG</i> (NEXAVAR Equiv) | 1 | MSP-ONC-PA-SF |
| SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG <i>(dasatinib)</i> | 2 | MSP-ONC-PA-SF |

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| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
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| PAD | Provider Administered Drug | OL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation | ST | Step Therapy |
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| STIVARGA TAB 40MG (<i>regorafenib</i>) | 2 | MSP-ONC-PA-QL-SF QL= 4 tabs/day |
| <i>sunitinib malate cap 12.5MG, 25MG, 37.5MG, 50MG</i> (SUTENT Equiv) | 1 | MSP-ONC-PA-SF |
| TABRECTA TAB 150MG, 200MG (<i>capmatinib hcl</i>) | 2 | MSP-ONC-PA-QL-SF QL= 4 tabs/day |
| TAFINLAR CAP 50MG, 75MG (<i>dabrafenib mesylate</i>) | 2 | MSP-ONC-PA-QL QL= 4 caps/day |
| TALZENNA CAP 0.25MG .25MG (<i>talazoparib tosylate</i>) | 2 | MSP-ONC-PA-QL-SF QL= 3 caps/day |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG .5MG, .75MG, 1MG (<i>talazoparib tosylate</i>) | 2 | MSP-ONC-PA-QL-SF QL= 1 cap/day |
| TASIGNA CAP 150MG, 200MG, 50MG (<i>nilotinib hcl</i>) | 2 | MSP-ONC-PA-SF |
| TAZVERIK TAB 200MG (<i>tazemetostat hbr</i>) | 2 | LD-ONC-PA-QL QL= 8 tabs/day; Only available through Onco360 877-662-6633 |
| TEPMETKO TAB 225MG (<i>tepotinib hcl</i>) | 2 | LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| TIBSOVO TAB 250MG (<i>ivosidenib</i>) | 2 | LD-ONC-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 |

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| TURALIO CAP 125MG, 200MG (<i>pexidartinib hcl</i>) | 2 | LD-ONC-PA-QL-SF QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| VERZENIO TAB 100MG, 150MG, 200MG, 50MG (<i>abemaciclib</i>) | 2 | MSP-ONC-PA-QL QL= 2 tabs/day |
| VITRAKVI CAP 100MG 100MG (<i>larotrectinib sulfate</i>) | 2 | LD-ONC-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI CAP 25MG 25MG (<i>larotrectinib sulfate</i>) | 2 | LD-ONC-PA-QL-SF QL= 6 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI SOLN 20MG/ML (<i>larotrectinib sulfate</i>) | 2 | LD-ONC-PA-QL-SF QL= 10ml/day; Only available through Accredo 800-803-2523 |
| VONJO CAP 100MG (<i>pacritinib citrate</i>) | 2 | LD-PA-QL QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| VOTRIENT TAB 200MG (<i>pazopanib hcl</i>) | 2 | MSP-ONC-PA-SF |
| XALKORI CAP 200MG, 250MG (<i>crizotinib</i>) | 2 | MSP-ONC-PA-QL-SF QL= 2 caps/day |
| XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>) | 2 | LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Biologics 800-850-4306 |

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| ZEJULA CAP 100MG (<i>niraparib tosylate</i>) | 2 | LD-ONC-PA-QL-SF QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZEJULA TAB 100MG, 200MG, 300MG (<i>niraparib tosylate</i>) | 2 | LD-PA-QL QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB 240MG (<i>vemurafenib</i>) | 2 | MSP-ONC-PA-QL QL= 8 tabs/day |
| ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>) | 2 | LD-ONC-PA-SF Only available through Diplomat Pharmacy 877-977-9118 |
| ZYKADIA CAP 150MG (<i>ceritinib</i>) | 2 | MSP-ONC-PA-QL-SF QL= 3 caps/day |
| ZYKADIA TAB 150MG (<i>ceritinib</i>) | 2 | MSP-ONC-PA-QL-SF QL= 3 tabs/day |
| ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer | | |
| ACTIMMUNE INJ 2000000UNIT/0.5ML (<i>interferon gamma-1b</i>) | 2 | LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| BESREMI INJ 500MCG/ML (<i>ropeginterferon alfa-2b-njft</i>) | 2 | MSP-PA-QL QL= 2 inj/28 days |
| <i>bexarotene cap 75MG</i> (TARGRETIN Equiv) | 1 | MSP-ONC-PA-SF |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs | | |

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|--|--|---|
| <i>amifostine inj</i> | M | - |
| <i>leucovorin inj 100MG, 200MG, 350MG, 500MG, 50MG</i> | M | - |
| MITOTIC INHIBITORS - Drugs to treat cancer | | |
| ETOPOSIDE CAP 50MG (<i>etoposide</i>) | 1 | MSP-ONC |
| ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease | | |
| ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease | | |
| <i>benztropine tab .5MG, 1MG, 2MG</i> | 1 | - |
| <i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv) | 1 | - |
| ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease | | |
| <i>entacapone tab 200MG</i> (COMTAN Equiv) | 1 | - |
| ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease | | |
| <i>amantadine cap 100MG</i> (SYMMETREL Equiv) | 1 | - |
| <i>amantadine syrup</i> (SYMMETREL Equiv) | 1 | - |
| <i>bromocriptine cap 5MG</i> (PARLODEL Equiv) | 1 | - |
| <i>bromocriptine tab 2.5MG</i> (PARLODEL Equiv) | 1 | - |
| <i>carbidopa/levodopa ER tab 25MG-100MG, 50MG-200MG</i> (SINEMET CR Equiv) | 1 | - |
| <i>carbidopa/levodopa ODT 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (PARCOPA Equiv) | 1 | - |
| <i>carbidopa/levodopa tab 10MG-100MG, 25MG-100MG, 25MG-250MG</i> (SINEMET Equiv) | 1 | - |

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| <i>pramipexole tab .125MG, .25MG, .5MG, .75MG, 1.5MG, 1MG</i> (MIRAPEX Equiv) | 1 | - |
| <i>ropinirole tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG, 5MG</i> (REQUIP Equiv) | 1 | - |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease | | |
| <i>rasagiline tab .5MG, 1MG</i> (AZILECT Equiv) | 1 | ¢ |
| <i>selegiline cap 5MG</i> (ELDEPRYL Equiv) | 1 | - |
| <i>selegiline tab 5MG</i> (ELDEPRYL Equiv) | 1 | - |
| XADAGO TAB 100MG, 50MG (<i>safinamide mesylate</i>) | 2 | PA-QL QL= 1 tab/day |
| ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease | | |
| ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease | | |
| <i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv) | 1 | - |
| ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease | | |
| ONGENTYS CAP 25MG, 50MG (<i>opicapone</i>) | 2 | PA-QL QL= 1 tab/day, 30 tabs/fill |
| ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease | | |
| <i>apomorphine inj 30MG/3ML</i> (APOKYN Equiv) | 1 | LD Only available through Lumicera 855-847-3553 |
| CARBIDOPA/LEVODOPA ODT 10MG-100MG, 25MG-100MG, 25MG-250MG (<i>carbidopa-levodopa</i>) | 2 | - |

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| <i>carbidopa-levodopa-entacapone tab</i> <i>12.5MG-50MG-200MG, 18.75MG-75MG-200MG,</i> <i>25MG-100MG-200MG, 31.25MG-125MG-200MG,</i> <i>37.5MG-150MG-200MG, 50MG-200MG</i> | 1 | - |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders | | |
| ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions | | |
| LITHIUM CARBONATE CAP 150MG, 300MG, 600MG <i>(lithium carbonate)</i> | 2 | - |
| <i>lithium carbonate cap</i> (ESKALITH ER Equiv) | 1 | - |
| <i>lithium carbonate ER tab 300MG, 450MG</i> (LITHOBID Equiv) | 1 | - |
| <i>lithium carbonate tab 300MG</i> | 1 | - |
| ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs | | |
| EQUETRO CAP (<i>carbamazepine (antipsychotic)</i>) | 2 | - |
| <i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG,</i> <i>80MG</i> (LATUDA Equiv) | 1 | - |
| <i>ziprasidone cap 20MG, 40MG, 60MG, 80MG</i> (GEODON Equiv) | 1 | - |
| BENZISOXAZOLES - Drugs to treat mood disorders | | |
| INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML (<i>paliperidone palmitate</i>) | \$0 | PAD Medication must be filled at Safeway Pharmacy |

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| INVEGA SUSTENNA INJ, INVEGA TRINZA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 273MG/0.88ML, 39MG/0.25ML, 410MG/1.32ML, 546MG/1.75ML, 78MG/0.5ML, 819MG/2.63ML <i>(paliperidone palmitate)</i> | \$0 | PAD Medication must be filled at Safeway Pharmacy |
| <i>paliperidone ER tab 1.5MG, 3MG, 6MG, 9MG</i> (INVEGA Equiv) | 1 | QL QL = 1 tab/day |
| PERSERIS INJ 120MG, 90MG <i>(risperidone)</i> | \$0 | PAD Medication must be filled at Safeway Pharmacy |
| RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG, 50MG <i>(risperidone microspheres)</i> | \$0 | PAD Medication must be filled at Safeway Pharmacy |
| RISPERIDONE ODT .25MG <i>(risperidone)</i> | 2 | - |
| <i>risperidone ODT .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL M Equiv) | 1 | - |
| <i>risperidone soln 1MG/ML</i> (RISPERDAL Equiv) | 1 | - |
| <i>risperidone tab .25MG, .5MG, 1MG, 2MG, 3MG, 4MG</i> (RISPERDAL Equiv) | 1 | - |
| BUTYROPHENONES - Drugs to treat mood disorders | | |
| <i>haloperidol decanoate inj 100MG/ML, 50MG/ML</i> | \$0 | PAD Medication must be filled at Safeway Pharmacy |
| <i>haloperidol lactate conc 2MG/ML</i> (HALDOL Equiv) | 1 | - |

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| <i>haloperidol tab .5MG, 10MG, 1MG, 20MG, 2MG, 5MG</i> (HALDOL Equiv) | 1 | - |
| DIBENZAPINES - Drugs to treat mood disorders | | |
| CLOZAPINE ODT 150MG, 200MG (<i>clozapine</i>) | 2 | - |
| CLOZAPINE ODT 12.5 12.5MG (<i>clozapine</i>) | 2 | - |
| <i>clozapine ODT 25mg, 100mg 100MG, 150MG, 200MG, 25MG</i> (CLOZAPINE, FAZACLO Equiv) | 1 | - |
| CLOZAPINE ODT, FAZACLO ODT 150MG, 200MG (<i>clozapine</i>) | 2 | - |
| <i>clozapine tab 100MG, 200MG, 25MG, 50MG</i> (CLOZARIL Equiv) | 1 | - |
| <i>loxapine cap 10MG, 25MG, 50MG, 5MG</i> (LOXITANE Equiv) | 1 | - |
| <i>olanzapine ODT 10MG, 15MG, 20MG, 5MG</i> (ZYPREXA Equiv) | 1 | - |
| <i>olanzapine tab 10MG, 15MG, 2.5MG, 20MG, 5MG, 7.5MG</i> (ZYPREXA Equiv) | 1 | - |
| <i>quetiapine tab 100MG, 200MG, 25MG, 300MG, 400MG, 50MG</i> (SEROQUEL Equiv) | 1 | - |
| <i>quetiapine XR tab 150MG, 200MG, 300MG, 400MG, 50MG</i> (SEROQUEL XR Equiv) | 1 | - |
| ZYPREXA RELPREVV INJ 210MG, 300MG, 405MG (<i>olanzapine pamoate</i>) | \$0 | PAD Medication must be filled at Safeway Pharmacy |

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| PHENOTHIAZINES - Drugs to treat mood disorders | | |
| <i>chlorpromazine tab 100MG, 10MG, 200MG, 25MG, 50MG</i> (THORAZINE Equiv) | 1 | - |
| <i>fluphenazine decanoate inj 25MG/ML</i> | \$0 | PAD Medication must be filled at Safeway Pharmacy |
| <i>fluphenazine tab 10MG, 1MG, 2.5MG, 5MG</i> (PROLIXIN Equiv) | 1 | - |
| <i>perphenazine tab 16MG, 2MG, 4MG, 8MG</i> (TRILAFON Equiv) | 1 | - |
| <i>prochlorperazine supp 25MG</i> (COMPAZINE Equiv) | 1 | - |
| <i>prochlorperazine tab 10MG, 5MG</i> (COMPAZINE Equiv) | 1 | - |
| <i>thioridazine tab 100MG, 10MG, 25MG, 50MG</i> (MELLARIL Equiv) | 1 | - |
| <i>trifluoperazine tab 10MG, 1MG, 2MG, 5MG</i> (STELAZINE Equiv) | 1 | - |
| QUINOLINONE DERIVATIVES - Drugs to treat mood disorders | | |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML 720MG/2.4ML (<i>aripiprazole</i>) | \$0 | PAD Medication must be filled at Safeway Pharmacy |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML 960MG/3.2ML (<i>aripiprazole</i>) | \$0 | PAD Medication must be filled at Safeway Pharmacy |

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|---|--|---|
| ABILIFY MAINTENA INJ 300MG, 400MG (<i>aripiprazole</i>) | \$0 | PAD Medication must be filled at Safeway Pharmacy |
| <i>aripiprazole tab 10MG, 15MG, 20MG, 2MG, 30MG, 5MG</i> (ABILIFY Equiv) | 1 | ∅ |
| ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 675MG/2.4ML, 882MG/3.2ML (<i>aripiprazole lauroxil</i>) | \$0 | PAD Medication must be filled at Safeway Pharmacy |
| THIOXANTHENES - Drugs to treat mood disorders | | |
| <i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv) | 1 | - |
| ANTIVIRALS - Drugs to treat viral infection | | |
| ANTIRETROVIRALS - Drugs to treat viral infections | | |
| <i>abacavir tab 300MG</i> (ZIAGEN Equiv) | 1 | - |
| <i>abacavir/lamivudine tab 300MG-600MG</i> (EPZICOM Equiv) | 1 | - |
| <i>abacavir/lamivudine/zidovudine tab 150MG-300MG</i> (TRIZIVIR Equiv) | 1 | - |
| APRETUDE SUSP 600MG/3ML (<i>cabotegravir</i>) | M | PAD |
| APTIVUS CAP 250MG (<i>tipranavir</i>) | 2 | - |
| APTIVUS SOLN 100MG/ML (<i>tipranavir</i>) | 2 | - |
| <i>atazanavir cap 150MG, 200MG, 300MG</i> (REYATAZ Equiv) | 1 | - |

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| BIKTARVY TAB 15MG-30MG-120MG, 25MG-50MG-200MG <i>(bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i> | 2 | - |
| CABENUVA IM SUSP 400MG/2ML-600MG/2ML, 600MG/3ML-900MG/3ML <i>(cabotegravir & rilpivirine)</i> | M | - |
| CIMDUO TAB 300MG <i>(lamivudine-tenofovir disoproxil fumarate)</i> | 2 | - |
| COMPLERA TAB 25MG-200MG-300MG <i>(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)</i> | 2 | QL QL= 1 tab/day |
| CRIVAN CAP 200MG, 400MG <i>(indinavir sulfate)</i> | 2 | - |
| <i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv) | 1 | - |
| DELSTRIGO TAB 100MG-300MG <i>(doravirine-lamivudine-tenofovir disoproxil fumarate)</i> | 2 | - |
| DESCOVY TAB 15MG-120MG, 25MG-200MG <i>(emtricitabine-tenofovir alafenamide fumarate)</i> | \$0 | - |
| <i>didanosine DR cap</i> (VIDEX EC Equiv) | 1 | - |
| DIDANOSINE DR CAP, VIDEX EC CAP 125MG, 200MG, 250MG, 400MG <i>(didanosine)</i> | 2 | - |
| DOVATO TAB 50MG-300MG <i>(dolutegravir sodium-lamivudine)</i> | 2 | - |
| EDURANT TAB 25MG <i>(rilpivirine hcl)</i> | 2 | - |

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| EFAVIRENZ CAP 200MG, 50MG (<i>efavirenz</i>) | 2 | - |
| <i>efavirenz tab 600MG</i> (SUSTIVA Equiv) | 1 | - |
| <i>efavirenz/lamivudine/tenofovir df (lo) tab 300MG-400MG, 300MG-600MG</i> (SYMFI (LO) Equiv) | 1 | - |
| <i>emtricitabine cap 200MG</i> (EMTRIVA Equiv) | 1 | - |
| <i>emtricitabine/tenofovir disoproxil fumarate tab 100MG-150MG, 133MG-200MG, 167MG-250MG, 200MG-300MG</i> (TRUVADA Equiv) | \$0 | - |
| EMTRIVA SOLN 10MG/ML (<i>emtricitabine</i>) | 2 | - |
| <i>etravirine tab 100MG, 200MG</i> (INTELENCE Equiv) | 1 | - |
| <i>fosamprenavir tab 700MG</i> (LEXIVA Equiv) | 1 | - |
| FUZEON INJ 90MG (<i>enfuvirtide</i>) | 2 | MSP |
| GENVOYA TAB 10MG-150MG-200MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) | 2 | QL QL= 1 tab/day |
| INTELENCE TAB 25MG (<i>etravirine</i>) | 2 | - |
| INVIRASE CAP (<i>saquinavir mesylate</i>) | 2 | - |
| INVIRASE TAB 500MG (<i>saquinavir mesylate</i>) | 2 | - |
| ISENTRESS (HD) TAB 400MG, 600MG (<i>raltegravir potassium</i>) | 2 | - |
| ISENTRESS CHEW TAB 100MG, 25MG (<i>raltegravir potassium</i>) | 2 | - |
| ISENTRESS POWDER PACK 100MG (<i>raltegravir potassium</i>) | 2 | - |

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| JULUCA TAB 25MG-50MG (<i>dolutegravir sodium-rilpivirine hcl</i>) | 2 | - |
| KALETRA TAB (<i>lopinavir-ritonavir</i>) | 2 | - |
| <i>lamivudine soln 10MG/ML</i> (EPIVIR Equiv) | 1 | - |
| <i>lamivudine tab 150MG, 300MG</i> (EPIVIR Equiv) | 1 | - |
| <i>lamivudine/zidovudine tab 150MG-300MG</i> (COMBIVIR Equiv) | 1 | - |
| LEXIVA SUSP 50MG/ML (<i>fosamprenavir calcium</i>) | 2 | - |
| <i>lopinavir/ritonavir soln 100MG/5ML-400MG/5ML</i> (KALETRA Equiv) | 1 | - |
| <i>lopinavir-ritonavir tab 25MG-100MG, 50MG-200MG</i> (KALETRA Equiv) | 1 | - |
| <i>maraviroc tab 150MG, 300MG</i> (SELZENTRY Equiv) | 1 | - |
| NEVIRAPINE SUSP 50MG/5ML (<i>nevirapine</i>) | 2 | - |
| <i>nevirapine tab 200MG</i> (VIRAMUNE Equiv) | 1 | - |
| NORVIR CAP (<i>ritonavir</i>) | 2 | - |
| NORVIR POWDER PACK 100MG (<i>ritonavir</i>) | 2 | - |
| NORVIR SOLN 80MG/ML (<i>ritonavir</i>) | 2 | - |
| ODEFSEY TAB 25MG-200MG (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) | 2 | - |
| PIFELTRO TAB 100MG (<i>doravirine</i>) | 2 | - |
| PREZCOBIX TAB 150MG-800MG (<i>darunavir-cobicistat</i>) | 2 | QL QL= 1 tab/day |

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| PREZISTA SUSP 100MG/ML (<i>darunavir</i>) | 2 | - |
| PREZISTA TAB 150MG, 75MG (<i>darunavir</i>) | 2 | - |
| RESCRIPTOR TAB 200MG (<i>delavirdine mesylate</i>) | 2 | - |
| REYATAZ POWDER PACK 50MG (<i>atazanavir sulfate</i>) | 2 | - |
| <i>ritonavir tab 100MG</i> (NORVIR Equiv) | 1 | - |
| SELZENTRY SOLN 20MG/ML (<i>maraviroc</i>) | 2 | - |
| SELZENTRY TAB 25MG, 75MG (<i>maraviroc</i>) | 2 | - |
| STAVUDINE CAP 15MG, 20MG, 30MG, 40MG (<i>stavudine</i>) | 2 | - |
| <i>stavudine cap 15MG, 20MG, 30MG, 40MG</i> (ZERIT Equiv) | 1 | - |
| STRIBILD TAB 150MG-200MG-300MG (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>) | 2 | QL QL= 1 tab/day |
| SYMTUZA TAB 10MG-150MG-200MG-800MG (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>) | 2 | - |
| <i>tenofovir disoproxil fumarate tab 300mg 300MG</i> (VIREAD Equiv) | 1 | QL QL= 1 tab/day |
| TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>) | 2 | - |
| TIVICAY TAB 10MG, 25MG, 50MG (<i>dolutegravir sodium</i>) | 2 | - |
| TRIUMEQ PD TAB 5MG-30MG-60MG (<i>abacavir-dolutegravir-lamivudine</i>) | 2 | QL QL= 6 tabs/day |

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| TRIUMEQ TAB 50MG-300MG-600MG <i>(abacavir-dolutegravir-lamivudine)</i> | 2 | QL QL= 1 tab/day |
| VIDEX SOLN 2GM <i>(didanosine)</i> | 2 | - |
| VIRACEPT TAB 250MG, 625MG <i>(nelfinavir mesylate)</i> | 2 | - |
| VIREAD TAB 150MG, 200MG, 250MG 150MG, 200MG, 250MG <i>(tenofovir disoproxil fumarate)</i> | 2 | QL QL= 1 tab/day |
| VOCABRIA TAB 30MG <i>(cabotegravir sodium)</i> | 2 | - |
| <i>zidovudine cap 100MG</i> (RETROVIR Equiv) | 1 | - |
| <i>zidovudine syrup 50MG/5ML</i> (RETROVIR Equiv) | 1 | - |
| <i>zidovudine tab 300MG</i> (RETROVIR Equiv) | 1 | - |
| ANTIVIRAL COMBINATIONS *** | | |
| PAXLOVID TAB 100MG-150MG 100MG-150MG <i>(nirmatrelvir-ritonavir)</i> | \$0 | QL QL= 20 tabs/fill |
| PAXLOVID TAB 100MG-300MG 100MG-150MG <i>(nirmatrelvir-ritonavir)</i> | \$0 | QL QL= 30 tabs/fill |
| CMV AGENTS - Drugs to treat viral infections | | |
| <i>cidofovir inj 75MG/ML</i> (VISTIDE Equiv) | M | - |
| <i>foscarnet sodium inj 6000MG/250ML</i> (FOSCAVIR Equiv) | M | - |
| FOSCAVIR INJ 6000MG/250ML <i>(foscarnet sodium)</i> | M | - |
| LIVTENCITY TAB 200MG <i>(maribavir)</i> | 2 | LD-PA-QL QL= 4 tabs/day; Only available through Biologics 800-850-4306 |

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| PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>) | 2 | LMSP-PA-QL QL= 1 tab/day; 100 tabs/6 months |
| <i>valganciclovir soln 50MG/ML</i> (VALCYTE Equiv) | 1 | - |
| <i>valganciclovir tab 450MG</i> (VALCYTE Equiv) | 1 | - |
| HEPATITIS AGENTS - Drugs to treat viral infections | | |
| <i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv) | 1 | MSP |
| <i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv) | 1 | - |
| EPIVIR HBV SOLN 5MG/ML (<i>lamivudine (hbv)</i>) | 2 | - |
| <i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv) | 1 | - |
| MAVYRET PAK 20MG-50MG (<i>glecaprevir-pibrentasvir</i>) | 2 | MSP-PA-QL QL= 5 packets/day |
| MAVYRET TAB 40MG-100MG (<i>glecaprevir-pibrentasvir</i>) | 2 | MSP-PA-QL QL= 3 tabs/day |
| PEGASYS INJ 180MCG/ML (<i>peginterferon alfa-2a</i>) | 2 | MSP |
| PEG-INTRON INJ 50MCG/0.5ML (<i>peginterferon alfa-2b</i>) | 2 | MSP |
| REBETOL SOLN (<i>ribavirin (hepatitis c)</i>) | 2 | MSP |
| RIBAVIRIN CAP 200MG (<i>ribavirin (hepatitis c)</i>) | 2 | MSP |
| <i>ribavirin cap 200MG</i> (REBETOL Equiv) | 1 | MSP |
| RIBAVIRIN TAB 200MG, 600MG (<i>ribavirin (hepatitis c)</i>) | 2 | MSP |
| SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (<i>sofosbuvir-velpatasvir</i>) | 2 | MSP-PA-QL QL= 1 tab/day |

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| VOSEVI TAB 100MG-400MG (sofosbuvir-velpatasvir-voxilaprevir) | 2 | MSP-PA-QL QL= 1 tab/day |
| HERPES AGENTS - Drugs to treat viral infections | | |
| <i>acyclovir cap 200MG</i> (ZOVIRAX Equiv) | 1 | - |
| <i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv) | 1 | - |
| <i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv) | 1 | - |
| <i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv) | 1 | - |
| INFLUENZA AGENTS - Drugs to treat viral infections | | |
| <i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv) | 1 | QL QL= 10 caps/fill |
| <i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv) | 1 | QL QL= 20 caps/fill |
| <i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv) | 1 | QL QL= 250ml/fill |
| RELENZA DISKHALER 5MG/BLISTER (<i>zanamivir</i>) | 2 | QL QL= 1 inhaler/fill |
| RIMANTADINE TAB 100MG (<i>rimantadine hydrochloride</i>) | 2 | - |
| MISC. ANTIVIRALS *** | | |
| LAGEVRIO CAP 200MG (<i>molnupiravir</i>) | \$0 | QL QL= 40 caps/fill |
| ASSORTED CLASSES - Drugs to treat assorted conditions | | |
| CHELATING AGENTS - Drugs to treat overdose or toxicity | | |

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| D-PENAMINE TAB 125MG (<i>penicillamine</i>) | 2 | - |
| IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc. | | |
| THALOMID CAP 100MG, 150MG, 200MG, 50MG (<i>thalidomide</i>) | 2 | MSP-ONC-PA |
| IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system | | |
| <i>azathioprine tab 50MG</i> (IMURAN Equiv) | 1 | - |
| <i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv) | 1 | - |
| <i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv) | 1 | - |
| <i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv) | 1 | - |
| <i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv) | 1 | - |
| <i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv) | 1 | - |
| <i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv) | 1 | - |
| <i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv) | 1 | - |
| SANDIMMUNE SOLN 100MG/ML 100MG/ML (<i>cyclosporine</i>) | 2 | - |
| <i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv) | 1 | - |
| <i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv) | 1 | - |

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| THYMOGLOBULIN INJ 25MG (<i>anti-thymocyte globulin (rabbit), lymphocyte immune globulin</i>) | M | - |
| POTASSIUM REMOVING RESINS - Drugs to manage potassium levels | | |
| <i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv) | 1 | - |
| <i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv) | 1 | - |
| BETA BLOCKERS - Drugs to treat high blood pressure | | |
| ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure | | |
| <i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv) | 1 | - |
| <i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv) | 1 | - |
| BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure | | |
| <i>acebutolol cap 200MG, 400MG</i> (SECTRAL Equiv) | 1 | - |
| <i>atenolol tab 100MG, 25MG, 50MG</i> (TENORMIN Equiv) | 1 | - |
| <i>betaxolol tab 10MG, 20MG</i> (KERLONE Equiv) | 1 | - |
| <i>bisoprolol tab 10MG, 5MG</i> (ZEBETA Equiv) | 1 | - |
| <i>metoprolol ER tab 100MG, 200MG, 25MG, 50MG</i> (TOPROL XL Equiv) | 1 | - |
| <i>metoprolol tab 100MG, 25MG, 37.5MG, 50MG, 75MG</i> (LOPRESSOR Equiv) | 1 | - |
| BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure | | |
| <i>nadolol tab</i> (CORGARD Equiv) | 1 | - |

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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>pindolol tab 10MG, 5MG</i> (VISKEN Equiv) | 1 | - |
| <i>propranolol ER cap 120MG, 160MG, 60MG, 80MG</i> (INDERAL LA Equiv) | 1 | - |
| <i>propranolol oral soln 20mg/5ml 20MG/5ML</i> (PROPRANOLOL Equiv) | 1 | - |
| PROPRANOLOL SOLN 40MG/5ML (<i>propranolol hcl</i>) | 1 | - |
| <i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv) | 1 | - |
| <i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv) | 1 | - |
| <i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv) | 1 | - |
| <i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv) | 1 | - |
| BIOLOGICALS MISC - Miscellaneous biological drugs | | |
| BIOLOGICALS MISC - Miscellaneous biological drugs | | |
| ADAGEN INJ (<i>pegademase bovine</i>) | M | - |
| CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure | | |
| CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease | | |
| <i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv) | 1 | - |
| <i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG</i> (CARDIZEM CD Equiv) | 1 | - |

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| <i>diltiazem ER tab 120MG, 180MG, 180MG/24HR, 240MG, 240MG/24HR, 300MG, 300MG/24HR, 360MG, 420MG</i> (CARDIZEM LA Equiv) | 1 | - |
| <i>diltiazem tab 120MG, 30MG, 60MG, 90MG</i> (CARDIZEM Equiv) | 1 | - |
| <i>isradipine cap 2.5MG, 5MG</i> (DYNACIRC Equiv) | 1 | - |
| <i>nicardipine cap 20MG, 30MG</i> (CARDENE Equiv) | 1 | - |
| <i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv) | 1 | - |
| <i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv) | 1 | - |
| <i>nisoldipine ER tab 17MG, 34MG, 8.5MG</i> (SULAR Equiv) | 1 | - |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG 20MG, 30MG, 40MG (<i>nisoldipine</i>) | 1 | - |
| VERAPAMIL CAP ER 100MG, 360MG (<i>verapamil hcl</i>) | 2 | - |
| VERAPAMIL ER CAP 200MG 200MG (<i>verapamil hcl</i>) | 2 | - |
| VERAPAMIL ER CAP 300MG 300MG (<i>verapamil hcl</i>) | 2 | - |
| <i>verapamil SR cap 120MG, 180MG, 200MG, 240MG</i> (VERELAN Equiv) | 1 | - |
| VERAPAMIL SR CAP 360mg 360MG (<i>verapamil hcl</i>) | 2 | - |
| <i>verapamil SR tab 120MG, 180MG, 240MG</i> (CALAN SR, ISOPTIN SR Equiv) | 1 | - |
| <i>verapamil tab 120MG, 40MG, 80MG</i> (CALAN Equiv) | 1 | - |

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|---|--|--|
| VERELAN PM ER CAP 100MG, 300MG 200MG, 300MG (<i>verapamil hcl</i>) | 2 | - |
| CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm | | |
| CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm | | |
| DIGOXIN SOLN (LANOXIN Equiv) (<i>digoxin</i>) | 1 | - |
| <i>digoxin soln .05MG/ML</i> (LANOXIN Equiv) | 1 | - |
| <i>digoxin tab</i> (LANOXIN Equiv) | 1 | - |
| CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions | | |
| CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy | | |
| CAMZYOS CAP 10MG, 15MG, 2.5MG, 5MG (<i>mavacamten</i>) | 2 | LD-PA-QL QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs | | |
| <i>amlodipine/atorvastatin tab 10MG, 10MG-20MG, 10MG-40MG, 10MG-80MG, 2.5MG-10MG, 2.5MG-20MG, 2.5MG-40MG, 5MG-10MG, 5MG-20MG, 5MG-40MG, 5MG-80MG</i> (CADUET Equiv) | 1 | - |
| ENTRESTO TAB 24MG-26MG, 49MG-51MG, 97MG-103MG (<i>sacubitril-valsartan</i>) | 2 | PA-QL QL= 2 tabs/day |
| IMPOTENCE AGENTS - Drugs to treat erectile dysfunction | | |

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| CAVERJECT INJ 10MCG, 20MCG (<i>alprostadil (vasodilator)</i>) | 2 | QL QL= 6 inj/30 days |
| EDEX INJ 10MCG, 20MCG, 40MCG (<i>alprostadil (vasodilator)</i>) | 2 | QL QL= 6 inj/30 days |
| MUSE SUPP 1000MCG, 125MCG, 250MCG, 500MCG (<i>alprostadil (vasodilator)</i>) | 2 | QL QL= 6 supp/30 days |
| <i>sildenafil tab 100MG, 25MG, 50MG</i> (VIAGRA Equiv) | 1 | QL QL= 6 tabs/30 days |
| PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions | | |
| ISOXSUPRINE TAB 10MG, 20MG (<i>isoxsuprine hcl</i>) | 2 | - |
| <i>isoxsuprine tab 10MG, 20MG</i> | 1 | - |
| PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension | | |
| TYVASO DPI POWDER 16MCG, 32MCG, 48MCG, 64MCG (<i>treprostinil</i>) | 2 | LD-PA-QL QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (<i>treprostinil</i>) | 2 | LD-PA-QL QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (<i>treprostinil</i>) | 2 | LD-PA-QL QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523 |

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| TYVASO DPI POWDER TITRATION KIT 16-32MCG <i>(treprostinil)</i> | 2 | LD-PA-QL QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523 |
| TYVASO INH SOLN .6MG/ML <i>(treprostinil)</i> | 2 | LD-PA-QL QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension | | |
| <i>ambrisentan tab 10MG, 5MG</i> (LETAIRIS Equiv) | 1 | LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| <i>bosentan tab 125MG, 62.5MG</i> (TRACLEER Equiv) | 1 | MSP-PA-QL QL= 2 tabs/day |
| OPSUMIT TAB 10MG <i>(macitentan)</i> | 2 | LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| TRACLEER TAB 32MG 32MG <i>(bosentan)</i> | 2 | LD-PA-QL QL= 4 tabs/day; Only available through Accredo 800-803-2523 |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension | | |
| <i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv) | 1 | - |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension | | |

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| UPTRAVI TAB 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG (<i>selexipag</i>) | 2 | LD-PA-QL QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - Drugs to treat heart failure | | |
| VERQUVO TAB 10MG, 2.5MG, 5MG (<i>vericiguat</i>) | 2 | QL-RS QL= 1 tab/day; Restricted to Cardiology Specialist |
| CEPHALOSPORINS - Drugs to treat bacterial infections | | |
| CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections | | |
| <i>cefadroxil cap 500MG</i> (DURICEF Equiv) | 1 | - |
| <i>cefadroxil susp 250MG/5ML, 500MG/5ML</i> (DURICEF Equiv) | 1 | - |
| CEFADROXIL TAB 1GM (<i>cefadroxil</i>) | 2 | - |
| <i>cefadroxil tab 1GM</i> (DURICEF Equiv) | 1 | - |
| <i>cefazolin inj 10GM, 1GM, 500MG</i> | M | - |
| CEFAZOLIN INJ 100GM, 1GM, 20GM, 2GM, 300GM, 3GM (<i>cefazolin sodium</i>) | M | - |
| <i>cephalexin cap 250MG, 500MG</i> (KEFLEX Equiv) | 1 | - |
| <i>cephalexin susp 125MG/5ML, 250MG/5ML</i> (KEFLEX Equiv) | 1 | - |
| CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections | | |
| <i>cefoxitin inj 10GM, 1GM, 2GM</i> | M | - |
| <i>cefprozil susp 125MG/5ML, 250MG/5ML</i> (CEFZIL Equiv) | 1 | - |

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|--|--|---|
| <i>cefprozil tab 250MG, 500MG</i> (CEFZIL Equiv) | 1 | - |
| <i>cefuroxime tab 250MG, 500MG</i> (CEFTIN Equiv) | 1 | - |
| CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections | | |
| <i>cefdinir cap 300MG</i> (OMNICEF Equiv) | 1 | - |
| <i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv) | 1 | - |
| <i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv) | 1 | - |
| <i>cefotaxime inj 1GM</i> (CLAFORAN Equiv) | M | - |
| <i>ceftazidime inj 1GM, 500MG, 6GM</i> (FORTAZ Equiv) (<i>ceftazidime</i>) | M | - |
| <i>ceftazidime inj 1GM, 2GM, 6GM</i> (FORTAZ Equiv) | M | - |
| <i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i> (ROCEPHIN Equiv) | M | - |
| CEPHALOSPORINS - 4TH GENERATION - Drugs to treat bacterial infections | | |
| <i>cefepime inj 1GM, 2GM</i> (MAXIPIME Equiv) | M | - |
| CONTRACEPTIVES - Drugs to prevent pregnancy | | |
| COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy | | |
| <i>ashlyna tab, daysee tab .03MG-.15MG</i> (SEASONALE, SEASONIQUE Equiv) | \$0 | - |
| <i>cryselle tab .3MG-30MCG</i> | \$0 | - |
| <i>drospirenone/ethinyl estradiol/levomefolate tab .02MG-.451MG-3MG, .03MG-.451MG-3MG</i> (SAFYRAL Equiv) | \$0 | - |

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| <i>enpresse tab</i> (TRI-LEVELLEN Equiv) | \$0 | - |
| <i>gianvi tab, ocella tab .02MG-3MG, .03MG-3MG</i> (YASMIN, YAZ Equiv) | \$0 | - |
| <i>isibloom tab, enskyce tab, apri tab</i> (DESOGEN Equiv) | \$0 | - |
| <i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv) | \$0 | - |
| <i>levonorgestrel-ethinyl estradiol-fe tab .1MG-20MCG-75MG</i> (BALCOLTRA Equiv) | \$0 | - |
| LO LOESTRIN TAB 1MG-10MCG-75MG (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) | \$0 | - |
| <i>loestrin 21 tab 1.5MG-30MCG</i> | \$0 | - |
| <i>mibelas chew tab 1MG-20MCG-75MG</i> (MINASTRIN Equiv) | \$0 | - |
| NATAZIA TAB (<i>estradiol valerate-dienogest</i>) | \$0 | - |
| NEXTSTELLIS TAB 3MG-14.2MG (<i>drospirenone-estetrol</i>) | \$0 | - |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1MG-20MCG-75MG</i> (TAYTULLA Equiv) | \$0 | - |
| <i>norethindrone acetate/ethinyl estradiol tab 1.5MG-30MCG, 1MG-20MCG</i> (LOESTRIN Equiv) | \$0 | - |
| <i>norethindrone/ethinyl estradiol FE tab 1.5MG-30MCG-75MG, 1MG-20MCG-75MG</i> (LOESTRIN FE Equiv) | \$0 | - |

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| <i>nortrel 7/7/7 tab, pirmella 7/7/7 tab</i> (TRI-NORINYL Equiv) | \$0 | - |
| <i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv) | \$0 | - |
| <i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv) | \$0 | - |
| <i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv) | \$0 | - |
| TYBLUME TAB .1MG-20MCG (<i>levonorgestrel & eth estradiol</i>) | \$0 | - |
| VELIVET PAK (<i>desogestrel-ethinyl estradiol (triphasic)</i>) | \$0 | - |
| <i>velivet tab</i> (CYCLESSA Equiv) | \$0 | - |
| <i>vienna tab, lessina tab, kurvelo tab .03MG-.15MG, .15MG-30MCG, .1MG-20MCG</i> (ALESSE Equiv) | \$0 | - |
| <i>viorele tab, kariva tab</i> (MIRCETTE Equiv) | \$0 | - |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy | | |
| TWIRLA PATCH 30MCG/24HR-120MCG/24HR (<i>levonorgestrel-ethinyl estradiol</i>) | \$0 | QL QL= 12 patches/year |
| <i>zafemy patch 35MCG/24HR-150MCG/24HR</i> (XULANE Equiv) | \$0 | - |
| COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy | | |
| ANNOVERA RING .013MG/24HR-.15MG/24HR (<i>segesterone acetate-ethinyl estradiol</i>) | \$0 | QL QL= 1 ring/year |

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| <i>eluryng vaginal ring .015MG/24HR-.12MG/24HR</i> (NUVARING Equiv) | \$0 | - |
| EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy | | |
| ELLA TAB 30MG (<i>ulipristal acetate</i>) | \$0 | - |
| ELLA TAB 30MG (<i>ulipristal acetate</i>) | \$0 | - |
| <i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv) | \$0 | OTC |
| PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones | | |
| DEPO-PROVERA SC INJ 104MG 104MG/0.65ML (<i>medroxyprogesterone acetate (contraceptive)</i>) | \$0 | QL QL= 1 inj/90 days |
| <i>medroxyprogesterone inj 150MG/ML</i> (DEPO-PROVERA Equiv) | \$0 | QL QL= 1 inj/90 days |
| PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones | | |
| <i>norethindrone tab .35MG</i> (NORA-QD Equiv) | \$0 | - |
| SLYND TAB 4MG (<i>drospirenone</i>) | \$0 | - |
| CORTICOSTEROIDS - Drugs to treat systemic swelling conditions | | |
| GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions | | |
| <i>budesonide ER tab 9MG</i> (UCERIS Equiv) | 1 | - |
| <i>budesonide SR cap 3MG</i> (ENTOCORT EC Equiv) | 1 | - |
| CORTISONE ACETATE TAB 25MG (<i>cortisone acetate</i>) | 2 | - |
| DEXAMETHASONE CONC 1MG/ML (<i>dexamethasone</i>) | 1 | - |
| <i>dexamethasone elixir .5MG/5ML</i> | 1 | - |
| DEXAMETHASONE SOLN .5MG/5ML (<i>dexamethasone</i>) | 1 | - |

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|--|--|---|
| <i>dexamethasone tab .5MG, .75MG, 1.5MG, 2MG, 4MG, 6MG</i> (DECADRON Equiv) | 1 | - |
| <i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv) | 1 | - |
| <i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv) | 1 | - |
| <i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv) | 1 | - |
| <i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv) | 1 | - |
| PREDNISOLONE ODT TAB 10MG, 15MG, 30MG (<i>prednisolone sodium phosphate</i>) | 2 | - |
| PREDNISOLONE SOLN (<i>prednisolone</i>) | 2 | - |
| <i>prednisolone soln 15MG/5ML</i> (PREDNISOLONE Equiv) | 1 | - |
| PREDNISONE SOLN 5MG/5ML (<i>prednisone</i>) | 2 | - |
| <i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv) | 1 | - |
| MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions | | |
| <i>fludrocortisone tab .1MG</i> (FLORINEF Equiv) | 1 | - |
| COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms | | |
| ANTITUSSIVES - Drugs to treat cough | | |
| <i>benzonatate cap 100MG, 200MG</i> (TESSALON Equiv) | 1 | - |
| <i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i> (HYCODAN Equiv) | 1 | - |

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| <i>tussigon tab 1.5MG-5MG</i> (HYCODAN Equiv) | 1 | - |
| COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms | | |
| GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML (<i>guaifenesin-codeine</i>) | 2 | OTC-QL QL= 120ml/fill |
| <i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML</i> (TUSSI-ORGANIDIN-S Equiv) | 1 | OTC-QL QL= 120ml/fill |
| <i>hydrocodone/chlorpheniramine/pseudoephedrine liquid</i> (ZUTRIPRO Equiv) | 1 | QL QL= 120ml/fill, 2 fills/month |
| PROMETHAZINE VC SYRUP 5MG/5ML-6.25MG/5ML (<i>promethazine & phenylephrine</i>) | 2 | - |
| <i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv) | 1 | - |
| EXPECTORANTS - Drugs to thin and loosen mucus in the chest | | |
| <i>potassium iodide oral soln 1GM/ML</i> (SSKI Equiv) | 1 | - |
| MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants | | |
| NEBUSAL NEB SOLN 3.5%, 6% (<i>sodium chloride (inhalant)</i>) | 2 | - |
| <i>sodium chloride neb soln .9%, 10%, 3%, 7%</i> (HYPER-SAL Equiv) | 1 | - |
| MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv) | 1 | - |
| DERMATOLOGICALS - Drugs to treat skin conditions | | |
| ACNE PRODUCTS - Drugs to treat skin conditions | | |

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| <i>adapalene cream .1%</i> (DIFFERIN Equiv) | 1 | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>adapalene gel .1%</i> (DIFFERIN Equiv) | 1 | PA Acne Only – members age 35 or older require Prior Authorization |
| ADAPALENE LOTION .1% (<i>adapalene</i>) | 2 | PA Acne Only members age 35 or older require Prior Authorization |
| <i>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap 10MG, 20MG, 30MG, 40MG</i> (AC CUTANE Equiv) | 1 | - |
| AVAR GEL (<i>sulfacetamide sodium w/ sulfur</i>) | 2 | - |
| <i>clindamycin gel 1%</i> (CLEOCIN GEL Equiv) | 1 | - |
| <i>clindamycin lotion 1%</i> (CLEOCIN- T Equiv) | 1 | - |
| <i>clindamycin pad 1%</i> (CLEOCIN-T Equiv) | 1 | - |
| <i>clindamycin topical soln 1%</i> (CLEOCIN-T Equiv) | 1 | - |
| DIFFERIN LOTION .1% (<i>adapalene</i>) | 2 | PA Acne Only members age 35 or older require Prior Authorization |
| DIFFERIN OTC GEL 0.1% .1% (<i>adapalene</i>) | 1 | OTC-PA-QL QL= 45gm/fill; Acne Only – members age 35 or older require Prior Authorization |

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| ERY PAD 2% (<i>erythromycin (acne aid)</i>) | 2 | - |
| <i>erythromycin gel 2%</i> | 1 | - |
| <i>erythromycin pad 2%</i> | 1 | - |
| <i>erythromycin soln 2%</i> | 1 | - |
| PRASCION RA CREAM (<i>sulfacetamide sodium-sulfur-sunscreen</i>) | 2 | - |
| SODIUM SULFACETAMIDE/SULFUR EMULSION 4%-10%, 5%-10% (ROSULA Equiv) (<i>sulfacetamide sodium-sulfur in urea vehicle</i>) | 1 | - |
| <i>sodium sulfacetamide/sulfur emulsion 1%-10%</i> (ROSULA Equiv) | 1 | - |
| <i>sodium sulfacetamide/sulfur gel</i> (ROSULA Equiv) | 1 | - |
| SODIUM SULFACETAMIDE/SULFUR LOTION 5%-10% (<i>sulfacetamide sodium w/ sulfur</i>) | 2 | - |
| <i>sodium sulfacetamide/sulfur lotion 4.8%-9.8%</i> (SULFACET R Equiv) | 1 | - |
| <i>sodium sulfacetamide/sulfur pad 4%-10%</i> (PLEXION CLEANSING CLOTH Equiv) | 1 | - |
| <i>sodium sulfacetamide/sulfur wash 2%-10%, 4%-9%, 4.8%-9.8%</i> (SUMAXIN WASH Equiv) | 1 | - |
| SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4.5% 4.5%-9% | 1 | - |
| <i>sulfacetamide sodium/sulfur cream 10-2% 2%-10%</i> (AVAR-E LS Equiv) | 1 | - |

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| <i>sulfacetamide sodium/sulfur cream 10-5% 5%-10%</i> (PLEXION SCT Equiv) | 1 | - |
| <i>sulfacetamide sodium/sulfur cream 9.8-4.8% 4.8%-9.8%</i> (PLEXION Equiv) | 1 | - |
| <i>tretinoin cream .025%, .05%, .1%</i> | 1 | PA Acne Only – members age 35 or older require Prior Authorization |
| <i>tretinoin gel .01%, .025%, .05%</i> (RETIN-A GEL Equiv) | 1 | PA Acne Only – members age 35 or older require Prior Authorization |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES - Drugs for cosmetic uses | | |
| RENOVA CREAM .02%, .05% (<i>tretinoin (facial wrinkles)</i>) | EXC | - |
| ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections | | |
| <i>gentamicin sulfate cream .1%</i> | 1 | - |
| <i>gentamicin sulfate oint .1%</i> | 1 | - |
| <i>mupirocin cream 2%</i> (BACTROBAN Equiv) | 1 | - |
| <i>mupirocin oint 2%</i> (BACTROBAN OINT Equiv) | 1 | - |
| ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections | | |
| <i>clotrimazole/betamethasone cream .05%-1%</i> (LORTRISONE CREAM Equiv) | 1 | - |
| <i>clotrimazole/betamethasone lotion .05%-1%</i> (LOTRISONE LOTION Equiv) | 1 | - |
| <i>ketoconazole cream 2%</i> (NIZORAL CREAM Equiv) | 1 | - |

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| <i>ketoconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv) | 1 | - |
| <i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv) | 1 | - |
| <i>nystatin oint 100000UNIT/GM</i> | 1 | - |
| <i>nystatin topical powder 100000UNIT/GM</i> | 1 | - |
| <i>nystatin/triamcinolone cream .1%-100000UNIT/GM, 1MG/GM-100000UNIT/GM</i> | 1 | - |
| <i>nystatin/triamcinolone oint .1%-100000UNIT/GM</i> | 1 | - |
| <i>terbinafine cream 1%</i> (LAMISIL Equiv) | 1 | OTC |
| ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation | | |
| <i>diclofenac gel 1% 1%</i> (VOLTAREN Equiv) | 1 | QL QL= 5 tubes/fill |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL - Drugs to treat cancer | | |
| FLUOROPLEX CREAM 1%, 4% (<i>fluorouracil (topical)</i>) | 2 | - |
| <i>fluorouracil cream 5%</i> (EFUDEX CREAM Equiv) | 1 | - |
| FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>) | 2 | - |
| FLUOROURACIL SOLN 2%, 5% (<i>fluorouracil (topical)</i>) | 2 | - |

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| VALCHLOR GEL .016% (<i>mechlorethamine hcl (topical)</i>) | 2 | LD-PA-QL-SF QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874 |
| ANTIPSORIATICS - Drugs to treat psoriasis | | |
| <i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv) | 1 | - |
| <i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv) | 1 | - |
| <i>calcipotriene oint .005%</i> | 1 | - |
| <i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv) | 1 | - |
| CALCITRIOL OINT 3MCG/GM (<i>calcitriol (topical)</i>) | 2 | - |
| METHOXSALEN CAP 10MG (<i>methoxsalen rapid</i>) | 2 | - |
| <i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv) | 1 | - |
| SKYRIZI INJ 150MG/ML 150MG/ML (<i>risankizumab-rzaa</i>) | 2 | MSP-PA-QL QL= 1 inj/84 days |
| SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML (<i>risankizumab-rzaa</i>) | 2 | MSP-PA-QL QL= 2 inj/84 days |
| STELARA INJ 90MG/ML (<i>ustekinumab</i>) | 2 | MSP-PA-QL QL= 1 inj/84 days |
| STELARA INJ 45MG/0.5ML 45MG/0.5ML (<i>ustekinumab</i>) | 2 | MSP-PA-QL QL= 1 inj/84 days |
| TALTZ INJ 80MG/ML (<i>ixekizumab</i>) | 2 | MSP-PA-QL QL= 1 inj/28 days |

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| TREMFYA INJ 100MG/ML (<i>guselkumab</i>) | 2 | MSP-PA-QL QL= 1 inj/56 days |
| ZORYVE CREAM .3% (<i>roflumilast (topical)</i>) | 2 | PA-QL QL= 60 grams/30 days |
| ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions | | |
| <i>selenium sulfide lotion 1%, 2.5%</i> | 1 | - |
| <i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv) | 1 | - |
| <i>sodium sulfacetamide gel 10%</i> (OVACE PLUS Equiv) | 1 | - |
| <i>sodium sulfacetamide wash 10%</i> (OVACE WASH Equiv) | 1 | - |
| ANTIVIRALS - TOPICAL - Drugs to treat viral infections | | |
| <i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv) | 1 | - |
| DENAVIR CREAM (<i>penciclovir</i>) | 2 | - |
| <i>penciclovir cream 1%</i> (DENAVIR Equiv) | 1 | - |
| BURN PRODUCTS - Drugs to treat burns | | |
| <i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv) | 1 | - |
| SULFAMYLON CREAM 85MG/GM (<i>mafenide acetate</i>) | 2 | - |
| CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation | | |
| ALA SCALP LOTION 2% (<i>hydrocortisone (topical)</i>) | 2 | - |
| <i>alclometasone cream .05%</i> (ACLOVATE Equiv) | 1 | - |
| <i>alclometasone oint .05%</i> (ACLOVATE OINT Equiv) | 1 | - |
| AMCINONIDE LOTION .1% (<i>amcinonide</i>) | 2 | PA |

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| APEXICON E CREAM .05% (<i>diflorasone diacetate emollient base</i>) | 1 | - |
| <i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv) | 1 | - |
| BETAMETHASONE AUGMENTED GEL .05% (<i>betamethasone dipropionate augmented</i>) | 2 | - |
| <i>betamethasone augmented gel</i> | 1 | - |
| <i>betamethasone augmented lotion .05%</i> (DIPROLENE LOTION Equiv) | 1 | - |
| <i>betamethasone augmented oint .05%</i> (DIPROLENE OINT Equiv) | 1 | - |
| <i>betamethasone dipropionate cream .05%</i> (DIPROSONE CREAM Equiv) | 1 | - |
| <i>betamethasone dipropionate lotion .05%</i> | 1 | - |
| <i>betamethasone dipropionate oint .05%</i> (DIPROSONE OINT Equiv) | 1 | - |
| <i>betamethasone valerate cream .1%</i> | 1 | - |
| <i>betamethasone valerate lotion .1%</i> | 1 | - |
| <i>betamethasone valerate oint .1%</i> | 1 | - |
| <i>calcipotriene/betamethasone oint .005%-.064%</i> (TACLONEX Equiv) | 1 | - |
| <i>clobetasol propionate cream .05%</i> (TEMOVATE Equiv) | 1 | - |

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| <i>clobetasol propionate emollient cream .05%</i> (TEMOVATE E Equiv) | 1 | - |
| <i>clobetasol propionate gel .05%</i> (TEMOVATE GEL Equiv) | 1 | - |
| <i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv) | 1 | - |
| <i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv) | 1 | - |
| <i>desonide cream .05%</i> (DESOWEN Equiv) | 1 | - |
| <i>desonide gel .05%</i> | 1 | - |
| <i>desonide oint .05%</i> (DESOWEN Equiv) | 1 | - |
| <i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv) | 1 | - |
| <i>desoximetasone cream 0.05% .05%</i> (TOPICORT Equiv) | 1 | - |
| <i>desoximetasone gel .05%</i> (TOPICORT Equiv) | 1 | - |
| <i>desoximetasone oint .25%</i> (TOPICORT Equiv) | 1 | - |
| <i>desoximetasone oint 0.05% .05%</i> (TOPICORT Equiv) | 1 | - |
| DIFLORASONE CREAM, PSORCON CREAM .05% (<i>diflorasone diacetate</i>) | 2 | - |
| <i>diflorasone oint .05%</i> | 1 | - |
| EPIFOAM AEROSOL 1% (<i>pramoxine-hc</i>) | 2 | - |
| <i>fluocinolone acetonide cream .01%, .025%</i> | 1 | - |
| <i>fluocinolone acetonide oint .025%</i> | 1 | - |
| <i>fluocinolone acetonide soln .01%</i> | 1 | - |
| <i>fluocinonide cream 0.05% .05%</i> (LIDEX Equiv) | 1 | - |

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|---|--|---|
| <i>fluocinonide cream 0.1% .1%</i> (VANOS Equiv) | 1 | - |
| <i>fluocinonide emollient cream .05%</i> | 1 | - |
| <i>fluocinonide gel .05%</i> | 1 | - |
| <i>fluocinonide oint .05%</i> | 1 | - |
| <i>fluocinonide soln .05%</i> | 1 | - |
| <i>flurandrenolide cream .05%</i> (CORDRAN Equiv) | 1 | - |
| <i>flurandrenolide oint .05%</i> (CORDRAN Equiv) | 1 | - |
| <i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv) | 1 | - |
| <i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv) | 1 | - |
| <i>halcinonide cream .1%</i> (HALOG Equiv) | 1 | - |
| <i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv) | 1 | - |
| <i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv) | 1 | - |
| <i>hydrocortisone butyrate cream .1%</i> (LOCOID Equiv) | 1 | - |
| <i>hydrocortisone butyrate lipocream .1%</i> (LOCOID Equiv) | 1 | - |
| <i>hydrocortisone butyrate oint .1%</i> (LOCOID Equiv) | 1 | - |
| <i>hydrocortisone cream .5%, 1%, 2.5%</i> (PROCTOCORT Equiv) | 1 | - |
| <i>hydrocortisone lotion 2% 2%</i> (ALA SCALP Equiv) | 1 | - |
| <i>hydrocortisone oint .5%, 1%, 2.5%</i> | 1 | - |
| <i>hydrocortisone pramoxine cream 1%-2.5%</i> (PRAMOSONE Equiv) | 1 | - |

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|---|--|---|
| <i>hydrocortisone valerate cream .2%</i> (WESTCORT Equiv) | 1 | - |
| <i>hydrocortisone valerate oint .2%</i> (WESTCORT Equiv) | 1 | - |
| <i>mometasone cream .1%</i> (ELOCON Equiv) | 1 | - |
| <i>mometasone oint .1%</i> (ELOCON Equiv) | 1 | - |
| <i>mometasone soln .1%</i> (ELOCON Equiv) | 1 | - |
| <i>paramox hc gel</i> (NOVACORT GEL Equiv) | 1 | - |
| PRAMOSONE CREAM 1-1% 1% (<i>pramoxine-hc</i>) | 2 | - |
| PRAMOSONE E CREAM (<i>pramoxine-hc emollient base</i>) | 2 | - |
| PRAMOSONE OINT 1%, 1%-2.5% (<i>pramoxine-hc</i>) | 2 | - |
| PREDNICARBATE CREAM .1% (<i>prednicarbate</i>) | 2 | - |
| PREDNICARBATE OIN .1% (<i>prednicarbate</i>) | 2 | - |
| <i>triamcinolone acetonide oint .05%</i> (TRIANEX Equiv) | 1 | - |
| <i>triamcinolone cream .025%, .1%, .5%</i> | 1 | - |
| <i>triamcinolone lotion .025%, .1%</i> | 1 | - |
| <i>triamcinolone oint .025%, .1%, .5%</i> | 1 | - |
| ECZEMA AGENTS - Drugs to treat eczema | | |
| ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>) | 2 | MSP-PA-QL QL= 4 inj/28 days |
| CIBINQO TAB 100MG, 200MG, 50MG (<i>abrocitinib</i>) | 2 | MSP-PA-QL QL= 1 tab/day |
| DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML (<i>dupilumab</i>) | 2 | MSP-PA-QL QL= 2 inj/28 days |

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| DUPIXENT PEN INJ 300MG/2ML (<i>dupilumab</i>) | 2 | MSP-PA-QL QL= 2 inj/28 days |
| DUPIXENT PEN INJ 200MG/1.14ML (<i>dupilumab</i>) | 2 | MSP-PA-QL QL= 2 inj/28 days |
| OPZELURA CREAM 1.5% (<i>ruxolitinib phosphate (topical)</i>) | 2 | PA-QL QL= 12 tubes/year |
| EMOLLIENT/KERATOLYTIC AGENTS - Drugs to treat rough skin | | |
| <i>urea cream 40% 40%</i> (CARMOL Equiv) | 1 | - |
| <i>urea cream 50%</i> (KERALAC Equiv) | 1 | - |
| <i>urea gel 45%</i> (URAMAXIN Equiv) | 1 | - |
| <i>urea lotion 10%, 20%, 25%, 40%</i> | 1 | - |
| <i>urea susp 40%</i> (UMECTA Equiv) | 1 | - |
| EMOLLIENTS - Drugs to treat skin conditions | | |
| <i>ammonium lactate cream 12%</i> (LAC-HYDRIN Equiv) | 1 | - |
| <i>ammonium lactate lotion 12%, 5%</i> (LAC-HYDRIN Equiv) | 1 | - |
| LACTIC ACID LOTION 10%, 5% (<i>lactic acid (ammonium lactate)</i>) | 2 | - |
| ENZYMES - TOPICAL - Drugs to treat skin conditions | | |
| SANTYL OINT 250UNIT/GM (<i>collagenase</i>) | 2 | - |
| HAIR GROWTH AGENTS - Drugs to grow hair | | |
| <i>bimatoprost ophth soln .03%</i> | EXC | - |
| <i>finasteride tab 1MG</i> (PROPECIA Equiv) | EXC | - |
| HAIR REDUCTION AGENTS - Drugs to remove hair | | |

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| VANIQA CREAM 13.9% (<i>eflornithine hcl</i>) | EXC | - |
| IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system | | |
| <i>imiquimod cream 5%</i> (ALDARA Equiv) | 1 | - |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system | | |
| HYFTOR GEL .2% (<i>sirolimus (topical)</i>) | 2 | LD-PA-QL QL= 10 grams/30 days; Only available through Walgreens 888-347-3416 |
| <i>pimecrolimus cream 1%</i> (ELIDEL Equiv) | 1 | Covered for members 2 years or older |
| <i>tacrolimus oint .03%, .1%</i> (PROTOPIC OINT Equiv) | 1 | - |
| KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions | | |
| PODOCON SOLN 25% (<i>podophyllum resin</i>) | 2 | - |
| PODOFILOX SOLN .5% (<i>podofilox</i>) | 2 | - |
| <i>podofilox soln .5%</i> (CONDYLOX Equiv) | 1 | - |
| <i>salicylic acid shampoo 6%</i> (SALEX Equiv) | 1 | - |
| LOCAL ANESTHETICS - TOPICAL - Drugs for numbing | | |
| <i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv) | 1 | - |
| LIDOCAINE GEL 2% (<i>lidocaine hcl</i>) | 2 | - |
| <i>lidocaine gel .5%, 2%</i> (GLYDO Equiv) | 1 | - |
| <i>lidocaine oint</i> | 1 | - |
| <i>lidocaine patch 5%</i> | 1 | QL QL= 3 patches/day |
| <i>lidocaine soln 4%</i> (XYLOCAINE Equiv) | 1 | - |
| <i>lidocaine/prilocaine cream 2.5%</i> (EMLA Equiv) | 1 | - |
| MISC. TOPICAL - Miscellaneous topical products | | |

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| DRYSOL SOLN 20% (<i>aluminum chloride</i>) | 2 | - |
| PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration | | |
| <i>hydroquinone cream 4%</i> (LUSTRA Equiv) | EXC | - |
| TRI-LUMA CREAM .01%-.05%-4% (<i>fluocinolone-hydroquinone-tretinoin</i>) | EXC | - |
| ROSACEA AGENTS - Drugs to treat skin conditions | | |
| <i>azelaic acid gel 15%</i> (FINACEA Equiv) | 1 | - |
| <i>brimonidine tartrate gel .33%</i> (MIRVASO GEL Equiv) | EXC | - |
| <i>metronidazole cream .75%</i> (METROCREAM Equiv) | 1 | - |
| <i>metronidazole gel .75%</i> (METROGEL Equiv) | 1 | - |
| <i>metronidazole lotion .75%</i> (METROLOTION Equiv) | 1 | - |
| MIRVASO GEL .33% (<i>brimonidine tartrate (topical)</i>) | EXC | - |
| RHOFADE CREAM 1% (<i>oxymetazoline hcl (topical)</i>) | EXC | - |
| SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions | | |
| <i>permethrin cream 5%</i> (ELIMITE CREAM Equiv) | 1 | - |
| SPINOSAD SUSP .9% (<i>spinosad</i>) | 2 | QL QL= 1 bottle/fill |
| WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers | | |
| REGRANEX GEL .01% (<i>becaplermin</i>) | 2 | QL QL= 30gm/fill |
| DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products | | |
| DIAGNOSTIC DRUGS - Drugs to diagnose or monitor conditions | | |
| GLUCAGEN INJ 1MG (<i>glucagon hcl rdna (diagnostic)</i>) | 2 | - |

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| DIAGNOSTIC TESTS - Miscellaneous diagnostic test products | | |
| CLINISTIX TEST STRIP (<i>glucose urine test-(glucose oxidase)</i>) | 1 | OTC |
| COVID-19 TEST (<i>covid-19 at home test</i>) | \$0 | OTC-QL QL= 8 tests/30 days |
| CUE COVID-19 INJ TEST CARTRIDGE (<i>covid-19 at home test</i>) | \$0 | OTC-QL QL= 8 cartridges/30 days |
| CUE HEALTH MIS MONITOR (<i>covid-19 at home test</i>) | \$0 | QL QL= 1 kit/year |
| KETO-DIASTIX TEST STRIP (<i>urine glucose-ketones test</i>) | 1 | OTC |
| KETOSTIX (<i>acetone (urine) test</i>) | 1 | OTC |
| ONETOUCH ULTRA TEST STRIP (<i>glucose blood</i>) | 2 | OTC-QL |
| ONETOUCH VERIO TEST STRIP (<i>glucose blood</i>) | 2 | OTC-QL |
| DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition | | |
| DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency | | |
| ASTAMED MYO CAP (<i>astaxanthin-tocotrienol-zinc-cholecalciferol</i>) | EXC | - |
| DEPLIN CAP (<i>l-methylfolate-algae</i>) | EXC | - |
| ELIGEN B12 TAB (<i>cyanocobalamin-salcaprozate sodium</i>) | EXC | - |
| FALESSA TAB (<i>levomefolate glucosamine</i>) | EXC | - |
| GLYGEST PAK (<i>2-fucosyllactose & lacto-n-neotetraose</i>) | EXC | - |

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| L-METHYLFOLATE TAB (<i>l-methylfolate</i>) | EXC | - |
| LUVIRA CAP (<i>omega-3-acid ethyl esters (dietary management)</i>) | EXC | - |
| METANX CAP (<i>l-methylfolate w/ algae-vitamin b12-vitamin b6</i>) | EXC | - |
| OLLIZAC POWDER (<i>2-fucosyllactose & lacto-n-neotetraose</i>) | EXC | - |
| PODIAPN CAP (<i>l-methylfolate w/ vitamin b6-vitamin b12</i>) | EXC | - |
| XAQUIL XR TAB (<i>levomefolate glucosamine</i>) | EXC | - |
| XYZBAC TAB (<i>dietary management product</i>) | EXC | - |
| DIGESTIVE AIDS - Drugs to treat low digestive enzymes | | |
| DIGESTIVE ENZYMES - Drugs to treat low digestive enzymes | | |
| CREON CAP 12000UNIT-38000UNIT-60000UNIT, 24000UNIT-76000UNIT-120000UNIT, 3000UNIT-9500UNIT-15000UNIT, 36000UNIT-114000UNIT-180000UNIT, 6000UNIT-19000UNIT-30000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>) | 2 | - |
| DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure | | |
| <i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv) | 1 | - |
| <i>acetazolamide tab</i> | 1 | - |

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|---|--|---|
| <i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv) | 1 | - |
| DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| <i>AMILORIDE/HCTZ TAB 5MG-50MG (amiloride & hydrochlorothiazide)</i> | 2 | - |
| <i>amiloride/hydrochlorothiazide tab 5MG-50MG</i> (MODURETIC Equiv) | 1 | - |
| <i>spironolactone/hydrochlorothiazide tab 25MG</i> (ALDACTAZIDE Equiv) | 1 | - |
| <i>triamterene/hydrochlorothiazide cap 25MG-37.5MG</i> (DYAZIDE Equiv) | 1 | - |
| <i>triamterene/hydrochlorothiazide tab 25MG-37.5MG, 50MG-75MG</i> (MAXZIDE Equiv) | 1 | - |
| LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| <i>bumetanide tab .5MG, 1MG, 2MG</i> (BUMEX Equiv) | 1 | - |
| <i>ethacrynic tab 25MG</i> (EDECIN Equiv) | 1 | - |
| <i>FUROSEMIDE SOLN 40MG/5ML, 8MG/ML</i> (<i>furosemide</i>) | 1 | - |
| <i>furosemide soln 10MG/ML</i> | 1 | - |
| <i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv) | 1 | - |
| <i>torseamide tab 100MG, 10MG, 20MG, 5MG</i> (DEMADEX Equiv) | 1 | - |
| POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| <i>amiloride tab 5MG</i> (MIDAMOR Equiv) | 1 | - |

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| <i>spironolactone tab 100MG, 25MG, 50MG</i> (ALDACTONE Equiv) | 1 | - |
| <i>triamterene cap 100MG, 50MG</i> (DYRENIUM Equiv) | 1 | - |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure | | |
| CHLOROTHIAZIDE TAB 250MG, 500MG (<i>chlorothiazide</i>) | 2 | - |
| <i>chlorothiazide tab 500MG</i> (DIURIL Equiv) | 1 | - |
| <i>chlorthalidone tab 25MG, 50MG</i> | 1 | - |
| DIURIL SUSP 250MG/5ML (<i>chlorothiazide</i>) | 2 | - |
| <i>hydrochlorothiazide cap 12.5MG</i> (MICROZIDE Equiv) | 1 | - |
| <i>hydrochlorothiazide tab 12.5MG, 25MG, 50MG</i> (HYDRODIURIL Equiv) | 1 | - |
| <i>indapamide tab 1.25MG, 2.5MG</i> (LOZOL Equiv) | 1 | - |
| <i>metolazone tab 10MG, 2.5MG, 5MG</i> (ZAROXOLYN Equiv) | 1 | - |
| ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones | | |
| ADRENAL STEROID INHIBITORS - Drugs to treat Cushing disease | | |
| ISTURISA TAB 10MG 10MG (<i>osilodrostat phosphate</i>) | 2 | LD-PA-QL QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |

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| ISTURISA TAB 1MG 1MG (<i>osilodrostat phosphate</i>) | 2 | LD-PA-QL QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ISTURISA TAB 5MG 5MG (<i>osilodrostat phosphate</i>) | 2 | LD-PA-QL QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| BONE DENSITY REGULATORS - Drugs to treat bone disease | | |
| <i>alendronate tab 10MG, 35MG, 70MG</i> (FOSAMAX Equiv) | 1 | - |
| ALENDRONATE TAB 40MG 40MG, 5MG (<i>alendronate sodium</i>) | 2 | - |
| <i>calcitonin inj 200UNIT/ML</i> (MIACALCIN Equiv) | 1 | MSP |
| <i>calcitonin nasal spray 200UNIT/ACT</i> (MIACALCIN Equiv) | 1 | - |
| FORTEO INJ 600MCG/2.4ML (<i>teriparatide (recombinant)</i>) | 2 | MSP |
| PROLIA INJ 60MG/ML (<i>denosumab</i>) | M | - |
| <i>risedronate tab 150MG, 30MG, 35MG, 5MG</i> (ACTONEL Equiv) | 1 | ST Step Therapy requires trial of alendronate. |
| TERIPARATIDE INJ 620MCG/2.48ML (<i>teriparatide (recombinant)</i>) | 2 | MSP |

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|---|--|--|
| TYMLOS INJ 3120MCG/1.56ML (<i>abaloparatide</i>) | 2 | MSP |
| XGEVA INJ 120MG/1.7ML (<i>denosumab</i>) | M | - |
| FERTILITY REGULATORS - Drugs to regulate fertility | | |
| CLOMID TAB 50MG (<i>clomiphene citrate</i>) | 2 | - |
| CLOMID TAB 50MG (<i>clomiphene citrate</i>) | 2 | - |
| GONAL-F INJ 1050UNIT, 450UNIT, 75UNIT (<i>follitropin alfa</i>) | 2 | INF-PA-QL QL= Females: Max 6 cycles per lifetime; Males: max 12 cycles per lifetime; Medication must be filled at Community Walgreens 650-326-3876 Fax 650-326-9523 |
| GONAL-F RFF INJ 300UNIT/0.5ML, 450UNT/0.75ML, 900UNIT/1.5ML (<i>follitropin alfa</i>) | 2 | INF-PA-QL QL= Females: Max 6 cycles per lifetime; Males: max 12 cycles per lifetime; Medication must be filled at Community Walgreens 650-326-3876 Fax 650-326-9523 |
| MENOPUR INJ 75UNIT (<i>menotropins</i>) | 2 | INF-PA-QL QL= Females: max 6 cycles per lifetime; Males: max 12 cycles per lifetime; Medication must be filled at Community Walgreens 650-326-3876 Fax 650-326-9523 |

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| PREGNYL INJ 10000UNIT (<i>chorionic gonadotropin</i>) | 2 | INF-PA-QL QL= Females: Max 6 cycles per lifetime; Males: max 12 cycles per lifetime; Medication must be filled at Community Walgreens 650-326-3876 Fax 650-326-9523 |
| GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis | | |
| ORILISSA TAB 150MG 150MG (<i>elagolix sodium</i>) | 2 | PA-QL QL= 1 tab/day |
| ORILISSA TAB 200MG 200MG (<i>elagolix sodium</i>) | 2 | PA-QL QL= 2 tabs/day |
| GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones | | |
| SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG (<i>pegvisomant</i>) | 2 | LD-PA Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution | | |
| EGRIFTA INJ 1MG, 2MG (<i>tesamorelin acetate</i>) | EXC | - |
| GROWTH HORMONES - Drugs to regulate hormones | | |
| GENOTROPIN INJ .2MG, .4MG, .6MG, .8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG (<i>somatropin</i>) | 2 | MSP-PA |
| SKYTROFA INJ 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG (<i>lonapegsomatropin-tcgd</i>) | 2 | LMSP-PA |

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| HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones | | |
| <i>raloxifene tab 60MG</i> (EVISTA Equiv) | \$0 | Covered at \$0 for women 35 years or older; All other members covered at generic copay |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones | | |
| INCRELEX INJ 40MG/4ML (<i>mecasermin</i>) | 2 | LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones | | |
| SYNAREL NASAL SOLN 2MG/ML (<i>nafarelin acetate</i>) | 2 | - |
| METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones | | |
| ALDURAZYME INJ 2.9MG/5ML (<i>laronidase</i>) | M | - |
| <i>calcitriol cap .25MCG, .5MCG</i> (ROCALTROL Equiv) | 1 | - |
| CALCITRIOL INJ 1MCG/ML (<i>calcitriol</i>) | M | - |
| <i>calcitriol soln 1MCG/ML</i> (ROCALTROL SOLN. Equiv) | 1 | - |
| <i>cinacalcet tab 30MG, 60MG, 90MG</i> (SENSIPAR Equiv) | 1 | - |
| <i>doxercalciferol cap .5MCG, 1MCG, 2.5MCG</i> (HECTOROL Equiv) | 1 | - |
| FABRAZYME INJ 35MG, 5MG (<i>agalsidase beta</i>) | M | - |

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| GALAFOLD CAP 123MG (<i>migalastat hcl</i>) | 2 | LD-PA-QL QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| <i>levocarnitine soln 1GM/10ML</i> (CARNITOR Equiv) | 1 | - |
| <i>levocarnitine tab 330MG</i> (CARNITOR Equiv) | 1 | - |
| <i>nitisinone cap 10MG, 20MG, 2MG, 5MG</i> (ORFADIN Equiv) | 1 | LD-PA Only available through Dohmen LSS 844-246-5226 |
| <i>paricalcitol cap 1MCG, 2MCG, 4MCG</i> (ZEMPLAR Equiv) | 1 | - |
| <i>sapropterin dihydrochloride powder packet 100MG, 500MG</i> (KUVAN Equiv) | 1 | MSP-PA |
| <i>sapropterin dihydrochloride soluble tab 100MG</i> (KUVAN Equiv) | 1 | MSP-PA |
| <i>sodium phenylbutyrate powder 3GM/TSP</i> (BUPHENYL Equiv) | 1 | MSP-PA |
| <i>sodium phenylbutyrate tab 500MG</i> (BUPHENYL Equiv) | 1 | MSP-PA |
| STRENSIQ INJ 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML (<i>asfotase alfa</i>) | 2 | LD-PA Only available through PantherRx Pharmacy 855-726-8479 |
| NATRIURETIC PEPTIDES *** | | |

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| VOXZOGO INJ .4MG, .56MG, 1.2MG (<i>vosoritide</i>) | 2 | LD-PA-QL QL= 1 vial/day; Only available through Accredo 800-803-2523 |
| POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones | | |
| DDAVP NASAL SOLN .01% (<i>desmopressin acetate refrigerated</i>) | 2 | - |
| <i>desmopressin acetate inj 4MCG/ML</i> (DDAVP Equiv) | 1 | - |
| <i>desmopressin acetate nasal spray .01%, .1MG/ML</i> (DDAVP Equiv) | 1 | - |
| <i>desmopressin acetate tab .1MG, .2MG</i> (DDAVP Equiv) | 1 | - |
| STIMATE NASAL SOLN 1.5MG/ML (<i>desmopressin acetate</i>) | 2 | - |
| PROGESTERONE RECEPTOR ANTAGONISTS *** | | |
| <i>mifepristone tab 200MG</i> (MIFIPREX Equiv) | \$0 | - |
| MIFIPREX TAB 200MG (<i>mifepristone</i>) | \$0 | - |
| PROLACTIN INHIBITORS - Drugs to regulate hormones | | |
| <i>cabergoline tab .5MG</i> (DOSTINEX Equiv) | 1 | - |
| SOMATOSTATIC AGENTS - Drugs to regulate hormones | | |
| <i>octreotide inj 1000MCG/5ML, 1000MCG/ML, 100MCG/ML, 200MCG/ML, 500MCG/ML, 50MCG/ML</i> (SANDOSTATIN Equiv) | 1 | MSP |
| OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>) | 1 | MSP |

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| SIGNIFOR INJ .3MG/ML, .6MG/ML, .9MG/ML (<i>pasireotide diaspertate</i>) | 2 | LD-PA-QL QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ESTROGENS - Drugs to replace female hormones | | |
| ESTROGEN COMBINATIONS - Drugs to replace female hormones | | |
| COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY (<i>estradiol & norethindrone acetate</i>) | 2 | - |
| DUAVEE TAB .45MG-20MG (<i>conjugated estrogens-bazedoxifene</i>) | 2 | PA |
| <i>esterified estrogens/methyltestosterone tab</i> .625MG-1.25MG, 1.25MG-2.5MG (ESTRATEST Equiv) | 1 | - |
| <i>estradiol/norethindrone tab</i> .1MG-.5MG, .5MG-1MG (ACTIVELLA Equiv) | 1 | - |
| MYFEMBREE TAB .5MG-1MG-40MG (<i>relugolix-estradiol-norethindrone acetate</i>) | 2 | PA-QL QL= 1 tab/day |
| ORIAHNN CAP .5MG-1MG-300MG (<i>elagolix sodium-estradiol-norethindrone acetate</i>) | 2 | PA-QL QL= 2 caps/day |
| PREMPHASE TAB, PREMPRO TAB .3MG-1.5MG, .45MG-1.5MG, .625MG-2.5MG, .625MG-5MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>) | 2 | - |
| ESTROGENS - Drugs used for contraception | | |

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| <i>estradiol patch .025MG/24HR, .05MG/24HR, .06MG/24HR, .075MG/24HR, .1MG/24HR, 37.5MCG/24HR</i> (VIVELLE-DOT Equiv) | 1 | - |
| <i>estradiol tab .5MG, 1MG, 2MG</i> (ESTRACE Equiv) | 1 | - |
| PREMARIN TAB .3MG, .45MG, .625MG, .9MG, 1.25MG (<i>estrogens, conjugated</i>) | 2 | - |
| FLUOROQUINOLONES - Drugs to treat bacterial infections | | |
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| BAXDELA TAB 450MG (<i>delafloxacin meglumine</i>) | 2 | PA-QL QL= 2 tabs/day |
| CIPROFLOXACIN 100MG TAB 100MG (<i>ciprofloxacin hcl</i>) | 2 | - |
| <i>ciprofloxacin susp 500MG/5ML, 5GM/100ML</i> (CIPRO Equiv) | 1 | - |
| <i>ciprofloxacin tab 250MG, 500MG, 750MG</i> (CIPRO Equiv) | 1 | - |
| LEVOFLOXACIN SOLN 25MG/ML (<i>levofloxacin</i>) | 2 | - |
| <i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv) | 1 | - |
| <i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv) | 1 | - |
| <i>moxifloxacin tab 400MG</i> (AVELOX Equiv) | 1 | - |
| <i>ofloxacin tab 400MG</i> (FLOXIN Equiv) | 1 | - |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs | | |
| FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis | | |

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| OCALIVA TAB 10MG, 5MG (<i>obeticholic acid</i>) | 2 | LD-PA-QL-SF-ϕ Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>ursodiol cap 300MG</i> (ACTIGALL Equiv) | 1 | - |
| <i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv) | 1 | - |
| GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv) | 1 | - |
| GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv) | 1 | - |
| <i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv) | 1 | - |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions | | |
| BYLVAY CAP 1200MCG 1200MCG (<i>odevixibat</i>) | 2 | LD-PA-QL QL= 5 caps/day; Only available through PantheRx 855-726-8479 |
| BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>) | 2 | LD-PA-QL QL= 15 caps/day; Only available through PantheRx 855-726-8479 |

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| BYLVAY SPRINKLE CAP 200MCG 200MCG (<i>odevixibat</i>) | 2 | LD-PA-QL QL= 8 caps/day; Only available through PantheRx 855-726-8479 |
| BYLVAY SPRINKLE CAP 600MCG 600MCG (<i>odevixibat</i>) | 2 | LD-PA-QL QL= 4 caps/day; Only available through PantheRx 855-726-8479 |
| LIVMARLI SOLN 9.5MG/ML (<i>maralixibat chloride</i>) | 2 | LD-PA-QL QL= 90ml/30 days; Only available through Eversana 636-519-2400 |
| INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system | | |
| AVSOLA INJ 100MG (<i>infliximab-axxq</i>) | M | - |
| <i>balsalazide cap 750MG</i> (COLAZAL Equiv) | 1 | - |
| CIMZIA INJ 200MG (<i>certolizumab pegol</i>) | 2 | MSP-PA-QL QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT 200MG/ML (<i>certolizumab pegol</i>) | 2 | MSP-PA-QL QL= 1 kit/plan year |
| INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>) | M | - |
| <i>mesalamine DR cap 400MG</i> (DELZICOL Equiv) | 1 | - |
| <i>mesalamine DR tab 1.2GM</i> (LIALDA Equiv) | 1 | - |
| <i>mesalamine enema 4GM</i> (ROWASA Equiv) | 1 | - |
| <i>mesalamine ER cap 500MG</i> (APRISO Equiv) | 1 | - |
| <i>mesalamine supp 1000MG</i> (CANASA Equiv) | 1 | - |
| PENTASA CAP 250MG (<i>mesalamine</i>) | 2 | - |
| RENFLEXIS INJ 100MG (<i>infliximab-abda</i>) | M | - |

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| SKYRIZI INJ 360MG/2.4ML (<i>risankizumab-rzaa (crohn's)</i>) | 2 | MSP-PA-QL QL= 1 inj/56 days |
| SKYRIZI INJ 180MG/1.2ML 180MG/1.2ML (<i>risankizumab-rzaa (crohn's)</i>) | 2 | MSP-PA-QL QL= 1 inj/56 days |
| <i>sulfasalazine EC tab 500MG</i> (AZULFIDINE Equiv) | 1 | - |
| <i>sulfasalazine tab 500MG</i> (AZULFIDINE Equiv) | 1 | - |
| INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>lactulose soln 10GM/15ML</i> | 1 | - |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system | | |
| LINZESS CAP 145MCG, 290MCG, 72MCG (<i>linaclotide</i>) | 2 | PA |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity | | |
| MOVANTIK TAB 12.5MG, 25MG (<i>naloxegol oxalate</i>) | 2 | PA |
| SYMPROIC TAB (<i>naldemedine tosylate</i>) | 2 | PA |
| SYMPROIC TAB .2MG (<i>naldemedine tosylate</i>) | 2 | PA |
| PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels | | |
| <i>calcium acetate cap 667MG</i> (PHOSLO Equiv) | 1 | - |
| <i>calcium acetate tab 667MG</i> (ELIPHOS Equiv) | 1 | - |
| <i>lanthanum carbonate chew tab 1000MG, 500MG, 750MG</i> (FOSRENOL Equiv) | 1 | ST Step Therapy requires trial of calcium acetate |
| PHOSLYRA SOLN 667MG/5ML (<i>calcium acetate (phosphate binder)</i>) | 2 | - |

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Employer Formulary
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|--|--|---|
| <i>sevelamer powder pak .8GM, 2.4GM</i> (RENVELA Equiv) | 1 | ST Step Therapy requires trial of calcium acetate |
| <i>sevelamer tab 800MG</i> (RENVELA TAB Equiv) | 1 | ST Step Therapy requires trial of calcium acetate |
| GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs | | |
| ALKALINIZERS - Drugs to treat low pH | | |
| <i>CYTRA K CRYSTALS 1002MG-3300MG (potassium citrate-citric acid)</i> | 2 | - |
| <i>CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (pot & sod citrates w/citric ac)</i> | 1 | - |
| <i>ORACIT SOLN 490MG/5ML-640MG/5ML (sodium citrate & citric acid)</i> | 1 | - |
| <i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROCIT-K TAB Equiv) | 1 | - |
| <i>potassium citrate/citric acid powder pack 1002MG-3300MG</i> (POLYCITRA Equiv) | 1 | - |
| <i>potassium citrate/citric acid soln 334MG/5ML-1100MG/5ML</i> (POLYCITRA-K Equiv) | 1 | - |
| <i>sodium citrate/citric acid soln 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML</i> (BICITRA Equiv) | 1 | - |

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| <i>tricitrates soln</i> 334MG/5ML-500MG/5ML-550MG/5ML (POLYCITRA-LC Equiv) | 1 | - |
| CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies | | |
| CYSTAGON CAP 150MG, 50MG (<i>cysteamine bitartrate</i>) | 2 | LD Only available through CVS Specialty 800-238-7828 |
| GENITOURINARY IRRIGANTS - Drugs to treat the urinary system | | |
| NEOMYCIN/POLYMYXIN B GU IRRIGATION SOLN 40MG/ML-200000UNIT/ML (<i>neomycin/polymyxin b gu</i>) | 2 | - |
| <i>sodium chloride 0.9% irr soln .9%</i> | 1 | - |
| INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence | | |
| ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>) | 2 | - |
| PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate | | |
| <i>alfuzosin SR tab 10MG</i> (UROXATRAL Equiv) | 1 | - |
| <i>dutasteride cap .5MG</i> (AVODART Equiv) | 1 | - |
| <i>dutasteride/tamsulosin cap .4MG-.5MG</i> (JALYN Equiv) | 1 | - |
| <i>finasteride tab 5MG</i> (PROSCAR Equiv) | 1 | - |
| <i>silodosin cap 4MG, 8MG</i> (RAPAFLO Equiv) | 1 | - |
| <i>tamsulosin cap .4MG</i> (FLOMAX Equiv) | 1 | - |
| URINARY ANALGESICS - Drugs to treat urinary pain | | |

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| <i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv) | 1 | - |
| GOUT AGENTS - Drugs to treat gout | | |
| GOUT AGENT COMBINATIONS - Drugs to treat gout | | |
| <i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv) | 1 | - |
| GOUT AGENTS - Drugs to treat gout | | |
| <i>allopurinol tab</i> (ZYLOPRIM Equiv) | 1 | - |
| <i>colchicine tab .6MG</i> (COLCRYS Equiv) | 1 | - |
| <i>febuxostat tab 40MG, 80MG</i> (ULORIC Equiv) | 1 | ST- ϕ Step Therapy requires trial of allopurinol |
| URICOSURICS - Drugs to treat gout | | |
| <i>probenecid tab 500MG</i> (BENEMID Equiv) | 1 | - |
| HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders | | |
| ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia | | |
| HEMLIBRA INJ 105MG/0.7ML, 150MG/ML, 30MG/ML, 60MG/0.4ML (<i>emicizumab-kxwh</i>) | 2 | MSP-PA |
| BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions | | |
| <i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv) | 1 | MSP-PA |
| COMPLEMENT INHIBITORS - Drugs to treat blood disorders | | |
| CINRYZE INJ 500UNIT (<i>c1 esterase inhibitor (human)</i>) | M | - |

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| EMPAVELI INJ 1080MG/20ML (<i>pegcetacoplan</i>) | 2 | LD-PA-QL QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479 |
| HAEGARDA INJ 2000UNIT, 3000UNIT (<i>c1 esterase inhibitor (human)</i>) | 2 | LD-PA Only available through Accredo 800-803-2523 |
| TAVNEOS CAP 10MG (<i>avacopan</i>) | 2 | LD-PA-QL QL= 6 caps/day; Only available through PantherRx Pharmacy 855-726-8479 |
| HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders | | |
| TAVALISSE TAB 100MG, 150MG (<i>fostamatinib disodium</i>) | 2 | LD-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders | | |
| <i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv) | 1 | - |
| PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions | | |
| TAKHZYRO INJ 300MG/2ML (<i>lanadelumab-flyo</i>) | 2 | LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523 |
| PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood | | |
| <i>anagrelide cap .5MG, 1MG</i> (AGRYLIN Equiv) | 1 | - |
| <i>aspirin/dipyridamole cap 25MG-200MG</i> (AGGRENOX Equiv) | 1 | - |

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| BRILINTA TAB 60MG, 90MG (<i>ticagrelor</i>) | 2 | RS Restricted to Cardiology Specialist |
| <i>cilostazol tab 100MG, 50MG</i> (PLETAL Equiv) | 1 | - |
| <i>clopidogrel tab 75mg 75MG</i> (PLAVIX Equiv) | 1 | - |
| <i>dipyridamole tab 25MG, 50MG, 75MG</i> (PERSANTINE Equiv) | 1 | - |
| <i>prasugrel tab 10MG, 5MG</i> (EFFIENT Equiv) | 1 | - |
| HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency | | |
| PYRUKYND TAB 20MG, 50MG, 5MG (<i>mitapivat sulfate</i>) | 2 | LD-PA-QL QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| PYRUKYND THERAPY PACK 5MG (<i>mitapivat sulfate</i>) | 2 | LD-PA-QL QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| HEMATOPOIETIC AGENTS - Drugs to treat blood disorders | | |
| AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders | | |
| CEREZYME INJ 400UNIT (<i>imiglucerase</i>) | M | - |
| <i>miglustat cap 100MG</i> (ZAVESCA Equiv) | 1 | LD-PA Only available through Accredo 800-803-2523 |
| AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders | | |
| DROXIA CAP 200MG, 300MG, 400MG (<i>hydroxyurea (sickle cell disease)</i>) | 2 | - |

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| OXBRYTA TAB 300MG, 500MG (<i>voxelotor</i>) | 2 | LD-PA-QL QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders | | |
| ENDARI POWDER PACK 5GM (<i>glutamine (sickle cell)</i>) | 2 | MSP-PA-QL QL= 6 packets/day |
| OXBRYTA TAB FOR ORAL SUSP 300MG (<i>voxelotor</i>) | 2 | LD-PA-QL QL= 5 tabs/day; Only available through CVS Specialty 800-237-2767 |
| COBALAMINS - Drugs to treat vitamin deficiency | | |
| <i>cyanocobalamin inj 1000MCG/ML</i> | 1 | - |
| FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency | | |
| <i>folic acid tab 1mg 1MG</i> | \$0 | Covered at \$0 for females only; All other members covered at generic copay |
| <i>folic acid tab 400mcg 400MCG</i> | \$0 | OTC Covered for females only |
| <i>folic acid tab 800mcg 800MCG</i> | \$0 | OTC Covered for females only |
| HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders | | |
| ARANESP INJ 100MCG/0.5ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 25MCG/0.42ML, 300MCG/0.6ML, 40MCG/0.4ML, 500MCG/ML, 60MCG/0.3ML (<i>darbepoetin alfa</i>) | 2 | PA |

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| FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>) | 2 | - |
| GRANIX INJ 300MCG/ML, 480MCG/1.6ML (<i>tbo-filgrastim</i>) | 2 | MSP |
| LEUKINE INJ 250MCG (<i>sargramostim</i>) | 2 | MSP |
| MULPLETA TAB 3MG (<i>lusutrombopag</i>) | 2 | MSP-PA-QL QL= 7 tabs/fill |
| NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML (<i>filgrastim-aafi</i>) | 2 | MSP |
| NYVEPRIA INJ 6MG/0.6ML (<i>pegfilgrastim-apgf</i>) | 2 | MSP |
| PROMACTA POWDER 12.5MG, 25MG (<i>eltrombopag olamine</i>) | 2 | MSP-PA |
| PROMACTA TAB 12.5MG, 25MG, 50MG, 75MG (<i>eltrombopag olamine</i>) | 2 | MSP-PA |
| RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML (<i>epoetin alfa-epbx</i>) | 2 | - |
| RETACRIT INJ 40000UNIT/ML (<i>epoetin alfa-epbx</i>) | 2 | - |
| ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML (<i>filgrastim-sndz</i>) | 2 | MSP |
| ZIEXTENZO INJ 6MG/0.6ML (<i>pegfilgrastim-bmez</i>) | 2 | MSP |
| HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders | | |
| <i>ferrex 150 forte cap 1MG-25MCG-150MG</i> | 1 | - |
| <i>folbee tab 1MG-2.5MG-25MG</i> | 1 | - |

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| IRON POLYSACCH/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG (<i>fe asp gly-fe polysaccharide-succ acid-c-threonic acid-b12-fa</i>) | 2 | - |
| MULTIGEN FOLIC TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>) | 1 | - |
| MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i>) | 1 | - |
| MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>) | 1 | - |
| NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG (<i>ferrous fumarate w/ fa-dss-b complex-vit c</i>) | 2 | - |
| <i>tricon cap .5MG-15MCG-75MG-110MG-240MG</i> (TRINSICON Equiv) | 1 | - |
| HEMOSTATICS - Drugs to stop bleeding/treat blood disorders | | |
| HEMOSTATICS - SYSTEMIC - Drugs to thin the blood | | |
| <i>aminocaproic acid soln .25GM/ML</i> (AMICAR Equiv) | 1 | - |

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| <i>aminocaproic acid tab 1000MG, 500MG</i> (AMICAR Equiv) | 1 | - |
| <i>tranexamic acid inj 1000MG/10ML</i> (CYKLOKAPRON Equiv) | M | - |
| <i>tranexamic acid tab 650MG</i> (LYSTEDA Equiv) | 1 | - |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia | | |
| ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia | | |
| <i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv) | 1 | Only 50mg covered |
| BARBITURATE HYPNOTICS - Drugs to treat insomnia | | |
| <i>phenobarbital elixir 20MG/5ML</i> | 1 | - |
| <i>phenobarbital tab 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG</i> | 1 | - |
| SECONAL CAP 100MG (<i>secobarbital sodium</i>) | 2 | - |
| NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia | | |
| <i>estazolam tab 1MG, 2MG</i> (PROSOM Equiv) | 1 | - |
| FLURAZEPAM CAP 15MG, 30MG (<i>flurazepam hcl</i>) | 2 | - |
| <i>temazepam cap 15mg 15MG</i> (RESTORIL Equiv) | 1 | - |
| <i>temazepam cap 30mg 30MG</i> (RESTORIL Equiv) | 1 | - |
| <i>triazolam tab .125MG, .25MG</i> (HALCION Equiv) | 1 | - |
| <i>zaleplon cap 10MG, 5MG</i> (SONATA Equiv) | 1 | - |
| <i>zolpidem tab 10mg 10MG</i> (AMBIEN Equiv) | 1 | QL Male QL= 1 tab/day; Female QL= 0.5 tab/day |

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| <i>zolpidem tab 5mg 5MG</i> (AMBIEN Equiv) | 1 | QL QL= 1 tab/day |
| LAXATIVES - Drugs to treat constipation | | |
| LAXATIVE COMBINATIONS - Drugs to treat constipation | | |
| GAVILYTE-C SOLN 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | \$0 | Covered at \$0 for members 45-75 years old. All other members covered at Tier 2, QL= 3 per year. |
| GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM, 2.98GM-5.84GM-6.72GM-22.72GM-240GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) | \$0 | Covered at \$0 for members 45-75 years old. All other members covered at Tier 2, QL= 3 per year. |
| NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) | \$0 | Covered at \$0 for members 45-75 years old. All other members covered at Tier 2, QL= 3 per year. |
| <i>peg 3350/electrolytes soln</i> 1.48GM-5.72GM-11.2GM-420GM (NULYTELY Equiv) | \$0 | Covered at \$0 for members 45-75 years old. All other members covered at Tier 1, QL= 3 per year. |
| <i>sodium/potassium/magnesium soln</i> 1.6GM/177ML-3.13GM/177ML-17.5GM/177ML (SUPREP BOWEL PREP Equiv) | \$0 | QL Covered at \$0 for members 45-75 years old. All other members covered at Tier 1, QL= 3 bottles/year |
| LAXATIVES - MISCELLANEOUS - Drugs to treat constipation | | |
| <i>lactulose soln</i> | 1 | - |
| MACROLIDES - Drugs to treat bacterial infections | | |

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| DRUG NAME Name of drug | DRUG TIER What the drug will cost you (tier level) | REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use |
|---|--|---|
| AZITHROMYCIN - Drugs to treat bacterial infections | | |
| <i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv) | 1 | - |
| <i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv) | 1 | - |
| CLARITHROMYCIN - Drugs to treat bacterial infections | | |
| CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML (<i>clarithromycin</i>) | 2 | - |
| <i>clarithromycin tab 250MG, 500MG</i> (BIAXIN Equiv) | 1 | - |
| ERYTHROMYCINS - Drugs to treat bacterial infections | | |
| <i>erythromycin DR cap 250MG</i> (ERYC Equiv) | 1 | - |
| <i>erythromycin DR tab 250MG, 333MG, 500MG</i> (ERY-TAB Equiv) | 1 | - |
| ERYTHROMYCIN EC CAP 250MG (<i>erythromycin base</i>) | 2 | - |
| <i>erythromycin ethylsuccinate susp 200MG/5ML, 400MG/5ML</i> (ERYPED Equiv) | 1 | - |
| ERYTHROMYCIN ETHYLSUCCINATE TAB 400MG (<i>erythromycin ethylsuccinate</i>) | 2 | - |
| <i>erythromycin tab 250MG, 500MG</i> (ERYTHROMYCIN Equiv) | 1 | all forms except PCE |
| FIDAXOMICIN - Drugs to treat infections | | |

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| DIFICID SUSP 40MG/ML (<i>fidaxomicin</i>) | 2 | QL-ST QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| DIFICID TAB 200MG (<i>fidaxomicin</i>) | 2 | QL-ST QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN |
| MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use | | |
| CONTRACEPTIVES - Devices to prevent pregnancy | | |
| CERVICAL CAP (<i>cervical caps</i>) | \$0 | QL QL= 1 cap/365 days |
| DIAPHRAGM (<i>diaphragms</i>) | \$0 | QL QL= 1 diaphragm/365 days |
| FEMALE CONDOMS (<i>condoms - female</i>) | \$0 | OTC-QL QL= 24 condoms/30 days |
| MALE CONDOMS (<i>condoms - male</i>) | \$0 | OTC-QL QL= 24 condoms/30 days |
| DIABETIC SUPPLIES - Devices to assist with diabetes | | |
| CALIBRATION LIQUID (<i>blood glucose calibration</i>) | 1 | OTC |
| DEXCOM G6 RECEIVER (<i>continuous blood glucose system receiver</i>) | 2 | PA-QL QL= 1 receiver/year |

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| DEXCOM G6 SENSOR (<i>continuous blood glucose system sensor</i>) | 2 | PA-QL QL= 3 sensors/28 days |
| DEXCOM G6 TRANSMITTER (<i>continuous blood glucose system transmitter</i>) | 2 | PA-QL QL= 1 transmitter/90 days |
| FREESTYLE LIBRE 2 RECEIVER (<i>continuous blood glucose system receiver</i>) | 2 | PA-QL QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR (<i>continuous blood glucose system sensor</i>) | 2 | PA-QL QL= 2 sensors/28 days |
| FREESTYLE LIBRE 3 SENSOR (<i>continuous blood glucose system sensor</i>) | 2 | PA-QL QL= 2 sensors/28 days |
| FREESTYLE LIBRE RECEIVER (<i>continuous blood glucose system receiver</i>) | 2 | PA-QL QL= 1 receiver/year |
| FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous blood glucose system sensor</i>) | 2 | PA-QL QL= 2 sensors/28 days |
| LANCET KIT (<i>lancets misc.</i>) | 1 | OTC |
| LANCETS (<i>lancets</i>) | 1 | OTC |
| OMNIPOD 5 G6 MIS PODS (<i>insulin infusion disposable pump</i>) | 2 | PA |
| OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>) | 2 | PA |
| OMNIPOD GO KIT (<i>insulin infusion disposable pump</i>) | 2 | QL QL= 10 pods/30 days |
| ONETOUCH DELICA LANCETS (<i>lancets</i>) | 2 | OTC |
| ONETOUCH DELICA PLUS LANCETS (<i>lancets</i>) | 2 | OTC |

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| ONETOUCH METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>) | 2 | OTC |
| ONETOUCH VERIO FLEX METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ONETOUCH VERIO IQ METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ONETOUCH VERIO METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| ONETOUCH VERIO REFLECT METER (<i>blood glucose monitoring supplies</i>) | \$0 | OTC |
| PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies | | |
| B-D INSULIN SYRINGE (<i>insulin syringe/needle u-500</i>) | 1 | --OTC |
| B-D INSULIN SYRINGE SAFETY-LOK (<i>insulin syringe/needle u-100</i>) | 1 | OTC |
| B-D PEN NEEDLE (<i>insulin pen needle</i>) | 1 | OTC |
| INSULIN SYRINGE (<i>insulin syringe/needle u-100 1/2 ml</i>) | 2 | OTC |
| NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>) | 1 | OTC |
| NOVOPEN JR (GREEN) (<i>injection device for insulin</i>) | 2 | OTC |
| NOVOPEN JR (YELLOW) (<i>injection device for insulin</i>) | 2 | OTC |
| NOVOTWIST PEN NEEDLE (<i>insulin pen needle</i>) | 1 | OTC |

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| NOVOTWIST/NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>) | 1 | OTC |
| SYRINGE (<i>syringe/needle (disp) 3 ml</i>) | 2 | OTC |
| TB SYRINGE (<i>tuberculin/allergy syringes</i>) | 2 | OTC |
| RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders | | |
| AEROCHAMBER (<i>respiratory therapy supplies</i>) | 2 | - |
| CARETOUCH UNIVERSAL CPAP (<i>respiratory therapy supplies</i>) | M | - |
| FULL KIT NEBULIZER SET (<i>respiratory therapy supplies</i>) | M | - |
| PEAK FLOW METER (<i>peak flow meter</i>) | 1 | - |
| MIGRAINE PRODUCTS - Drugs to treat migraine headaches | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache | | |
| NURTEC ODT 75MG (<i>rimegepant sulfate</i>) | 2 | PA-QL QL= 8 tabs/30 days, 6 fills/year |
| MIGRAINE COMBINATIONS - Drugs to treat migraine headaches | | |
| <i>acetaminophen/isometheptene/dichloral cap</i> (MIDRIN Equiv) | 1 | - |
| MIGERGOT SUPP 2MG-100MG (<i>ergotamine w/ caffeine</i>) | 2 | - |
| <i>sumatriptan/naproxen tab 85-500mg 85MG-500MG</i> (TREMIMET Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| MIGRAINE PRODUCTS - Drugs to treat migraine headaches | | |

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| <i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv) | 1 | - |
| ERGOMAR SL TAB (<i>ergotamine tartrate sl tab</i>) | 2 | - |
| MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES - Drugs to treat migraine headaches | | |
| AIMOVIG INJ 140MG/ML, 70MG/ML (<i>erenumab-aooe</i>) | 2 | PA-QL QL= 1 pack/28 days |
| EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>) | 2 | PA-QL QL= 1 inj/28 days |
| EMGALITY INJ 100MG/ML 100MG/ML (<i>galcanezumab-gnlm</i>) | 2 | PA-QL QL= 3 inj/fill, 6 fills/year |
| SEROTONIN AGONISTS - Drugs to treat migraine headaches | | |
| <i>almotriptan tab 12.5MG, 6.25MG</i> (AXERT Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| <i>eletriptan tab 20MG, 40MG</i> (RELPAX Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| <i>frovatriptan tab 2.5MG</i> (FROVA Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| IMITREX INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>) | 2 | QL QL= 4 inj/fill, 2 fills/30 days |
| <i>naratriptan tab 1MG, 2.5MG</i> (AMERGE Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| REYVOW TAB 100MG, 50MG (<i>lasmiditan succinate</i>) | 2 | PA-QL QL= 8 tabs/30 days, 6 fills/year |

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| <i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv) | 1 | QL QL= 12 tabs/fill, 3 fills/60 day |
| <i>rizatriptan tab 10MG, 5MG</i> (MAXALT Equiv) | 1 | QL QL= 12 tabs/fill, 3 fills/60 days |
| SUMATRIPTAN INJ 4MG/0.5ML, 6MG/0.5ML (<i>sumatriptan succinate</i>) | 2 | QL QL= 4 inj/fill, 2 fills/30 days |
| <i>sumatriptan inj 4MG/0.5ML, 6MG/0.5ML</i> (IMITREX Equiv) | 1 | QL QL= 4 inj/fill, 2 fills/30 days |
| <i>sumatriptan nasal spray 20MG/ACT, 5MG/ACT</i> (IMITREX, SUMATRIPTAN Equiv) | 1 | QL QL= 6 sprays/fill, 2 fills/30 days |
| <i>sumatriptan tab 100MG, 25MG, 50MG</i> (IMITREX Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| <i>sumatriptan vial inj 6MG/0.5ML</i> (IMITREX Equiv) | 1 | QL QL= 5 inj/fill, 2 fills/30 days |
| <i>zolmitriptan ODT 2.5MG, 5MG</i> (ZOMIG Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| <i>zolmitriptan tab 2.5MG, 5MG</i> (ZOMIG Equiv) | 1 | QL QL= 9 tabs/fill, 2 fills/30 days |
| MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders | | |
| ELECTROLYTE MIXTURES - Drugs to treat electrolyte disorders | | |
| <i>electrolyte-148 solution</i> <i>3MEQ/L-5MEQ/L-23MEQ/L-27MEQ/L-98MEQ/L-1</i> <i>40MEQ/L</i> (PLASMA-LYTE Equiv) | M | - |

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| <i>electrolyte-a solution</i> 3MEQ/L-5MEQ/L-23MEQ/L-27MEQ/L-98MEQ/L-140MEQ/L (PLASMA-LYTE Equiv) | M | - |
| PLASMA-LYTE INJ (<i>electrolyte-56</i>) | M | - |
| FLUORIDE - Drugs to treat mineral deficiency | | |
| FLUORABON SOLN .125MG/DROP, .25MG/DROP, .55MG/0.6ML (<i>sodium fluoride</i>) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay |
| <i>sodium fluoride chew tab .25MG, .5MG, 1.1MG, 1MG, 2.2MG</i> (LURIDE Equiv) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| <i>sodium fluoride soln .125MG/DROP, .5MG/ML</i> (LURIDE Equiv) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| MAGNESIUM - Drugs to treat electrolyte disorders | | |
| <i>magnesium sulfate inj 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML, 50%</i> | M | - |
| PHOSPHATE - Drugs to treat electrolyte deficiency | | |
| <i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv) | 1 | - |
| <i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv) | 1 | - |
| POTASSIUM - Drugs to treat electrolyte disorders | | |
| K-TAB 8MEQ (<i>potassium chloride</i>) | 2 | - |

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| POT/CHLORIDE EFFER TAB (<i>potassium bicarb & chloride</i>) | 2 | - |
| <i>potassium bicarbonate effer tab 25MEQ</i> (K-LYTE Equiv) | 1 | - |
| <i>potassium chloride effer tab</i> (K-LYTE/CL Equiv) | 1 | - |
| <i>potassium chloride ER cap 10MEQ, 8MEQ</i> (MICRO-K Equiv) | 1 | - |
| <i>potassium chloride ER tab 10MEQ, 20MEQ, 8MEQ</i> (K-TAB Equiv) | 1 | - |
| potassium chloride inj .4MEQ/ML, 10MEQ/50ML, 40MEQ/100ML (<i>potassium chloride</i>) | M | - |
| potassium chloride inj 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML (<i>potassium chloride</i>) | M | - |
| <i>potassium chloride inj 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 2MEQ/ML, 40MEQ/100ML</i> | M | - |
| <i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv) | 1 | - |
| <i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv) | 1 | - |
| <i>potassium chloride soln 10%, 20%</i> | 1 | - |
| POTASSIUM CHLORIDE TAB ER 8MEQ (<i>potassium chloride</i>) | 2 | - |

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| SODIUM - Drugs to treat electrolyte disorders | | |
| SOD CHLORIDE INJ .9%, 4MEQ/ML (<i>sodium chloride</i>) | M | - |
| <i>sodium chloride inj .45%, .9%, 2.5MEQ/ML, 3%, 4MEQ/ML, 5%</i> | M | - |
| <i>sodium chloride inj 0.9% .9%</i> | 1 | - |
| ZINC - Drugs to treat mineral deficiency | | |
| GALZIN CAP 25MG, 50MG (<i>zinc acetate (oral)</i>) | 2 | - |
| <i>ORAZINC CAP 220MG 220MG</i> | 1 | OTC |
| <i>ZINC CAP 220MG 220MG</i> | 1 | OTC |
| <i>ZINC SULFATE CAP 220MG 220MG</i> | 1 | OTC |
| MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions | | |
| CHELATING AGENTS - Drugs to treat overdose or toxicity | | |
| <i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv) | 1 | - |
| IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc. | | |
| <i>lenalidomide cap 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG</i> (REVLIMID Equiv) | 1 | MSP-ONC-PA-QL QL= 1 cap/day |
| REZUROCK TAB 200MG (<i>belumosudil mesylate</i>) | 2 | LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system | | |
| ATGAM INJ 50MG/ML (<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>) | M | - |

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| ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>) | 2 | MSP-PA-QL QL= 1 inj/28 days |
| <i>everolimus tab .25MG, .5MG, .75MG, 1MG</i> (ZORTRESS Equiv) | 1 | PA |
| <i>sirolimus soln 1MG/ML</i> (RAPAMUNE Equiv) | 1 | - |
| POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels | | |
| LOKELMA PAK 10GM, 5GM (<i>sodium zirconium cyclosilicate</i>) | 2 | PA |
| SPS SUSP 15GM/60ML (<i>sodium polystyrene sulfonate</i>) | 2 | - |
| VELTASSA POWDER 16.8GM, 25.2GM, 8.4GM (<i>patiromer sorbitex calcium</i>) | 2 | PA |
| SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system | | |
| BENLYSTA AUTO-INJECTOR 200MG/ML (<i>belimumab</i>) | 2 | MSP-PA-QL QL= 4 inj/28 day |
| BENLYSTA INJ 200MG/ML (<i>belimumab</i>) | 2 | MSP-PA-QL QL= 4 inj/28 day |
| MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth | | |
| ANESTHETICS TOPICAL ORAL - Drugs for numbing | | |

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| FIRST MOUTHWASH BLM .1GM/119ML-.158GM/119ML-.8GM/119ML-1.58GM/119ML, .2GM/237ML-.315GM/237ML-1.6GM/237ML-3.15GM/237ML (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>) | 2 | - |
| LIDOCAINE ORAL SOLN 4% 4% (<i>lidocaine hcl (mouth-throat)</i>) | 2 | - |
| <i>lidocaine viscous soln 2%</i> (XYLOCAINE HCL (MOUTH-THROAT) Equiv) | 1 | - |
| ANTI-INFECTIVES - THROAT - Drugs to treat throat infections | | |
| <i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv) | 1 | - |
| <i>nystatin susp 100000UNIT/ML</i> | 1 | - |
| ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat | | |
| <i>chlorhexidine gluconate soln</i> (PERIDEX Equiv) | 1 | - |
| DENTAL PRODUCTS - Drugs to prevent cavities | | |
| FLUORIDEX SENSITIVITY PASTE 1.1%-5% (<i>sodium fluoride-potassium nitrate</i>) | 1 | - |
| <i>sodium fluoride cream 1.1%</i> (PREVIDENT Equiv) | \$0 | Covered at \$0 for members 5 years or younger; All other members covered at generic copay |
| <i>sodium fluoride gel 1.1%</i> (PREVIDENT Equiv) | 1 | - |
| <i>sodium fluoride paste 1.1%</i> (PREVIDENT Equiv) | 1 | - |

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| <i>sodium fluoride rinse .02%, .022%, .05%, .2%</i> (PREVIDENT Equiv) | 1 | - |
| <i>sodium fluoride/potassium nitrate paste 1.1%-5%</i> (PREVIDENT Equiv) | 1 | - |
| STEROIDS - MOUTH/THROAT - Drugs to treat throat swelling | | |
| <i>triamcinolone in orabase paste .1%</i> (KENALOG/ORABASE Equiv) | 1 | - |
| THROAT PRODUCTS - MISC. - Miscellaneous drugs to treat the throat | | |
| <i>cevimeline cap 30MG</i> (EVOXAC Equiv) | 1 | - |
| <i>pilocarpine tab 5MG, 7.5MG</i> (SALAGEN Equiv) | 1 | - |
| MULTIVITAMINS - Drugs to treat vitamin deficiency | | |
| B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency | | |
| DIALYVITE TAB (<i>b-complex w/ c-biotin-e-minerals & folic acid</i>) | 1 | - |
| <i>dialyvite tab</i> | 1 | - |
| DIALYVITE/ZINC TAB (<i>b-complex w/ c-zn & folic acid</i>) | 1 | - |
| FOLBEE PLUS CZ TAB (<i>b-complex w/ c-biotin-minerals & folic acid</i>) | 2 | - |
| <i>renaphro cap</i> (NEPHROCAP Equiv) | 1 | - |
| MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency | | |
| <i>multivitamin/minerals tab</i> (STROVITE Equiv) | 1 | - |
| PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency | | |
| <i>pediatric multiple vitamins/fluoride/iron soln</i> | 1 | - |

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| PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency | | |
| FLORIVA PLUS DROPS (<i>pediatric multivitamins w/fl</i>) | 2 | - |
| MULTIVITAMIN/FLOURIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>) | 2 | - |
| MULTIVITAMIN/FLOURIDE CHEW 1MG (<i>pediatric multivitamins w/fl</i>) | 2 | - |
| MULTIVITAMIN/FLUORIDE CHEW TAB (<i>pediatric multivitamins w/fl</i>) | 2 | - |
| <i>pediatric multiple vitamins/fluoride chew tab</i> | 1 | - |
| <i>pediatric multiple vitamins/fluoride soln</i> | 1 | - |
| PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency | | |
| MYNATAL-Z TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) | 2 | OTC |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms | | |
| CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms | | |
| <i>baclofen tab 10MG, 20MG, 5MG</i> (BACLOFEN Equiv) | 1 | - |
| BACLOFEN TAB 5MG (<i>baclofen</i>) | 2 | - |
| <i>chlorzoxazone tab 375mg 375MG</i> | 1 | - |
| <i>chlorzoxazone tab 750mg 750MG</i> | 1 | - |
| <i>cyclobenzaprine tab 10MG, 5MG</i> (FLEXERIL Equiv) | 1 | - |
| <i>methocarbamol tab</i> (ROBAXIN Equiv) | 1 | - |
| <i>orphenadrine citrate ER tab 100MG</i> (NORFLEX Equiv) | 1 | - |

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| <i>orphenadrine citrate inj 30MG/ML</i> | M | - |
| ORPHENADRINE INJ 60MG/2ML (<i>orphenadrine citrate</i>) | M | - |
| <i>tizanidine tab</i> (ZANAFLEX Equiv) | 1 | - |
| DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms | | |
| <i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv) | 1 | - |
| VISCOSUPPLEMENTS *** | | |
| DUROLANE INJ 60MG/3ML 60MG/3ML (<i>sodium hyaluronate (viscosupplement)</i>) | M | - |
| EUFLEXXA INJ 20MG/2ML (<i>sodium hyaluronate (viscosupplement)</i>) | M | - |
| GEL-ONE INJ 30MG/3ML (<i>cross-linked hyaluronate</i>) | M | - |
| GELSYN-3 INJ 16.8MG/2ML (<i>sodium hyaluronate (viscosupplement)</i>) | M | - |
| GENVISC-850 INJ, SUPARTZ FX INJ, TRIVISC INJ, VISCO-3 INJ 25MG/2.5ML (<i>sodium hyaluronate (viscosupplement)</i>) | M | - |
| HYALGAN INJ 20MG/2ML (<i>sodium hyaluronate (viscosupplement)</i>) | M | - |
| HYMOVIS INJ 24MG/3ML (<i>hyaluronan</i>) | M | - |
| MONOVISC INJ 88MG/4ML (<i>hyaluronan</i>) | M | - |
| ORTHOVISC INJ 30MG/2ML (<i>hyaluronan</i>) | M | - |
| SYNVISC INJ 16MG/2ML (<i>hylan</i>) | M | - |

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| SYNVISC ONE INJ 48MG/6ML (<i>hylan</i>) | M | - |
| NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus | | |
| NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>azelastine nasal spray 0.1% .1%, 137MCG/SPRAY</i> (ASTELIN Equiv) | 1 | - |
| <i>azelastine nasal spray 0.15% .15%, 205.5MCG/SPRAY</i> (ASTEPRO Equiv) | 1 | - |
| <i>olopatadine nasal spray .6%</i> (PATANASE Equiv) | 1 | - |
| NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv) | 1 | - |
| NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms | | |
| <i>flunisolide nasal soln .025%</i> (FLUNISOLIDE Equiv) | 1 | QL QL= 2 bottles/fill |
| <i>fluticasone nasal spray 50MCG/ACT</i> (FLONASE Equiv) | 1 | QL QL= 2 bottles/fill |
| NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles | | |
| ALS AGENTS - Drugs to treat ALS | | |
| RADICAVA INJ 30MG/100ML (<i>edaravone</i>) | M | - |
| RADICAVA ORS STARTER KIT 105MG/5ML (<i>edaravone</i>) | 2 | LD-PA-QL QL= 70 mL/365 days; Only available through Accredo 800-803-2523 |

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| RADICAVA ORS SUSP 105MG/5ML (<i>edaravone</i>) | 2 | LD-PA-QL QL= 50 mL/28 days; Only available through Accredo 800-803-2523 |
| RELYVRIO PAK 1GM-3GM (<i>sodium phenylbutyrate-aurursodiol</i>) | 2 | LD-PA-QL QL= 2 packets/day; Only available through Accredo 800-803-2523 |
| <i>riluzole tab 50MG</i> (RILUTEK Equiv) | 1 | - |
| NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS- Drugs to induce muscle paralysis | | |
| BOTOX INJ 100UNIT, 200UNIT (<i>onabotulinumtoxinA</i>) | M | - |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) - Drugs to treat spinal muscular atrophy | | |
| EVRYSDI SOLN .75MG/ML (<i>risdiplam</i>) | 2 | LD-PA-QL QL= 6.67ml/day; Only available through Accredo 800-803-2523 |
| OPHTHALMIC AGENTS - Drugs to treat eye conditions | | |
| ARTIFICIAL TEARS AND LUBRICANTS - Drugs to treat dry eyes | | |
| <i>artificial tears ophth soln .01%-.05%-.3%, .1%-.2%-.3%, 1%-4.5%, 1.25%</i> | 1 | OTC |
| <i>carboxymethylcellulose sodium ophth gel 1%</i> | 1 | OTC |
| <i>carboxymethylcellulose sodium ophth soln .25%, .5%, 1%</i> | 1 | OTC |
| <i>carboxymethylcellulose-glycerin ophth soln .5%-.9%</i> | 1 | OTC |
| <i>dextran 70-hypromellose ophth soln .1%-.3%</i> | 1 | OTC |
| <i>glycerin-hypromellose-peg 400 ophth soln .2%-1%</i> | 1 | OTC |

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| GONIOTAIRE OPHTH SOLN 2.5% (<i>hypromellose (gonioscopic)</i>) | 2 | OTC |
| <i>hypromellose ophth soln</i> | 1 | OTC |
| LACRISERT OPHTH INSERT 5MG (<i>artificial tear insert</i>) | 2 | - |
| LUBRICANT GEL DROP .25%-.3% (<i>carboxymethylcellulose-hypromellose</i>) | 2 | OTC |
| <i>polyethylene glycol-propylene glycol ophth soln .3%-.4%</i> | 1 | OTC |
| <i>polyvinyl alcohol ophth soln 1.4%</i> | 1 | OTC |
| <i>polyvinyl alcohol-povidone ophth soln .5%-.6%, 5MG/ML-6MG/ML</i> | 1 | OTC |
| <i>propylene glycol ophth soln .6%</i> | 1 | OTC |
| <i>propylene glycol-glycerin ophth soln .3%-1%</i> | 1 | OTC |
| BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma | | |
| BETAXOLOL OPHTH SOLN .5% (<i>betaxolol hcl (ophth)</i>) | 2 | - |
| <i>betaxolol ophth soln .5%</i> (BETOPTIC-S Equiv) | 1 | - |
| <i>brimonidine tartrate-timolol maleate ophth soln .2%-.5%</i> (COMBIGAN Equiv) | 1 | - |
| CARTEOLOL OPHTH SOLN 1% (<i>carteolol hcl (ophth)</i>) | 2 | - |
| <i>carteolol ophth soln</i> (OCUPRESS Equiv) | 1 | - |

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| <i>dorzolamide/timolol ophth soln .5%-2%, 5MG/ML-20MG/ML, 6.8MG/ML-22.3MG/ML</i> (COSOPT Equiv) | 1 | - |
| LEVOBUNOLOL OPHTH SOLN .5% (<i>levobunolol hcl</i>) | 2 | - |
| <i>levobunolol ophth soln .5%</i> (BETAGAN Equiv) | 1 | - |
| METIPRANOLOL OPHTH SOLN (<i>metipranolol</i>) | 2 | - |
| <i>timolol maleate ophth gel .25%, .5%</i> (TIMOPTIC-XE Equiv) | 1 | - |
| <i>timolol maleate ophth soln .25%, .5%</i> (TIMOPTIC Equiv) | 1 | - |
| CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions | | |
| <i>atropine ophth oint 1%</i> | 1 | - |
| <i>atropine ophth soln 1%</i> (ISOPTO ATROPINE Equiv) | 1 | - |
| CYCLOMYDRIL OPHTH SOLN .2%-1% (<i>cyclopentolate w/ phenylephrine</i>) | 2 | - |
| <i>cyclopentolate ophth soln .5%, 1%, 2%</i> (CYCLOGYL Equiv) | 1 | - |
| HOMATROPINE OPHTH SOLN 5% (<i>homatropine hbr</i>) | 2 | - |
| <i>phenylephrine ophth soln 10%, 2.5%</i> (MYDFRIN Equiv) | 1 | - |
| <i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv) | 1 | - |
| MIOTICS - Drugs to treat eye conditions | | |

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| ISOPTO CARBACHOL OPHTH SOLN (<i>carbachol (ophth)</i>) | 2 | - |
| PHOSPHOLINE OPHTH SOLN .125% (<i>echothiophate iodide</i>) | 2 | - |
| <i>pilocarpine ophth soln 1%, 2%, 4%</i> (ISOPTO CARPINE Equiv) | 1 | - |
| OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions | | |
| ALPHAGAN P OPHTH SOLN 0.1% .1% (<i>brimonidine tartrate</i>) | 2 | - |
| APRACLONIDINE OPHTH SOLN .5% (<i>apraclonidine hcl</i>) | 2 | - |
| <i>apraclonidine ophth soln .5%</i> (IOPIDINE Equiv) | 1 | - |
| <i>brimonidine ophth soln 0.15% .15%</i> (ALPHAGAN P 0.15% Equiv) | 1 | - |
| <i>brimonidine ophth soln 0.2% .2%</i> | 1 | - |
| IOPIDINE OPHTH SOLN 1% (<i>apraclonidine hcl</i>) | 2 | - |
| SIMBRINZA OPHTH SUSP .2%-1% (<i>brinzolamide-brimonidine tartrate</i>) | 2 | - |
| OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections | | |
| AZASITE SOLN 1% (<i>azithromycin (ophth)</i>) | 2 | - |
| BACITRACIN OPHTH OINT 500UNIT/GM (<i>bacitracin (ophthalmic)</i>) | 2 | - |

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| <i>bacitracin/neomycin/polymyxin b ophth oint 3.5MG/GM-400UNIT/GM-10000UNIT/GM, 5MG/GM-400UNIT/GM-10000UNIT/GM</i> (NEOSPORIN Equiv) | 1 | - |
| <i>bacitracin/polymyxin b ophth oint 500UNIT/GM-10000UNIT/GM</i> (POLYSPORIN Equiv) | 1 | - |
| <i>ciprofloxacin ophth soln .3%</i> (CILOXAN Equiv) | 1 | - |
| <i>erythromycin ophth oint 5MG/GM</i> | 1 | - |
| GENTAK OPHTH OINT .3% (<i>gentamicin sulfate (ophth)</i>) | 2 | - |
| <i>gentamicin ophth soln .3%</i> (GARAMYCIN Equiv) | 1 | - |
| LEVOFLOXACIN OPHTH SOLN .5% (<i>levofloxacin (ophth)</i>) | 2 | - |
| <i>levofloxacin ophth soln .5%</i> (QUIXIN Equiv) | 1 | - |
| MOXEZA INTRAOCULAR SOLN 5MG/ML 5MG/ML (<i>moxifloxacin hcl (ophth)</i>) | M | - |
| MOXEZA OPHTH SOLN .5% (<i>moxifloxacin hcl (ophth)</i>) | 2 | - |
| <i>moxifloxacin ophth soln .5%</i> (VIGAMOX OPHTH SOLN Equiv) | 1 | - |
| NATACYN OPHTH SUSP 5% (<i>natamycin</i>) | 2 | QL QL= 1 bottle/fill |

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| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| L MSP | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
| ONC | Oral Anticancer medication <= \$250 up to 30 day supply/Rx | OTC | Over-the-Counter | PA | Prior Authorization |
| PAD | Provider Administered Drug | OL | Quantity Limit | RS | Restricted to Specialist |
| SF | Limited to two 15 day fills per month for first 3 months | SMKG | Smoking Cessation | ST | Step Therapy |
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|---|---|--|
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-gramicidin)</i> | 2 | - |
| <i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv) | 1 | - |
| <i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv) | 1 | - |
| <i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv) | 1 | - |
| <i>tobramycin ophth soln</i> (TOBREX Equiv) | 1 | - |
| TRIFLURIDINE OPHTH SOLN 1% (<i>trifluridine</i>) | 2 | - |
| ZIRGAN OPHTH GEL .15% (<i>ganciclovir ophthalmic</i>) | 2 | - |
| OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes | | |
| <i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv) | 1 | PA-QL QL= 2 vials/day |
| OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing | | |
| <i>proparacaine ophth soln .5%</i> (ALCAINE Equiv) | 1 | - |
| OPHTHALMIC NERVE GROWTH FACTORS - Drugs to treat eye conditions | | |
| OXERVATE OPHTH SOLN .002% (<i>cenegermin-bkbj</i>) | 2 | LD-PA-QL QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523 |
| OPHTHALMIC STEROIDS - Drugs to treat inflammation | | |
| ALREX OPHTH SUSP .2% (<i>loteprednol etabonate</i>) | 2 | - |

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|---|--|---|
| <i>bacitracin/polymyxin/neomycin/hydrocortisone ophthalmic ointment .5%-1%-400UNIT/GM-10000UNIT/GM, 1%-3.5MG/GM-400UNIT/GM-10000UNIT/GM (CORTISPORIN Equiv)</i> | 1 | - |
| <i>BLEPHAMIDE OPHTH SOLN .2%-10% (sulfacetamide sod-prednisolone)</i> | 2 | - |
| <i>DEXAMETHASONE OPHTH SOLN .1% (dexamethasone sodium phosphate (ophth))</i> | 2 | - |
| <i>difluprednate ophthalmic emulsion .05% (DUREZOL Equiv)</i> | 1 | - |
| <i>fluorometholone ophthalmic solution .1% (FML LIQUIFILM Equiv)</i> | 1 | - |
| <i>LOTEMAX OPHTH GEL .5% (loteprednol etabonate)</i> | 2 | - |
| <i>LOTEMAX OPHTH OINT .5% (loteprednol etabonate)</i> | 2 | - |
| <i>loteprednol etabonate ophthalmic gel .5% (LOTEMAX Equiv)</i> | 1 | - |
| <i>loteprednol ophthalmic suspension .5% (LOTEMAX Equiv)</i> | 1 | - |
| <i>neomycin/polymyxin/dexamethasone ophthalmic ointment .1%-3.5MG/GM-10000UNIT/GM (MAXITROL Equiv)</i> | 1 | - |
| <i>neomycin/polymyxin/dexamethasone ophthalmic solution .1%-3.5MG/ML-10000UNIT/ML (MAXITROL Equiv)</i> | 1 | - |
| <i>NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN 1%-3.5MG/ML-10000UNIT/ML (neomycin-polymyxin-hc (ophth))</i> | 1 | - |

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| LMS | Lumicera Mandatory Specialty Pharmacy Program | M | Medical Benefit | MSP | Mandatory Specialty Pharmacy Program |
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|--|--|---|
| PRED FORTE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>) | 2 | - |
| PRED MILD OPHTH SOLN .12% (<i>prednisolone acetate (ophth)</i>) | 2 | - |
| PRED-G OPHTH SOLN .3%-1% (<i>gentamicin-prednisolone acetate</i>) | 2 | - |
| PREDNISOLONE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>) | 2 | - |
| PREDNISOLONE OPHTH SUSP 1% (<i>prednisolone acetate (ophth)</i>) | 2 | - |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% (<i>prednisolone sodium phosphate (ophth)</i>) | 2 | - |
| <i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv) | 1 | - |
| SULFACETAMIDE/PREDNISOLONE OPHTH SOLN .23%-10% (<i>sulfacetamide sod-prednisolone</i>) | 2 | - |
| TOBRADEX OPHTH OINT .1%-.3% (<i>tobramycin-dexamethasone</i>) | 2 | - |
| <i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv) | 1 | - |
| ZYLET OPHTH SUSP .3%-.5% (<i>loteprednol etabonate-tobramycin</i>) | 2 | QL QL= 5ml/fill (10ml bottle is Not Covered) |
| OPHTHALMICS - MISC. - Miscellaneous eye agents | | |

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|--|--|---|
| <i>brinzolamide ophth susp 1%</i> (AZOPT Equiv) | 1 | - |
| <i>bromfenac ophth soln .09%</i> (BROMDAY Equiv) | 1 | - |
| <i>cromolyn ophth soln 4%</i> (CROLOM Equiv) | 1 | - |
| CROMOLYN SODIUM OPHTH SOLN 4% (<i>cromolyn sodium (ophth)</i>) | 2 | - |
| <i>diclofenac sodium ophth soln .1%</i> (VOLTAREN Equiv) | 1 | - |
| <i>dorzolamide ophth soln 2%</i> (TRUSOPT Equiv) | 1 | - |
| FLURBIPROFEN OPHTH SOLN .03% (<i>flurbiprofen sodium</i>) | 2 | - |
| <i>ketorolac ophth soln .4%, .5%</i> (ACULAR (LS) Equiv) | 1 | - |
| <i>ketotifen ophth soln .025%</i> (ZADITOR Equiv) | 1 | OTC OTC covered only |
| NEVANAC OPHTH SUSP .1% (<i>nepafenac</i>) | 2 | - |
| <i>sodium chloride hypertonic ophth soln 5%</i> | 1 | OTC |
| UPNEEQ SOLN .1% (<i>oxymetazoline hcl (blepharoptosis)</i>) | EXC | - |
| PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma | | |
| <i>bimatoprost ophth soln .03%</i> | 1 | QL QL= 2.5ml/30 days |
| <i>latanoprost ophth soln .005%</i> (XALATAN Equiv) | 1 | QL QL= 2.5ml/30 days |
| LUMIGAN OPHTH SOLN .01% (<i>bimatoprost</i>) | 2 | QL QL= 2.5ml/30 days |

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|---|--|---|
| <i>travoprost ophth soln .004%</i> (TRAVATAN Z Equiv) | 1 | QL QL= 2.5ml/30 days |
| OTIC AGENTS - Drugs to treat ear infection | | |
| OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents | | |
| <i>acetic acid otic soln 2%</i> (VOSOL Equiv) | 1 | - |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (<i>acetic acid-aluminum acetate</i>) | 1 | - |
| OTIC ANTI-INFECTIVES - Drugs to treat ear infections | | |
| <i>ofloxacin otic soln .3%</i> (FLOXIN Equiv) | 1 | - |
| OTIC COMBINATIONS - Drugs to treat ear conditions | | |
| <i>ciprofloxacin/dexamethasone otic susp .1%-.3%</i> (CIPRODEX Equiv) | 1 | - |
| COLY-MYCIN S OTIC SUSP .5MG/ML-3MG/ML-3.3MG/ML-10MG/ML (<i>neomycin-colistin-hc-thonzonium</i>) | 2 | - |
| <i>neomycin/polymixin/hydrocortisone otic soln 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv) | 1 | - |
| <i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML</i> (CORTISPORIN Equiv) | 1 | - |
| OTIC STEROIDS - Drugs to treat ear swelling | | |
| ACETASOL HC OTIC SOLN 1%-2% (<i>hydrocortisone w/acetic acid</i>) | 2 | - |

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| <i>acetic acid/hydrocortisone otic soln 1%-2%</i> (VOSOL HC Equiv) | 1 | - |
| <i>fluocinolone otic oil .01%</i> (DERMOTIC Equiv) | 1 | - |
| OXYTOCICS - Drugs to prevent/control uterine bleeding | | |
| OXYTOCICS - Drugs to prevent/control uterine bleeding | | |
| <i>methylergonovine tab .2MG</i> (METHERGINE Equiv) | 1 | QL QL= 28 tabs/fill, 1 fill/365 days |
| PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system | | |
| IMMUNE SERUMS - Antibody drugs to treat low immune system | | |
| GAMASTAN S/D INJ (<i>immune globulin (human) im</i>) | M | - |
| GAMMAGARD S/D INJ 10GM, 12GM, 5GM, 6GM (<i>immune globulin (human) iv</i>) | M | - |
| HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (<i>immune globulin (human) subcutaneous</i>) | M | - |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency | | |
| HYQVIA INJ 10GM/100ML-800UNIT/5ML, 2.5GM/25ML-200UNT/1.25ML, 20GM/200ML-1600UNIT/10ML, 30GM/300ML-2400UNIT/15ML, 5GM/50ML-400UNIT/2.5ML (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>) | M | - |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system | | |
| IMMUNE SERUMS - Antibody drugs to treat low immune system | | |

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|---|--|---|
| HIZENTRA INJ 1GM/5ML, 2GM/10ML, 4GM/20ML <i>(immune globulin (human) subcutaneous)</i> | M | - |
| XEMBIFY INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML <i>(immune globulin (human)-klhw)</i> | M | - |
| PENICILLINS - Drugs to treat bacterial infections | | |
| AMINOPENICILLINS - Drugs to treat infections | | |
| <i>amoxicillin cap 250MG, 500MG</i> (TRIMOX Equiv) | 1 | - |
| AMOXICILLIN CHEW TAB 125MG, 250MG <i>(amoxicillin)</i> | 1 | - |
| <i>amoxicillin susp 125MG/5ML, 200MG/5ML, 250MG/5ML, 400MG/5ML</i> (TRIMOX Equiv) | 1 | - |
| <i>amoxicillin tab 500MG, 875MG</i> (AMOXIL Equiv) | 1 | - |
| AMPICILLIN CAP 500MG <i>(ampicillin)</i> | 2 | - |
| NATURAL PENICILLINS - Drugs to treat bacterial infections | | |
| penicillin G potassium inj 20000000UNIT, 50000000UNIT <i>(penicillin g potassium)</i> | 1 | - |
| <i>penicillin G potassium inj 20000000UNIT, 50000000UNIT</i> | M | - |
| PENICILLIN G PROCAINE INJ 600000UNIT/ML <i>(penicillin g procaine)</i> | M | - |
| PENICILLIN G SODIUM INJ 5000000UNIT <i>(penicillin g sodium)</i> | M | - |
| PENICILLIN VK SOLN 125MG/5ML, 250MG/5ML <i>(penicillin v potassium)</i> | 2 | - |

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|---|--|---|
| <i>penicillin vk tab 250MG, 500MG</i> (VEETIDS Equiv) | 1 | - |
| PENICILLIN COMBINATIONS - Drugs to treat bacterial infections | | |
| <i>amoxicillin/clavulanate susp 28.5MG/5ML-200MG/5ML, 42.9MG/5ML-600MG/5ML, 57MG/5ML-400MG/5ML, 62.5MG/5ML-250MG/5ML</i> (AUGMENTIN ES Equiv) | 1 | - |
| <i>amoxicillin/clavulanate tab 125MG-250MG, 125MG-500MG, 125MG-875MG</i> (AUGMENTIN Equiv) | 1 | - |
| <i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM</i> (UNASYN Equiv) (<i>ampicillin & sulbactam sodium</i>) | M | - |
| <i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i> (UNASYN Equiv) | M | - |
| <i>piperacillin/tazobactam inj .25GM-2GM, .375GM-3GM, .5GM-4GM, 1.5GM-12GM, 4.5GM-36GM</i> (ZOSYN Equiv) | M | - |
| PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections | | |
| <i>dicloxacillin cap 250MG, 500MG</i> (DYNAPEN Equiv) | 1 | - |
| <i>nafcillin inj 1GM, 2GM</i> (<i>nafcillin sodium</i>) | 1 | - |
| <i>nafcillin inj 10GM, 1GM, 2GM</i> | M | - |
| <i>oxacillin inj 10GM, 1GM, 2GM</i> | M | - |
| PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects | | |
| SEMI SOLID VEHICLES - Miscellaneous compounding ingredients | | |

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|---|--|--|
| POLYETHYLENE GLYCOL 8000 GRANULES (<i>polyethylene glycol 8000</i>) | 2 | - |
| PROGESTINS - Drugs to replace female hormones | | |
| PROGESTINS - Drugs used for contraception | | |
| <i>medroxyprogesterone tab 10MG, 2.5MG, 5MG</i> (PROVERA Equiv) | 1 | - |
| <i>norethindrone tab 5MG</i> (AYGESTIN Equiv) | 1 | - |
| <i>progesterone cap 100MG, 200MG</i> (PROMETRIUM Equiv) | 1 | - |
| <i>progesterone oil inj 50MG/ML</i> | 1 | - |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions | | |
| AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency | | |
| <i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv) | 1 | - |
| <i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv) | 1 | - |
| LUCEMYRA TAB .18MG (<i>lofexidine hcl</i>) | 2 | PA-QL QL= 96 tabs/7 days |
| ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders | | |
| SODIUM OXYBATE SOLN, XYREM SOLN 500MG/ML (<i>sodium oxybate</i>) | 2 | LD-PA-QL QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688 |
| ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss | | |

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|--|--|---|
| <i>donepezil ODT 10MG, 5MG</i> (ARICEPT Equiv) | 1 | QL QL= 1 tab/day |
| <i>donepezil tab 10MG, 5MG</i> (ARICEPT Equiv) | 1 | QL QL= 2 tabs/day |
| <i>donepezil tab 23mg 23MG</i> (ARICEPT Equiv) | 1 | QL QL= 1 tab/day |
| <i>galantamine ER cap 16MG, 24MG, 8MG</i> (RAZADYNE ER Equiv) | 1 | - |
| GALANTAMINE SOLN 4MG/ML (<i>galantamine hydrobromide</i>) | 2 | - |
| <i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv) | 1 | - |
| <i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv) | 1 | - |
| <i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv) | 1 | - |
| <i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv) | 1 | - |
| <i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv) | 1 | - |
| COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB 10MG-25MG, 5MG-12.5MG (<i>chlordiazepoxide-amitriptyline</i>) | 1 | - |

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|---|--|---|
| <i>olanzapine/fluoxetine cap 12MG-25MG, 12MG-50MG, 3MG-25MG, 6MG-25MG, 6MG-50MG</i> (SYMBYAX Equiv) | 1 | - |
| PERPHENAZINE/ AMITRIPTYLINE TAB 2MG-10MG 2MG-25MG, 4MG-10MG, 4MG-25MG, 4MG-50MG (<i>perphenazine-amitriptyline</i>) | 1 | - |
| FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain | | |
| SAVELLA PAK (<i>milnacipran hcl</i>) | 2 | - |
| SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG (<i>milnacipran hcl</i>) | 2 | QL QL= 2 tabs/day |
| HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS - Drugs to treat lack of sexual desire | | |
| VYLEESI INJ 1.75MG/0.3ML (<i>bremelanotide acetate</i>) | 2 | MSP-PA-QL QL= 8 injections/28 days |
| MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders | | |
| AUSTEDO TAB 12MG, 6MG, 9MG (<i>deutetrabenazine</i>) | 2 | MSP-PA-QL QL= 4 tabs/day |
| AUSTEDO TITRATION PACK (<i>deutetrabenazine</i>) | 2 | MSP-PA |
| AUSTEDO XR TAB 12MG, 24MG, 6MG (<i>deutetrabenazine</i>) | 2 | MSP-PA-QL QL= 2 tabs/day |
| AUSTEDO XR TAB TITRATION KIT (<i>deutetrabenazine</i>) | 2 | MSP-PA |
| INGREZZA CAP 40MG, 60MG, 80MG (<i>valbenazine tosylate</i>) | 2 | LD-PA-QL QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479 |

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| <i>tetrabenazine tab 12.5MG, 25MG</i> (XENAZINE Equiv) | 1 | MSP-PA |
| MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS) | | |
| AVONEX INJ 30MCG/0.5ML (<i>interferon beta-1a</i>) | 2 | MSP |
| <i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv) | 1 | MSP-PA-QL QL= 2 tabs/day |
| <i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv) | 1 | MSP |
| <i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv) | 1 | MSP |
| EXTAVIA INJ .3MG (<i>interferon beta-1b</i>) | 2 | MSP |
| <i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv) | 1 | MSP-QL QL= 1 cap/day |
| GILENYA CAP 0.25MG .25MG (<i>fingolimod hcl</i>) | 2 | MSP-QL QL= 1 cap/day |
| <i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv) | 1 | MSP |
| KESIMPTA INJ 20MG/0.4ML (<i>ofatumumab (ms)</i>) | 2 | MSP |
| MAVENCLAD THERAPY PAK 10MG (<i>cladribine (multiple sclerosis)</i>) | 2 | LD Only available through Walgreens 888-347-3416 |
| MAYZENT TAB .25MG, 1MG, 2MG (<i>siponimod fumarate</i>) | 2 | MSP |
| MAYZENT TAB STARTER PACK .25MG (<i>siponimod fumarate</i>) | 2 | MSP |

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| PLEGRIDY INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>) | 2 | MSP |
| PLEGRIDY PEN INJ 125MCG/0.5ML (<i>peginterferon beta-1a</i>) | 2 | MSP |
| REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML (<i>interferon beta-1a</i>) | 2 | MSP |
| <i>teriflunomide tab 14MG, 7MG</i> (AUBAGIO Equiv) | 1 | MSP-QL QL= 1 tab/day |
| TYSABRI INJ 300MG/15ML (<i>natalizumab</i>) | M | - |
| ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>) | 2 | MSP-PA-QL QL= 1 cap/day |
| ZEPOSIA STARTER PACK (<i>ozanimod hcl</i>) | 2 | MSP-PA-QL QL= 1 cap/day |
| PSEUDOBULBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders | | |
| NUDEXTA CAP 10MG-20MG (<i>dextromethorphan hbr-quinidine sulfate</i>) | 2 | PA-QL QL= 2 caps/day |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Miscellaneous psychotherapeutic and neurological drugs | | |
| ERGOLOID MESYLATES TAB 1MG (<i>ergoloid mesylates</i>) | 2 | - |
| PIMOZIDE TAB 1MG, 2MG (<i>pimozide</i>) | 2 | - |
| SMOKING DETERRENTS - Drugs to treat smoking urges | | |
| <i>bupropion SR tab</i> (ZYBAN Equiv) | \$0 | SMKG |
| CHANTIX PAK .5MG, 1MG (<i>varenicline tartrate</i>) | \$0 | - |

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| <i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv) | \$0 | OTC-SMKG |
| NICOTINE KIT (<i>nicotine</i>) | \$0 | OTC-SMKG |
| <i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv) | \$0 | OTC-SMKG |
| <i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv) | \$0 | OTC-SMKG |
| NICOTROL INHALER 10MG (<i>nicotine</i>) | \$0 | SMKG |
| NICOTROL NASAL SPRAY 10MG/ML (<i>nicotine</i>) | \$0 | SMKG |
| VARENICLINE PAK (<i>varenicline tartrate</i>) | \$0 | SMKG |
| VARENICLINE TAB 0.5MG, .5MG, 1MG (<i>varenicline tartrate</i>) | \$0 | SMKG |
| <i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv) | \$0 | SMKG |
| RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions | | |
| CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions | | |
| KALYDECO PAK 13.4MG, 25MG, 50MG, 75MG (<i>ivacaftor</i>) | 2 | LD-PA-QL-SF QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| KALYDECO TAB 150MG (<i>ivacaftor</i>) | 2 | LD-PA-QL-SF QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| ORKAMBI GRANULES PACKET 100MG-125MG, 150MG-188MG, 75MG-94MG (<i>lumacaftor-ivacaftor</i>) | 2 | LD-PA-QL-SF QL= 2 packets/day; Only available through Walgreens 888-347-3416 |

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| ORKAMBI TAB 100MG-125MG, 125MG-200MG <i>(lumacaftor-ivacaftor)</i> | 2 | LD-PA-QL-SF QL= 4 tabs/day; Only available through Walgreens 888-347-3416 |
| PULMOZYME INH SOLN 2.5MG/2.5ML <i>(dornase alfa)</i> | 2 | MSP |
| SYMDEKO TAB 100MG-150MG, 50MG-75MG <i>(tezacaftor-ivacaftor)</i> | 2 | LD-PA-QL-SF QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| TRIKAFTA TAB 25MG-50MG, 50MG-100MG <i>(elexacaftor-tezacaftor-ivacaftor)</i> | 2 | LD-PA-QL QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416 |
| TRIKAFTA THERAPY PACK 40MG-80MG, 50MG-100MG <i>(elexacaftor-tezacaftor-ivacaftor)</i> | 2 | LD-PA-QL QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| PULMONARY FIBROSIS AGENTS - Drugs to treat pulmonary fibrosis | | |
| OFEV CAP 100MG, 150MG <i>(nintedanib esylate)</i> | 2 | LD-PA-QL-SF QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| SULFONAMIDES - Drugs to treat bacterial infections | | |
| SULFONAMIDES - Drugs to treat infection | | |
| SULFADIAZINE TAB 500MG <i>(sulfadiazine)</i> | 2 | - |
| <i>sulfadiazine tab 500MG</i> (SULFADIAZINE Equiv) | 1 | - |
| TETRACYCLINES - Drugs to treat bacterial infections | | |

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| GLYCYLCYCLINES - Drugs to treat bacterial infections | | |
| <i>tigecycline inj 50MG</i> | M | - |
| TETRACYCLINES - Drugs to treat infections | | |
| <i>doxycycline hyclate cap 100MG, 50MG</i> (VIBRAMYCIN Equiv) | 1 | - |
| <i>doxycycline hyclate tab 100MG</i> (VIBRATAB Equiv) | 1 | - |
| <i>doxycycline monohydrate cap 100mg 100MG</i> (MONODOX Equiv) | 1 | - |
| <i>doxycycline monohydrate cap 50mg 50MG</i> (MONODOX Equiv) | 1 | - |
| <i>doxycycline monohydrate tab 100mg 100MG</i> (ADOXA Equiv) | 1 | - |
| <i>doxycycline monohydrate tab 50mg 50MG</i> (ADOXA Equiv) | 1 | - |
| <i>doxycycline monohydrate tab 75mg 75MG</i> (ADOXA Equiv) | 1 | - |
| <i>doxycycline susp 25MG/5ML</i> (VIBRAMYCIN Equiv) | 1 | - |
| <i>minocycline cap 100MG, 50MG, 75MG</i> (MINOCIN Equiv) | 1 | - |
| <i>minocycline tab 100MG, 50MG, 75MG</i> (DYNACIN Equiv) | 1 | - |
| <i>tetracycline cap 250MG, 500MG</i> | 1 | - |
| THYROID AGENTS - Drugs to regulate thyroid hormones | | |
| ANTITHYROID AGENTS - Drugs to treat high thyroid level | | |

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| <i>methimazole tab</i> (TAPAZOLE Equiv) | 1 | - |
| <i>propylthiouracil tab 50MG</i> | 1 | - |
| THYROID HORMONES - Drugs to regulate thyroid hormones | | |
| ARMOUR THYROID TAB, NATURE THROID TAB 113.75MG, 120MG, 130MG, 146.25MG, 15MG, 16.25MG, 162.5MG, 180MG, 195MG, 240MG, 260MG, 300MG, 30MG, 32.5MG, 325MG, 48.75MG, 60MG, 65MG, 81.25MG, 90MG, 97.5MG (<i>thyroid</i>) | 1 | - |
| <i>levothyroxine tab 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG</i> (SYNTHROID Equiv) | 1 | - |
| <i>liothyronine tab 25MCG, 50MCG, 5MCG</i> (CYTOMEL Equiv) | 1 | - |
| <i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv) | 1 | - |
| THYROLAR TAB (<i>liotrix (t3-t4)</i>) | 2 | - |
| TOXOIDS - Drugs to prevent infection | | |
| TOXOID COMBINATIONS - Drugs to prevent infection | | |
| ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>) | \$0 | VAC |

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| DAPTACEL INJ, INFANRIX INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LF/0.5ML-15LF/0.5ML-23MCG/0.5ML (<i>diphtheria, acellular pertussis & tetanus toxoids</i>) | \$0 | VAC |
| DIPHTHERIA-TETANUS PED INJ 5LFU/0.5ML-25LFU/0.5ML (<i>diphtheria-tetanus toxoids (dt)</i>) | \$0 | VAC |
| KINRIX INJ, QUADRACEL INJ 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>) | \$0 | VAC |
| PEDIARIX INJ 10LFU/0.5ML-10MCG/0.5ML-25LFU/0.5ML-58MCG /0.5ML (<i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i>) | \$0 | VAC |
| PENTACEL INJ 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML (<i>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</i>) | \$0 | VAC |

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| QUADRACEL PREF SYRINGE, KINRIX PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>) | \$0 | VAC |
| TETANUS/DIPHThERIA TOXOID INJ 2LFU-5LFU (<i>tetanus-diphtheria toxoids (td)</i>) | \$0 | VAC |
| VAXELIS INJ (<i>diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb</i>) | \$0 | VAC |
| ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions | | |
| ANTISPASMODICS - Drugs to treat diarrhea | | |
| ATROPINE SUL INJ .8MG/2ML, 1.2MG/3ML, 1MG/2.5ML, 2MG/5ML (<i>atropine sulfate</i>) | M | - |
| <i>atropine sulfate inj 0.1mg/ml, 0.4mg/ml, 1mg/ml, 8mg/20ml .4MG/ML, 1MG/ML, 8MG/20ML</i> (ATROPINE Equiv) | M | - |
| <i>atropine sulfate inj 0.25mg/5ml, 0.5mg/5ml, 1mg/10ml .25MG/5ML, .5MG/5ML, 1MG/10ML</i> | M | - |
| BELLADONNA ALKALOID/OPIUM SUPP 16.2MG-30MG, 16.2MG-60MG (<i>belladonna alkaloids & opium</i>) | 2 | - |
| <i>chlordiazepoxide/clidinium cap</i> (LIBRAX Equiv) | 1 | - |
| <i>dicyclomine cap 10MG</i> (BENTYL Equiv) | 1 | - |

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| <i>dicyclomine tab 20MG</i> (BENTYL Equiv) | 1 | - |
| <i>glycopyrrolate tab 1MG, 2MG</i> (ROBINUL Equiv) | 1 | - |
| <i>hyoscyamine sulfate CR tab .375MG</i> (LEVVID Equiv) | 1 | - |
| <i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv) | 1 | - |
| <i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv) | 1 | - |
| <i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv) | 1 | - |
| <i>hyoscyamine sulfate soln .125MG/ML</i> (LEVSIN Equiv) | 1 | - |
| <i>hyoscyamine tab .125MG</i> (LEVSIN Equiv) | 1 | - |
| PROPANTHELINE TAB 15MG (<i>propantheline bromide</i>) | 2 | - |
| H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| CIMETIDINE SOLN 300MG/5ML (<i>cimetidine hcl</i>) | 2 | - |
| <i>cimetidine soln 300MG/5ML, 400MG/6.67ML</i> | 1 | - |
| <i>cimetidine tab 200MG, 300MG, 400MG, 800MG</i> (TAGAMET Equiv) | 1 | - |
| <i>famotidine susp 40MG/5ML</i> (PEPCID Equiv) | 1 | - |
| <i>famotidine tab 10MG, 20MG, 40MG</i> (PEPCID Equiv) | 1 | - |
| <i>nizatidine cap 150MG, 300MG</i> (AXID Equiv) | 1 | - |
| MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs | | |
| <i>sucralfate tab 1GM</i> (CARAFATE Equiv) | 1 | - |
| PROTON PUMP INHIBITORS - Drugs to treat acid reflux | | |
| <i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv) | 1 | OTC |
| LANSOPRAZOLE SUSP 3MG/ML (<i>lansoprazole</i>) | 2 | - |

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|--|--|---|
| <i>omeprazole DR cap 10MG, 20MG, 40MG</i> (PRILOSEC Equiv) | 1 | - |
| <i>pantoprazole EC tab 20MG, 40MG</i> (PROTONIX Equiv) | 1 | - |
| ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions | | |
| <i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv) | 1 | - |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers | | |
| ANTISPASMODICS - Drugs to treat diarrhea | | |
| ATROPINE SULFATE INJ .25MG/5ML, .5MG/5ML, 1MG/10ML (<i>atropine sulfate</i>) | M | - |
| H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions | | |
| NIZATIDINE CAP 150MG, 300MG (<i>nizatidine</i>) | 2 | - |
| MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs | | |
| <i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv) | 1 | - |
| URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms | | |
| <i>oxybutynin ER tab 10MG, 15MG, 5MG</i> (DITROPAN XL Equiv) | 1 | - |
| <i>oxybutynin syrup 5MG/5ML</i> | 1 | - |
| <i>oxybutynin tab 5MG</i> (DITROPAN Equiv) | 1 | - |
| <i>solifenacin tab 10MG, 5MG</i> (VESICARE Equiv) | 1 | - |
| <i>tolterodine SR cap 2MG, 4MG</i> (DETROL LA Equiv) | 1 | - |
| <i>tolterodine tab 1MG, 2MG</i> (DETROL Equiv) | 1 | - |

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| <i>trospium tab 20MG</i> (SANCTURA Equiv) | 1 | - |
| URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - Drugs to treat miscellaneous bladder spasms | | |
| MYRBETRIQ TAB 25MG, 50MG (<i>mirabegron</i>) | 2 | ST Step Therapy requires trial of oxybutynin or tolterodine |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - Drugs to treat urinary retention | | |
| <i>bethanechol tab 10MG, 25MG, 50MG, 5MG</i> (URECHOLINE Equiv) | 1 | - |
| VACCINES - Drugs to prevent infection | | |
| BACTERIAL VACCINES - Drugs to prevent infection | | |
| ACTHIB INJ, HIBERIX INJ 10MCG (<i>haemophilus b polysac conj vac</i>) | \$0 | VAC |
| BEXSERO INJ (<i>meningococcal vac group b (recombant omv adjuvanted)</i>) | \$0 | VAC |
| MENACTRA INJ (<i>meningococcal (a,c,y&w-135) polysacch diphth conj vaccine</i>) | \$0 | VAC |
| MENQUADFI INJ (<i>meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine</i>) | \$0 | VAC |
| MENVEO INJ (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>) | \$0 | VAC |
| MENVEO SOLN (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>) | \$0 | VAC |

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| PEDVAXHIB INJ 7.5MCG/0.5ML (<i>haemophilus b polysac conj vac</i>) | \$0 | VAC |
| PNEUMOVAX INJ 25MCG/0.5ML (<i>pneumococcal vac polyvalent</i>) | \$0 | VAC |
| PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>) | \$0 | VAC |
| PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>) | \$0 | VAC |
| TRUMENBA INJ (<i>meningococcal group b vaccine recombinant</i>) | \$0 | VAC |
| TYPHIM VI INJ 25MCG/0.5ML (<i>typhoid vi polysaccharide vaccine</i>) | \$0 | VAC |
| VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>) | \$0 | VAC |
| VIVOTIF CAP (<i>typhoid vaccine</i>) | \$0 | QL-VAC QL= 4 caps/fill |
| VIRAL VACCINES - Drugs to prevent infection | | |
| AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>) | \$0 | VAC |
| AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>) | \$0 | VAC |
| COMIRNATY INJ 30MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/17 days |

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| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) 50MCG/0.5ML (<i>covid-19 mrna bivalent virus vaccine (moderna)</i>) | \$0 | QL-VAC QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) 30MCG/0.3ML (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>) | \$0 | QL-VAC QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) 10MCG/0.2ML (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>) | \$0 | QL-VAC QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) 3MCG/0.2ML (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>) | \$0 | QL-VAC QL=1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) 10MCG/0.2ML (<i>covid-19 mrna bivalent virus vaccine (moderna)</i>) | \$0 | QL-VAC QL=1 inj/fill |
| COVID-19 VACCINE INJ (JANSSEN) .5ML (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/45 days |
| COVID-19 VACCINE INJ (NOVAVAX) 5MCG/0.5ML (<i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/17 days |
| DENG VAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>) | \$0 | VAC |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/ML, 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>) | \$0 | VAC |

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| FLUAD INJ (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>) | \$0 | VAC |
| FLUAD QUAD INJ .5ML (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>) | \$0 | VAC |
| FLUBLOK QUAD PF INJ (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>) | \$0 | VAC |
| FLUCELVAX QUAD INJ (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>) | \$0 | VAC |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>) | \$0 | VAC |
| FLUMIST QUADRIVALENT NASAL SUSP (<i>influenza virus vaccine live quadrivalent</i>) | \$0 | VAC |
| FLUZONE HD PF INJ (<i>influenza virus vac split high-dose quad preservative free</i>) | \$0 | VAC |
| FLUZONE HIGH DOSE PF INJ (<i>influenza virus vaccine split high-dose preservative free</i>) | \$0 | VAC |
| FLUZONE SPLIT QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>) | \$0 | VAC |
| FLUZONE/FLUARIX QUAD INJ (<i>influenza virus vaccine split quadrivalent</i>) | \$0 | VAC |
| GARDASIL 9 INJ (<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>) | \$0 | VAC |
| HAVRIX INJ, VAQTA INJ 1440ELU/ML, 50UNIT/ML (<i>hepatitis a vaccine</i>) | \$0 | VAC |

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| HAVRIX/VAQTA INJ 25UNIT/0.5ML, 720ELU/0.5ML <i>(hepatitis a vaccine)</i> | \$0 | VAC |
| HEPLISAV-B INJ 20MCG/0.5ML <i>(hepatitis b vaccine recombinant adjuvanted)</i> | \$0 | VAC |
| IMOVAX INJ 2.5UNIT/ML <i>(rabies virus vaccine, hdc)</i> | \$0 | VAC |
| IPOL INACTIVATED IPV <i>(poliovirus vaccine, ipv)</i> | \$0 | VAC |
| IXIARO INJ <i>(japanese encephalitis vaccine inactivated adsorbed)</i> | \$0 | VAC |
| M-M-R II INJ <i>(measles, mumps & rubella virus vaccines)</i> | \$0 | VAC |
| PREHEVBRIO SUSP 10MCG/ML <i>(hepatitis b vaccine 3-antigen recombinant)</i> | \$0 | VAC |
| PRIORIX INJ <i>(measles, mumps & rubella virus vaccines)</i> | \$0 | VAC |
| PROQUAD INJ <i>(measles-mumps-rubella-varicella virus vaccines)</i> | \$0 | VAC |
| RABAVERT INJ <i>(rabies vaccine, pcec)</i> | \$0 | VAC |
| RECOMBIVAX-HB INJ 10MCG/0.5ML, 5MCG/0.5ML <i>(hepatitis b vaccine (recomb))</i> | \$0 | VAC |
| ROTARIX SUSP <i>(rotavirus vaccine, live oral)</i> | \$0 | VAC |
| ROTATEQ INJ <i>(rotavirus vaccine, live oral pentavalent)</i> | \$0 | VAC |
| SHINGRIX INJ 50MCG/0.5ML <i>(zoster vaccine recombinant adjuvanted)</i> | \$0 | VAC |

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| SPIKEVAX INJ 100MCG/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>) | \$0 | QL-VAC QL= 1 dose/24 days |
| TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML (<i>tick-borne encephalitis virus vaccine, inactivated</i>) | \$0 | VAC |
| TWINRIX INJ 20MCG/ML-720ELU/ML (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>) | \$0 | VAC |
| VARIVAX INJ 1350PFU/0.5ML (<i>varicella virus vaccine live</i>) | \$0 | VAC |
| YF-VAX INJ (<i>yellow fever vaccine</i>) | \$0 | VAC |
| VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections | | |
| VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy | | |
| PHEXXI GEL .4%-1%-1.8% (<i>lactic acid-citric acid-potassium bitartrate</i>) | \$0 | QL QL= 1 box/fill |
| VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones | | |
| SPERMICIDES - Drugs to prevent pregnancy | | |
| CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>) | \$0 | OTC-QL QL= 12 boxes/30 days |
| CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>) | \$0 | OTC-QL QL= 12 cans/30 days |
| CONTRACEPTIVE GEL 2%, 3%, 4% (<i>nonoxynol-9</i>) | \$0 | OTC-QL QL= 12 tubes/30 days |
| CONTRACEPTIVE SUPP 100MG (<i>nonoxynol-9</i>) | \$0 | OTC-QL QL= 12 boxes/30 days |

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| TODAY SPONGE 1000MG (<i>nonoxynol-9</i>) | \$0 | OTC-QL QL= 12 sponges/30 days |
| VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections | | |
| <i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv) | 1 | - |
| <i>metronidazole vaginal gel .75%</i> (METROGEL Equiv) | 1 | - |
| <i>terconazole cream .4%, .8%</i> (TERAZOL Equiv) | 1 | - |
| TERCONAZOLE CREAM 0.8% .8% (<i>terconazole vaginal</i>) | 2 | - |
| <i>terconazole supp 80MG</i> (TERAZOL Equiv) | 1 | - |
| VAGINAL ESTROGENS - Drugs to treat low hormones | | |
| <i>estradiol cream .1MG/GM</i> (ESTRACE Equiv) | 1 | - |
| ESTRING 2MG, 7.5MCG/24HR (<i>estradiol vaginal</i>) | 2 | 3 copays per Rx |
| VAGINAL PROGESTINS - Drugs to treat low hormones | | |
| CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>) | 2 | PA |
| ENDOMETRIN INSERT 100MG (<i>progesterone (vaginal)</i>) | 2 | PA |
| VASOPRESSORS - Drugs to treat heart and circulation conditions | | |
| ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions | | |
| <i>epinephrine pen inj 0.15mg, 0.3mg .15MG/0.3ML, .3MG/0.3ML</i> (EPIPEN (JR) Equiv) | 1 | QL QL= 4 inj/fill, 6 inj/90 days for members age 18 or younger; QL= 2 inj/fill, 6 inj/90 days for members age 19 or older |

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| SYMJEPI INJ .15MG/0.3ML, .3MG/0.3ML (<i>epinephrine (anaphylaxis)</i>) | 2 | QL QL= 4 inj/fill for members age 18 or younger; QL= 2 inj/fill for members age 19 or older |
| VIRAL VACCINES - Drugs to prevent infection | | |
| <i>midodrine tab</i> (PROAMATINE Equiv) | 1 | - |
| VITAMINS - Drugs to treat vitamin deficiency | | |
| MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency | | |
| PRENATAL VITAMIN (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) | 2 | OTC |
| OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency | | |
| <i>cholecalciferol cap 50000 unit 1.25MG, 50000UNIT</i> | 1 | OTC |
| <i>phytonadione tab 100MCG, 5MG</i> (MEPHYTON Equiv) | 1 | - |
| <i>vitamin D cap 1.25MG, 50000UNIT</i> | 1 | RX strength only |
| WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency | | |
| POTABA POWDER PACKET (<i>potassium aminobenzoate</i>) | 2 | - |
| <i>vitamin b-6 tab 25mg 25MG</i> | 1 | OTC |
| <i>vitamin b-6 tab 50mg 50MG</i> | 1 | OTC |

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ALPHABETICAL LISTING OF DRUGS

| A | | | | | |
|---|-----|--------------------------------------|-----|--------------------------------|-----|
| abacavir tab | 78 | ACETIC | 163 | ADMELOG SOLOSTAR | 39 |
| abacavir/lamivudine tab | 78 | ACID/ALUMINUM | | INJ, INSULIN LISPRO | |
| abacavir/lamivudine/zidovudine tab | 78 | ACETATE OTIC SOLN | | KWIKPEN INJ (JUNIOR) | |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML | 77 | acetic acid/hydrocortisone otic soln | 164 | AEROCHAMBER | 142 |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML | 77 | acetylcysteine soln | 99 | AFLURIA INJ | 181 |
| ABILIFY MAINTENA INJ | 78 | acitretin cap | 104 | AFLURIA INJ, FLUZONE INJ | 181 |
| abiraterone acetate tab 500mg | 60 | ACTEMRA ACTPEN INJ | 7 | AIMOVIG INJ | 143 |
| abiraterone tab 250mg | 60 | ACTEMRA IV INJ | 7 | ALA SCALP LOTION | 105 |
| acamprosate calcium DR tab | 167 | ACTEMRA SC INJ | 7 | albuterol HFA inhaler | 21 |
| acarbose tab | 33 | ACTHIB INJ, HIBERIX INJ | 180 | albuterol neb soln | 21 |
| acebutolol cap | 87 | ACTIMMUNE INJ | 71 | ALBUTEROL NEBULIZER SOLN | |
| acetaminophen/codeine soln | 13 | acyclovir cap | 85 | albuterol sulfate syrup | 22 |
| acetaminophen/codeine tab | 13 | acyclovir oint | 105 | albuterol sulfate tab | 22 |
| acetaminophen/isometheptene/dichloral cap | 142 | acyclovir susp | 85 | ALBUTEROL TAB ER | 22 |
| ACETASOL HC OTIC SOLN | 163 | acyclovir tab | 85 | albuterol/ipratropium neb soln | 22 |
| acetazolamide ER cap | 114 | ADACEL/BOOSTRIX INJ | 175 | alclometasone cream | 105 |
| acetazolamide tab | 114 | ADAGEN INJ | 88 | alclometasone oint | 105 |
| acetic acid otic soln | 163 | adapalene cream | 100 | ALDURAZYME INJ | 120 |
| | | adapalene gel | 100 | ALECENSA CAP | 63 |
| | | ADAPALENE LOTION | 100 | alendronate tab | 117 |
| | | ADBRY INJ | 109 | ALENDRONATE TAB 40MG | 117 |
| | | adefovir dipivoxil tab | 84 | ALFERON-N INJ | 56 |
| | | ADMELOG INJ, INSULIN LISPRO INJ | 38 | alfuzosin SR tab | 129 |
| | | | | ALINIA SUSP | 53 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---------------------------|-----|-----------------------------|-----|--------------------------|-----|
| allopurinol tab | 130 | amitriptyline tab | 33 | amphetamine/dextroamphe | 1 |
| almotriptan tab | 143 | AMJEVITA | 5 | tamine tab | |
| ALOGLIPTIN TAB | 37 | AUTO-INJECTOR | | AMPICILLIN CAP | 165 |
| ALOGLIPTIN/METFORM | 34 | AMJEVITA | 5 | ampicillin/sulbactam inj | 166 |
| IN TAB | | AUTO-INJECTOR (1 PEN | | anagrelide cap | 131 |
| ALOGLIPTIN/PIOGLITAZ | 34 | PACK) | | anastrozole tab | 61 |
| ONE TAB | | amlodipine tab | 88 | ANDRODERM PATCH | 15 |
| ALPHAGAN P OPTH | 157 | amlodipine/atorvastatin tab | 90 | ANNOVERA RING | 96 |
| SOLN 0.1% | | amlodipine/benazepril cap | 50 | ANORO ELLIPTA | 22 |
| alprazolam tab | 18 | amlodipine/valsartan tab | 50 | INHALER | |
| ALREX OPTH SUSP | 159 | amlodipine/valsartan/hydro | 50 | APEXICON E CREAM | 106 |
| ALUNBRIG TAB 30MG | 63 | chlorothiazide tab | | apomorphine inj | 73 |
| ALUNBRIG TAB 90MG, | 63 | ammonium lactate cream | 110 | APRACLONIDINE | 157 |
| 180MG | | ammonium lactate lotion | 110 | OPPTH SOLN | |
| amantadine cap | 72 | amnesteem cap, claravis | 100 | aprepitant cap | 43 |
| amantadine syrup | 72 | cap, isotretinoin cap, | | aprepitant pak | 44 |
| ambrisentan tab | 92 | myorisan cap, zenatane cap | | APRETUDE SUSP | 78 |
| AMCINONIDE LOTION | 105 | AMOXAPINE TAB | 33 | APTIVUS CAP | 78 |
| AMCINONIDE OINT | 106 | amoxicillin cap | 165 | APTIVUS SOLN | 78 |
| amifostine inj | 72 | AMOXICILLIN CHEW | 165 | ARANESP INJ | 133 |
| amikacin inj | 4 | TAB | | ARCALYST INJ | 6 |
| amiloride tab | 115 | amoxicillin susp | 165 | ARIKAYCE SUSP | 4 |
| AMILORIDE/HCTZ TAB | 115 | amoxicillin tab | 165 | aripiprazole tab | 78 |
| amiloride/hydrochlorothia | 115 | amoxicillin/clavulanate | 166 | ARISTADA INJ | 78 |
| zide tab | | susp | | armodafinil tab | 3 |
| aminocaproic acid soln | 135 | amoxicillin/clavulanate tab | 166 | ARMOUR THYROID | 175 |
| aminocaproic acid tab | 136 | amphetamine/dextroamphe | 1 | TAB, NATURE THROID | |
| amiodarone tab | 19 | tamine ER cap | | TAB | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|--------------------------------------|-----|--|-----|
| ARNUITY ELLIPTA INHALER | 20 | atropine sulfate inj | 177 | BACITRACIN OPHTH OINT | 157 |
| artificial tears ophth soln | 154 | 0.1mg/ml, 0.4mg/ml, 1mg/ml, 8mg/20ml | | bacitracin/neomycin/poly myxin b ophth oint | 158 |
| ashlyna tab, daysee tab | 94 | atropine sulfate inj | 177 | bacitracin/polymyxin b ophth oint | 158 |
| ASMANEX HFA INHALER | 21 | 0.25mg/5ml, 0.5mg/5ml, 1mg/10ml | | bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint | 160 |
| ASMANEX INHALER | 21 | ATROVENT HFA INHALER | 20 | baclufen tab | 151 |
| aspirin chew tab 81mg | 10 | AUSTEDO TAB | 169 | BACLOFEN TAB 5MG | 151 |
| aspirin ec tab 325mg | 10 | AUSTEDO TITRATION PACK | 169 | balsalazide cap | 126 |
| aspirin ec tab 81mg | 11 | AUSTEDO XR TAB | 169 | BALVERSA TAB 3MG | 63 |
| aspirin tab 325mg | 11 | AUSTEDO XR TAB TITRATION KIT | 169 | BALVERSA TAB 4MG | 63 |
| aspirin/dipyridamole cap | 131 | AVAR GEL | 100 | BALVERSA TAB 5MG | 64 |
| ASTAMED MYO CAP | 113 | AVONEX INJ | 170 | BAQSIMI NASAL POWDER | 36 |
| atazanavir cap | 78 | AVSOLA INJ | 126 | BAXDELA TAB | 124 |
| atenolol tab | 87 | AYVAKIT TAB | 62 | B-D INSULIN SYRINGE | 141 |
| atenolol/chlorthalidone tab | 50 | AZASITE SOLN | 157 | B-D INSULIN SYRINGE SAFETY-LOK | 141 |
| ATGAM INJ | 147 | azathioprine tab | 86 | B-D PEN NEEDLE | 141 |
| atomoxetine cap | 2 | azelaic acid gel | 112 | BELLADONNA | 177 |
| atorvastatin tab | 47 | azelastine nasal spray 0.1% 0.15% | 153 | ALKALOID/OPIUM SUPP | |
| atorvastatin tab 10mg | 47 | azelastine nasal spray | 153 | benazepril tab | 48 |
| atorvastatin tab 20mg | 47 | azithromycin susp | 138 | benazepril/hydrochlorothiazide tab | 50 |
| atovaquone susp | 53 | azithromycin tab | 138 | | |
| atovaquone/proguanil tab | 55 | aztreonam inj | 54 | | |
| atropine ophth oint | 156 | | | | |
| atropine ophth soln | 156 | | | | |
| ATROPINE SUL INJ | 177 | | | | |
| ATROPINE SULFATE INJ | 179 | | | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------------|-----|-------------------------------------|-----|--------------------------------|-----|
| BENLYSTA | 148 | betaxolol tab | 87 | brimonidine | 155 |
| AUTO-INJECTOR | | bethanechol tab | 180 | tartrate-timolol maleate | |
| BENLYSTA INJ | 148 | bexarotene cap | 71 | ophth soln | |
| benzonatate cap | 98 | BEXSERO INJ | 180 | brinzolamide ophth susp | 162 |
| benztropine tab | 72 | bicalutamide tab | 61 | bromfenac ophth soln | 162 |
| BESREMI INJ | 71 | BIKTARVY TAB | 79 | bromocriptine cap | 72 |
| betamethasone augmented cream | 106 | bimatoprost ophth soln | 110 | bromocriptine tab | 72 |
| BETAMETHASONE AUGMENTED GEL | 106 | bisoprolol tab | 87 | BRUKINSA CAP | 64 |
| betamethasone augmented lotion | 106 | bisoprolol/hydrochlorothia zide tab | 51 | budesonide ER tab | 97 |
| betamethasone augmented oint | 106 | BLEPHAMIDE OPHTH SOLN | 160 | budesonide inh susp | 21 |
| betamethasone dipropionate cream | 106 | BORTEZOMIB INJ | 64 | budesonide SR cap | 97 |
| betamethasone dipropionate lotion | 106 | bosentan tab | 92 | budesonide/formoterol inhaler | |
| betamethasone dipropionate oint | 106 | BOSULIF TAB | 64 | bumetanide tab | 115 |
| betamethasone valerate cream | 106 | BOTOX INJ | 154 | buprenorphine patch | 14 |
| betamethasone valerate lotion | 106 | BRAFTOVI CAP 75MG | 64 | buprenorphine SL tab | 14 |
| betamethasone valerate oint | 106 | BREO ELLIPTA INHALER | 22 | buprenorphine/naloxone sl film | 14 |
| BETAXOLOL OPHTH SOLN | 155 | BREXAFEMME TAB | 44 | buprenorphine/naloxone SL tab | 14 |
| | | BRILINTA TAB | 132 | bupropion ER tab | 31 |
| | | brimonidine ophth soln 0.15% | 157 | bupropion SR tab | 171 |
| | | brimonidine ophth soln 0.2% | 157 | bupropion tab | 31 |
| | | brimonidine tartrate gel | 112 | bupropion XL tab | 31 |
| | | | | buspironone tab | 17 |
| | | | | busulfan inj | 57 |
| | | | | BUSULFEX INJ | 57 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---|-----|--------------------------------------|-----|--|-----|
| butalbital/acetaminophen tab | 10 | CABOMETYX TAB | 64 | CARBIDOPA/LEVODOPA ODT | 72 |
| butalbital/acetaminophen/c affeine cap | 10 | caffeine citrate soln | 2 | carbidopa/levodopa tab | 72 |
| butalbital/acetaminophen/c affeine tab | 10 | calcipotriene cream | 104 | carbidopa-levodopa-entaca pone tab | 74 |
| butalbital/acetaminophen/c affeine/codeine cap | 13 | calcipotriene oint | 104 | carboxymethylcellulose sodium ophth gel | 154 |
| butalbital/aspirin/caffeine cap | 10 | calcipotriene soln | 104 | carboxymethylcellulose sodium ophth soln | 154 |
| BUTALBITAL/ASPIRIN/C AFFEINE TAB | 10 | calcipotriene/betamethaso ne oint | 106 | carboxymethylcellulose-gl ycerin ophth soln | 154 |
| butalbital/aspirin/caffeine/ codeine cap | 13 | calcitonin inj | 117 | CARETOUCH | 142 |
| butorphanol nasal spray | 14 | calcitonin nasal spray | 117 | UNIVERSAL CPAP | |
| BYDUREON BCISE AUTO INJ | 38 | calcitriol cap | 120 | CARTEOLOL OPHTH SOLN | 155 |
| BYDUREON INJ | 38 | CALCITRIOL INJ | 120 | carvedilol tab | 87 |
| BYDUREON PEN INJ | 38 | CALCITRIOL OINT | 104 | CAVERJECT INJ | 91 |
| BYLVAY CAP 1200MCG | 125 | calcitriol soln | 120 | CAYSTON INH SOLN | 54 |
| BYLVAY CAP 400MCG | 125 | calcium acetate cap | 127 | cefadroxil cap | 93 |
| BYLVAY SPRINKLE CAP 200MCG | 126 | calcium acetate tab | 127 | cefadroxil susp | 93 |
| BYLVAY SPRINKLE CAP 600MCG | 126 | CALIBRATION LIQUID | 139 | CEFADROXIL TAB | 93 |
| <hr/> | | CALQUENCE CAP | 64 | cefazolin inj | 93 |
| C | | CALQUENCE TAB | 64 | CEFAZOLIN INJ | 93 |
| CABENUVA IM SUSP | 79 | CAMZYOS CAP | 90 | cefdinir cap | 94 |
| cabergoline tab | 122 | capecitabine tab | 58 | cefdinir susp | 94 |
| | | captopril tab | 48 | cefepime inj | 94 |
| | | carbamazepine chew tab | 26 | cefixime susp | 94 |
| | | carbamazepine ER cap | 26 | cefotaxime inj | 94 |
| | | carbamazepine ER tab | 26 | | |
| | | carbamazepine susp | 26 | | |
| | | carbamazepine tab | 26 | | |
| | | carbidopa/levodopa ER tab | 72 | | |

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|---------------------------|-----|---------------------------|-----|----------------------------|-----|
| cefoxitin inj | 93 | chlorzoxazone tab 750mg | 151 | citalopram soln | 31 |
| cefprozil susp | 93 | cholecalciferol cap 50000 | 187 | citalopram tab | 31 |
| cefprozil tab | 94 | unit | | CLARITHROMYC SUSP | 138 |
| ceftazidime inj | 94 | cholestyramine lite | 46 | clarithromycin tab | 138 |
| ceftriaxone inj | 94 | powder | | clindamycin cap | 54 |
| cefuroxime tab | 94 | cholestyramine lite | 46 | clindamycin gel | 100 |
| celecoxib cap | 7 | powder pack | | clindamycin lotion | 100 |
| cephalexin cap | 93 | cholestyramine powder | 46 | clindamycin pad | 100 |
| cephalexin susp | 93 | cholestyramine powder | 46 | clindamycin soln | 54 |
| CEREZYME INJ | 132 | pack | | clindamycin topical soln | 100 |
| CERVICAL CAP | 139 | CIBINQO TAB | 109 | clindamycin vaginal cream | 186 |
| cetirizine syrup | 45 | cidofovir inj | 83 | CLINISTIX TEST STRIP | 113 |
| cetirizine tab | 45 | cilostazol tab | 132 | clobazam tab | 25 |
| cevimeline cap | 150 | CIMDUO TAB | 79 | clobetasol propionate | 106 |
| CHANTIX PAK | 171 | cimetidine soln | 178 | cream | |
| CHEMET CAP | 42 | cimetidine tab | 178 | clobetasol propionate | 107 |
| chlordiazepoxide cap | 18 | CIMZIA INJ | 126 | emollient cream | |
| CHLORDIAZEPOXIDE/A | 168 | CIMZIA STARTER INJ | 126 | clobetasol propionate gel | 107 |
| MITRIPTYLINE TAB | | KIT | | clobetasol propionate oint | 107 |
| chlordiazepoxide/clidiniu | 177 | cinacalcet tab | 120 | clobetasol propionate soln | 107 |
| m cap | | CINRYZE INJ | 130 | CLOMID TAB | 118 |
| chlorhexidine gluconate | 149 | CIPROFLOXACIN | 124 | clomipramine cap | 33 |
| soln | | 100MG TAB | | clonazepam tab | 26 |
| chloroquine tab | 55 | ciprofloxacin ophth soln | 158 | clonidine ER tab | 2 |
| chlorothiazide tab | 116 | ciprofloxacin susp | 124 | clonidine patch | 49 |
| chlorpromazine tab | 77 | ciprofloxacin tab | 124 | clonidine tab | 49 |
| chlorthalidone tab | 116 | ciprofloxacin/dexamethaso | 163 | clopidogrel tab 75mg | 132 |
| chlorzoxazone tab 375mg | 151 | ne otic susp | | clorazepate tab | 18 |

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ALPHABETICAL LISTING OF DRUGS

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|---------------------------------------|-----|---|-----|------------------------------------|-----|
| clotrimazole troches | 149 | CONTRACEPTIVE GEL | 185 | CRIXIVAN CAP | 79 |
| clotrimazole/betamethason e cream | 102 | CONTRACEPTIVE SUPP | 185 | cromolyn conc | 125 |
| clotrimazole/betamethason e lotion | 102 | COPIKTRA CAP | 64 | cromolyn neb soln | 20 |
| CLOZAPINE ODT | 76 | CORTISONE ACETATE TAB | 97 | cromolyn ophth soln | 162 |
| CLOZAPINE ODT 12.5 | 76 | COTELIC TAB | 65 | CROMOLYN SODIUM OPHTH SOLN | 162 |
| clozapine ODT 25mg, 100mg | 76 | COVID-19 TEST | 113 | cryselle tab | 94 |
| CLOZAPINE ODT, FAZACLO ODT | 76 | COVID-19 VACCINE | 182 | CUE COVID-19 INJ TEST CARTRIDGE | 113 |
| clozapine tab | 76 | BIVALENT BOOSTER IN. (MODERNA) | | CUE HEALTH MIS MONITOR | 113 |
| codeine sulfate tab | 11 | COVID-19 VACCINE | 182 | cyanocobalamin inj | 133 |
| colchicine tab | 130 | BIVALENT BOOSTER IN. (PFIZER) | | cyclobenzaprine tab | 151 |
| colchicine/probenecid tab | 130 | COVID-19 VACCINE | 182 | CYCLOMYDRIL OPHTH SOLN | 156 |
| colesevelam pack | 46 | BIVALENT BOOSTER IN. 5-11Y (PFIZER) | | cyclopentolate ophth soln | 156 |
| colesevelam tab | 46 | COVID-19 VACCINE | 182 | cyclophosphamide cap | 57 |
| colestipol tab | 46 | BIVALENT BOOSTER IN. 6M-4Y (PFIZER) | | CYCLOPHOSPHAMIDE TAB | 57 |
| COLY-MYCIN S OTIC SUSP | 163 | COVID-19 VACCINE | 182 | cycloserine cap | 56 |
| COMBIPATCH | 123 | BIVALENT BOOSTER IN. 6M-5Y (MODERNA) | | cyclosporine cap | 86 |
| COMBIVENT RESPIMAT INHALER | 22 | COVID-19 VACCINE INJ | 182 | cyclosporine modified cap | 86 |
| COMETRIQ KIT | 64 | (JANSSEN) | | cyclosporine modified soln | 86 |
| COMIRNATY INJ | 181 | COVID-19 VACCINE INJ | 182 | cyclosporine ophth emulsion | 159 |
| COMPLERA TAB | 79 | (NOVAVAX) | | cyproheptadine syrup | 46 |
| CONTRACEPTIVE FILM | 185 | CREON CAP | 114 | cyproheptadine tab | 46 |
| CONTRACEPTIVE FOAM | 185 | CRINONE GEL | 186 | | |

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|-----------------------------------|-----|------------------------------------|-----|------------------------------------|-----|
| CYSTAGON CAP | 129 | desonide cream | 107 | dextroamphetamine ER | 1 |
| CYTRA K CRYSTALS | 128 | desonide gel | 107 | cap | |
| CYTRA-3 SYRUP | 128 | desonide oint | 107 | dextroamphetamine soln | 1 |
| D | | | | | |
| dabigatran etexilate mesylate cap | 25 | desoximetasone cream 0.05% | 107 | dextroamphetamine sulfate tab 15mg | 1 |
| dalfampridine ER tab | 170 | desoximetasone gel | 107 | dextroamphetamine sulfate tab 20mg | 1 |
| danazol cap | 15 | desoximetasone oint | 107 | dextroamphetamine sulfate tab 30mg | 1 |
| dantrolene cap | 152 | desoximetasone oint 0.05% | 107 | dextroamphetamine tab | 1 |
| dapsone tab | 54 | desvenlafaxine ER tab | 32 | DIACOMIT CAP | 26 |
| DAPTACEL INJ, INFANRIX INJ | 176 | DEXAMETHASONE CONC | 97 | DIACOMIT POWDER PACK | 26 |
| darunavir tab | 79 | dexamethasone elixir | 97 | DIALYVITE TAB | 150 |
| DDAVP NASAL SOLN | 122 | DEXAMETHASONE OPHTH SOLN | 160 | DIALYVITE/ZINC TAB | 150 |
| deferasirox tab | 42 | DEXAMETHASONE SOLN | 97 | DIAPHRAGM | 139 |
| deferiprone tab | 42 | dexamethasone tab | 98 | diazepam conc | 18 |
| DELSTRIGO TAB | 79 | DEXCOM G6 RECEIVER | 139 | diazepam oral soln | 18 |
| DENAVIR CREAM | 105 | DEXCOM G6 SENSOR | 140 | diazepam tab | 18 |
| DENG VAXIA SUSP | 182 | DEXCOM G6 TRANSMITTER | 140 | diclofenac gel 1% | 103 |
| DEPLIN CAP | 113 | dexmethylphenidate ER cap | 3 | diclofenac potassium tab | 7 |
| DEPO-PROVERA SC INJ 104MG | 97 | dexmethylphenidate tab | 3 | diclofenac sodium EC tab | 7 |
| DESCOVY TAB | 79 | dextran 70-hypromellose ophth soln | 154 | diclofenac sodium ophth soln | 162 |
| desipramine tab | 33 | | | diclofenac sodium XR tab | 7 |
| desmopressin acetate inj | 122 | | | dicloxacillin cap | 166 |
| desmopressin acetate nasal spray | 122 | | | dicyclomine cap | 177 |
| desmopressin acetate tab | 122 | | | dicyclomine tab | 178 |

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|--------------------------|-----|----------------------------|-----|----------------------------|-----|
| didanosine DR cap | 79 | DIPHENOXYLATE/ATRO | 41 | doxycycline monohydrate | 174 |
| DIDANOSINE DR CAP, | 79 | PINE LIQUID | | cap 100mg | |
| VIDEX EC CAP | | diphenoxylate/atropine tab | 42 | doxycycline monohydrate | 174 |
| DIFFERIN LOTION | 100 | DIPHThERIA-TETANUS | 176 | cap 50mg | |
| DIFFERIN OTC GEL 0.1% | 100 | PED INJ | | doxycycline monohydrate | 174 |
| DIFICID SUSP | 139 | dipyridamole tab | 132 | tab 100mg | |
| DIFICID TAB | 139 | disopyramide cap | 18 | doxycycline monohydrate | 174 |
| DIFLORASONE CREAM, | 107 | disopyramide ER cap | 18 | tab 50mg | |
| PSORCON CREAM | | disulfiram tab | 167 | doxycycline monohydrate | 174 |
| diflorasone oint | 107 | DIURIL SUSP | 116 | tab 75mg | |
| diflunisal tab | 11 | divalproex ER tab | 30 | doxycycline susp | 174 |
| difluprednate ophth | 160 | divalproex sodium DR tab | 30 | doxylamine/pyridoxine dr | 43 |
| emulsion | | divalproex sprinkle cap | 30 | tab | |
| DIGOXIN SOLN | 90 | dofetilide cap | 19 | D-PENAMINE TAB | 86 |
| digoxin tab | 90 | donepezil ODT | 168 | dronabinol cap | 43 |
| dihydroergotamine | 143 | donepezil tab | 168 | drospirenone/ethinyl | 94 |
| mesylate inj | | donepezil tab 23mg | 168 | estradiol/levomefolate tab | |
| DILANTIN CAP 30MG | 30 | dorzolamide ophth soln | 162 | DROXIA CAP | 132 |
| diltiazem ER cap | 88 | dorzolamide/timolol ophth | 156 | DRYSOL SOLN | 112 |
| diltiazem ER tab | 89 | soln | | DUAVEE TAB | 123 |
| diltiazem tab | 89 | DOVATO TAB | 79 | DULERA INHALER | 22 |
| dimethyl fumarate DR cap | 170 | doxazosin tab | 50 | duloxetine EC cap 20mg, | 32 |
| dimethyl fumarate DR | 170 | doxepin cap | 33 | 30mg, 60mg | |
| starter pack | | doxepin conc | 33 | DUPIXENT INJ | 109 |
| diphenhydramine cap | 45 | doxercalciferol cap | 120 | DUPIXENT PEN INJ | 110 |
| 50mg | | doxycycline hyclate cap | 174 | DUPIXIENT PEN INJ | 110 |
| diphenhydramine inj | 45 | doxycycline hyclate tab | 174 | DUROLANE INJ | 152 |
| | | | | 60MG/3ML | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|---|-----|-----------------------------------|-----|----------------------------------|-----|
| dutasteride cap | 129 | EMTRIVA SOLN | 80 | ERGOMAR SL TAB | 143 |
| dutasteride/tamsulosin cap | 129 | enalapril maleate oral soln | 48 | erlotinib tab | 60 |
| E | | | | | |
| EDEX INJ | 91 | enalapril tab | 48 | ertapenem inj | 53 |
| EDURANT TAB | 79 | enalapril/hydrochlorothiazide tab | 51 | ERY PAD | 101 |
| EFAVIRENZ CAP | 80 | ENBREL INJ 25MG | 9 | erythromycin DR cap | 138 |
| efavirenz tab | 80 | ENBREL INJ 50MG | 9 | erythromycin DR tab | 138 |
| efavirenz/lamivudine/tenofovir df (lo) tab | 80 | ENBREL MINI INJ | 10 | ERYTHROMYCIN EC CAP | 138 |
| EGRIFTA INJ | 119 | ENBREL SURECLICK INJ 50MG | 10 | erythromycin | 138 |
| electrolyte-148 solution | 144 | ENDARI POWDER PACK | 133 | ethylsuccinate susp | |
| electrolyte-a solution | 145 | ENDOMETRIN INSERT | 186 | ERYTHROMYCIN | 138 |
| eletriptan tab | 143 | ENGERIX-B INJ, | 182 | ETHYLSUCCINATE TAB | |
| ELIGEN B12 TAB | 113 | RECOMBIVAX-HB INJ | | erythromycin gel | 101 |
| ELIQUIS TAB, ELIQUIS STARTER PACK | 24 | enoxaparin inj | 25 | erythromycin ophth oint | 158 |
| ELIXOPHYLLIN ELIXIR | 24 | enpresse tab | 95 | erythromycin pad | 101 |
| ELLA TAB | 97 | ENSPRYNG INJ | 148 | erythromycin soln | 101 |
| ELMIRON CAP | 129 | entacapone tab | 72 | erythromycin tab | 138 |
| eluryng vaginal ring | 97 | entecavir tab | 84 | escitalopram soln | 31 |
| EMCYT CAP | 61 | ENTRESTO TAB | 90 | escitalopram tab | 31 |
| EMGALITY INJ | 143 | EPIDIOLEX SOLN | 26 | estazolam tab | 136 |
| EMGALITY INJ 100MG/ML | 143 | EPIFOAM AEROSOL | 107 | esterified | 123 |
| EMPAVELI INJ | 131 | epinephrine pen inj 0.15mg, 0.3mg | 186 | estrogens/methyltestosterone tab | |
| emtricitabine cap | 80 | EPIVIR HBV SOLN | 84 | estradiol cream | 186 |
| emtricitabine/tenofovir disoproxil fumarate tab | 80 | EQUETRO CAP | 74 | estradiol patch | 124 |
| | | ERGOLOID MESYLATES TAB | 171 | estradiol tab | 124 |
| | | | | estradiol/norethindrone tab | 123 |
| | | | | ESTRING | 186 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-------------------------|-----|--------------------------|-----|--------------------------|-----|
| ethacrynic tab | 115 | fenofibrate cap 67mg, | 47 | fluconazole tab | 44 |
| ethambutol tab | 56 | 134mg, 200mg | | flucytosine cap | 44 |
| ethosuximide cap | 30 | fenofibrate tab 48mg, | 47 | fludarabine inj | 58 |
| ethosuximide soln | 30 | 54mg, 145mg, 160mg | | fludrocortisone tab | 98 |
| etodolac cap | 7 | fenofibric acid DR cap | 47 | FLULAVAL QUAD INJ, | 183 |
| etodolac tab | 7 | fenoprofen calcium tab | 7 | FLUZONE QUAD INJ | |
| ETOPOSIDE CAP | 72 | FENOPROFEN TAB | 7 | FLUMIST | 183 |
| etravirine tab | 80 | fentanyl patch | 11 | QUADRIVALENT NASAL | |
| EUFLEXXA INJ | 152 | ferrex 150 forte cap | 134 | SUSP | |
| EULEXIN CAP | 61 | finasteride tab | 110 | flunisolide nasal soln | 153 |
| everolimus tab | 65 | fingolimod hcl cap 0.5mg | 170 | fluocinolone acetonide | 107 |
| everolimus tab for oral | 65 | FINTEPLA SOLN | 26 | cream | |
| susp | | FIRDAPSE TAB | 55 | fluocinolone acetonide | 107 |
| EVRYSDI SOLN | 154 | FIRST | 52 | oint | |
| exemestane tab | 61 | METRONIDAZOLE SUSP | | fluocinolone acetonide | 107 |
| EXKIVITY CAP | 60 | FIRST MOUTHWASH | 149 | soln | |
| EXTAVIA INJ | 170 | BLM | | fluocinolone otic oil | 164 |
| ezetimibe tab | 47 | FIRVANQ SOLN | 53 | fluocinonide cream 0.05% | 107 |
| F | | flecainide tab | 19 | fluocinonide cream 0.1% | 108 |
| FABRAZYME INJ | 120 | FLORIVA PLUS DROPS | 151 | fluocinonide emollient | 108 |
| FALESSA TAB | 113 | FLOVENT DISKUS | 21 | cream | |
| famotidine susp | 178 | INHALER | | fluocinonide gel | 108 |
| famotidine tab | 178 | FLOVENT HFA INHALER | 21 | fluocinonide oint | 108 |
| FARXIGA TAB | 41 | FLUAD INJ | 183 | fluocinonide soln | 108 |
| febuxostat tab | 130 | FLUAD QUAD INJ | 183 | FLUORABON SOLN | 145 |
| felbamate susp | 28 | FLUBLOK QUAD PF INJ | 183 | FLUORIDEX | 149 |
| felbamate tab | 28 | FLUCELVAX QUAD INJ | 183 | SENSITIVITY PASTE | |
| FEMALE CONDOMS | 139 | fluconazole susp | 44 | | |

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ALPHABETICAL LISTING OF DRUGS

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|--|-----|---------------------------------|-----|------------------------------------|-----|
| fluorometholone ophth soln | 160 | FLUTICASONE-SALMET EROL INHALER | 23 | foscarnet sodium inj | 83 |
| FLUOROPLEX CREAM | 103 | 115-21MCG/ACT | | FOSCAVIR INJ | 83 |
| fluorouracil cream | 103 | FLUTICASONE-SALMET EROL INHALER | 23 | fosinopril tab | 49 |
| FLUOROURACIL CREAM 0.5% | 103 | 230-21MCG/ACT | | fosinopril/hydrochlorothiazide tab | 51 |
| FLUOROURACIL SOLN | 103 | FLUTICASONE-SALMET EROL INHALER | 23 | FRAGMIN INJ | 25 |
| fluoxetine cap | 31 | 45-21MCG/ACT | | FREESTYLE LIBRE 2 RECEIVER | 140 |
| fluoxetine soln | 31 | fluvastatin cap | 47 | FREESTYLE LIBRE 2 SENSOR | 140 |
| fluoxetine tab | 32 | fluvastatin ER tab | 47 | FREESTYLE LIBRE 3 RECEIVER | 140 |
| fluphenazine decanoate inj | 77 | fluvoxamine ER cap | 32 | FREESTYLE LIBRE 3 SENSOR | 140 |
| fluphenazine tab | 77 | fluvoxamine tab | 32 | FREESTYLE LIBRE RECEIVER | 140 |
| flurandrenolide cream | 108 | FLUZONE HD PF INJ | 183 | FREESTYLE LIBRE SENSOR (14-DAY) | 140 |
| flurandrenolide oint | 108 | FLUZONE HIGH DOSE PF INJ | 183 | frovatriptan tab | 143 |
| FLURAZEPAM CAP | 136 | FLUZONE SPLIT QUAD INJ | 183 | FULL KIT NEBULIZER SET | 142 |
| FLURBIPROFEN OPHTH SOLN | 162 | FLUZONE/FLUARIX QUAD INJ | 183 | FULPHILA INJ | 134 |
| FLURBIPROFEN TAB | 7 | FOLBEE PLUS CZ TAB | 150 | furosemide soln | 115 |
| flutamide cap | 61 | folbee tab | 134 | furosemide tab | 115 |
| fluticasone nasal spray | 153 | folic acid tab 1mg | 133 | FUZEON INJ | 80 |
| fluticasone propionate cream | 108 | folic acid tab 400mcg | 133 | | |
| fluticasone propionate oint | 108 | folic acid tab 800mcg | 133 | G | |
| FLUTICASONE/SALMET EROL INHALER | 23 | fondaparinux inj | 25 | gabapentin cap | 27 |
| fluticasone/salmeterol inhaler, wixela inhaler | 23 | FORTEO INJ | 117 | gabapentin soln | 27 |
| | | fosamprenavir tab | 80 | gabapentin tab | 27 |
| | | | | GALAFOLD CAP | 121 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|-----------------------------|-----|---------------------------|-----|
| galantamine ER cap | 168 | GLEOSTINE/LOMUSTIN | 58 | GUAIFENESIN/CODEINE | 99 |
| GALANTAMINE SOLN | 168 | E CAP | | SYRUP | |
| galantamine tab | 168 | glimepiride tab | 41 | guanfacine ER tab | 2 |
| GALZIN CAP | 147 | glipizide ER tab | 41 | guanfacine IR tab | 50 |
| GAMASTAN S/D INJ | 164 | glipizide tab | 41 | GUANIDINE TAB | 55 |
| GAMMAGARD S/D INJ | 164 | glipizide/metformin tab | 34 | GVOKE INJ | 36 |
| GARDASIL 9 INJ | 183 | GLUCAGEN HYPOKIT | 36 | GVOKE INJ KIT | 36 |
| GAVILYTE-C SOLN | 137 | INJ | | GVOKE PFS INJ | 37 |
| GAVRETO CAP | 65 | GLUCAGEN INJ | 112 | <hr/> | |
| gefitinib tab | 60 | glucagon (rdna) for inj kit | 36 | H | |
| GEL-ONE INJ | 152 | glyburide micronized tab | 41 | HAEGARDA INJ | 131 |
| GELSYN-3 INJ | 152 | glyburide tab | 41 | halcinonide cream | 108 |
| gemfibrozil tab | 47 | glyburide/metformin tab | 34 | halobetasol propionate | 108 |
| GENOTROPIN INJ | 119 | glycerin-hypromellose-pe | 154 | cream | |
| GENTAK OPHTH OINT | 158 | g 400 ophth soln | | halobetasol propionate | 108 |
| gentamicin ophth soln | 158 | glycopyrrolate tab | 178 | ointment | |
| gentamicin sulfate cream | 102 | GLYGEST PAK | 113 | haloperidol decanoate inj | 75 |
| gentamicin sulfate oint | 102 | GLYXAMBI TAB | 34 | haloperidol lactate conc | 75 |
| GENVISC-850 INJ, | 152 | GOLYTELY SOLN | 137 | haloperidol tab | 76 |
| SUPARTZ FX INJ, | | GONAL-F INJ | 118 | HAVRIX INJ, VAQTA INJ | 183 |
| TRIVISC INJ, VISCO-3 | | GONAL-F RFF INJ | 118 | HAVRIX/VAQTA INJ | 184 |
| INJ | | GONIOTAIRE OPHTH | 155 | HEMLIBRA INJ | 130 |
| GENVOYA TAB | 80 | SOLN | | heparin inj | 25 |
| gianvi tab, ocella tab | 95 | granisetron tab | 43 | HEPLISAV-B INJ | 184 |
| GILENYA CAP 0.25MG | 170 | GRANIX INJ | 134 | HERZUMA INJ | 59 |
| GILOTRIF TAB | 60 | griseofulvin micro tab | 44 | HEXALEN CAP | 56 |
| glatiramer inj | 170 | griseofulvin susp | 44 | HIZENTRA INJ | 164 |
| | | griseofulvin tab | 44 | HOMATROPINE OPHTH | 156 |
| | | | | SOLN | |

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|-------------------------|-----|--------------------------|-----|----------------------------|-----|
| HUMIRA INJ 10MG | 5 | hydrocodone/acetaminoph | 13 | hydroquinone cream | 112 |
| HUMIRA INJ 20MG | 6 | en tab | | hydroxychloroquine tab | 55 |
| HUMIRA INJ 40MG | 6 | hydrocodone/chlorphenira | 99 | hydroxyurea cap | 57 |
| HUMIRA INJ 80MG | 6 | mine/pseudoephedrine | | hydroxyzine pamoate cap | 17 |
| HUMIRA INJ | 6 | liquid | | hydroxyzine syrup | 17 |
| CROHNS/UC/HIDRADEN | | hydrocodone/homatropine | 98 | hydroxyzine tab | 18 |
| ITIS STARTER PACK | | syrup | | HYFTOR GEL | 111 |
| HUMIRA INJ PEDIATRIC | 6 | hydrocortisone butyrate | 108 | HYMOVIS INJ | 152 |
| CROHNS STARTER PACK | | cream | | hyoscyamine sulfate CR | 178 |
| HUMIRA INJ PEDIATRIC | 6 | hydrocortisone butyrate | 108 | tab | |
| UC STARTER PACK | | lipocream | | hyoscyamine sulfate elixir | 178 |
| HUMIRA INJ | 6 | hydrocortisone butyrate | 108 | hyoscyamine sulfate ODT | 178 |
| PSORIASIS/UVEITIS | | oint | | hyoscyamine sulfate SL tab | 178 |
| STARTER PACK | | hydrocortisone cream | 108 | hyoscyamine sulfate soln | 178 |
| HUMIRA PEN INJ 40MG | 6 | hydrocortisone enema | 16 | hyoscyamine tab | 178 |
| HUMULIN R INJ U-500 | 39 | hydrocortisone lotion 2% | 108 | hypromellose ophth soln | 155 |
| HUMULIN R U-500 | 39 | hydrocortisone oint | 108 | HYQVIA INJ | 164 |
| KWIKPEN INJ | | hydrocortisone pramoxine | 108 | | |
| HYALGAN INJ | 152 | cream | | I | |
| HYCAMTIN CAP | 57 | hydrocortisone supp | 16 | IBRANCE CAP | 65 |
| hydralazine tab | 52 | hydrocortisone tab | 98 | IBRANCE TAB | 65 |
| hydrochlorothiazide cap | 116 | hydrocortisone valerate | 109 | ibuprofen susp (Rx ONLY) | 8 |
| hydrochlorothiazide tab | 116 | cream | | ibuprofen tab | 8 |
| hydrocodone/acetaminoph | 13 | hydrocortisone valerate | 109 | icatibant inj | 130 |
| en soln | | oint | | ICLUSIG TAB | 65 |
| hydrocodone/acetaminoph | 13 | HYDROMORPHONE | 11 | IDHIFA TAB | 65 |
| en soln 10-325 mg/15ml | | SUPP | | imatinib tab | 65 |
| | | hydromorphone tab | 11 | IMBRUVICA CAP | 65 |
| | | | | 140MG | |

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ALPHABETICAL LISTING OF DRUGS

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|--------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| IMBRUVICA CAP 70MG | 65 | INSULIN ASPART | 39 | ISENTRESS CHEW TAB | 80 |
| IMBRUVICA SUSP | 66 | PENFILL INJ | | ISENTRESS POWDER | 80 |
| IMBRUVICA TAB | 66 | INSULIN | 39 | PACK | |
| IMIPENEM/CILASTATIN INJ | 53 | GLARGINE-YFGN INJ (SEMGLEE Equiv) | | isibloom tab, enskyce tab, apri tab | 95 |
| imipenem/cilastin inj | 53 | INSULIN | 39 | isoniazid syrup | 56 |
| imipramine tab | 33 | GLARGINE-YFGN PEN (SEMGLEE Equiv) | | isoniazid tab | 56 |
| imiquimod cream | 111 | INSULIN SYRINGE | 141 | ISOPTO CARBACHOL | 157 |
| IMITREX INJ | 143 | INTELENCE TAB | 80 | OPHTH SOLN | |
| IMOVAX INJ | 184 | INTRON-A INJ | 57 | isosorbide dinitrate SL tab | 16 |
| INCRELEX INJ | 120 | INVANZ INJ | 53 | isosorbide dinitrate tab | 17 |
| INCRUSE ELLIPTA | 20 | INVEGA HAFYERA INJ | 74 | isosorbide mononitrate ER tab | 17 |
| INHALER | | INVEGA SUSTENNA INJ, | 75 | isosorbide mononitrate tab | 17 |
| indapamide tab | 116 | INVEGA TRINZA INJ | | isoxsuprine tab | 91 |
| indomethacin cap | 8 | INVIRASE CAP | 80 | isradipine cap | 89 |
| indomethacin CR cap | 8 | INVIRASE TAB | 80 | ISTURISA TAB 10MG | 116 |
| INFLECTRA INJ | 126 | IOPIDINE OPTH SOLN | 157 | ISTURISA TAB 1MG | 117 |
| INGREZZA CAP | 169 | IPOL INACTIVATED IPV | 184 | ISTURISA TAB 5MG | 117 |
| INLYTA TAB | 58 | ipratropium nasal spray | 153 | itraconazole cap | 44 |
| INQOVI TAB | 63 | ipratropium neb soln | 20 | ivermectin tab | 16 |
| INSULIN ASPART FLEXPEN INJ | 39 | irbesartan tab | 49 | IXIARO INJ | 184 |
| INSULIN ASPART INJ | 39 | irbesartan/hydrochlorothia zide tab | 51 | J | |
| INSULIN ASPART MIX FLEXPEN INJ | 39 | IRON | 135 | JAKAFI TAB | 66 |
| INSULIN ASPART MIX INJ | 39 | POLYSACCH/THREONIC ACID/B12/FA CAP | | JANUMET TAB | 34 |
| | | ISENTRESS (HD) TAB | 80 | JANUMET XR TAB | 34 |
| | | | | JANUVIA TAB | 37 |
| | | | | JARDIANCE TAB | 41 |

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|----------------------|-----|---------------------------|-----|--------------------------|-----|
| JENTADUETO TAB | 35 | KOSELUGO CAP | 66 | lapatinib ditosylate tab | 66 |
| JENTADUETO XR TAB | 35 | KOSELUGO CAP 10MG | 66 | latanoprost ophth soln | 162 |
| JULUCA TAB | 81 | KRAZATI TAB | 66 | leflunomide tab | 9 |
| K | | KRINTAFEL TAB | 55 | lenalidomide cap | 147 |
| KALETRA TAB | 81 | K-TAB | 145 | LENVIMA CAP | 58 |
| KALYDECO PAK | 172 | L | | letrozole tab | 61 |
| KALYDECO TAB | 172 | labetalol tab | 87 | leucovorin inj | 72 |
| KANAMYCIN INJ | 4 | lacosamide oral solution | 27 | leucovorin tab | 57 |
| KANJINTI INJ | 59 | lacosamide tab | 27 | LEUKERAN TAB | 57 |
| kelnor tab | 95 | LACRISERT OPHTH | 155 | LEUKINE INJ | 134 |
| KESIMPTA INJ | 170 | INSERT | | levalbuterol neb soln | 23 |
| ketoconazole cream | 102 | LACTIC ACID LOTION | 110 | LEVEMIR FLEXTOUCH | 40 |
| ketoconazole shampoo | 103 | lactulose soln | 127 | INJ | |
| ketoconazole tab | 44 | LAGEVRIO CAP | 85 | LEVEMIR INJ | 40 |
| KETO-DIASTIX TEST | 113 | lamivudine soln | 81 | levetiracetam ER tab | 27 |
| STRIP | | lamivudine tab | 81 | levetiracetam soln | 27 |
| ketorolac ophth soln | 162 | lamivudine tab 100mg | 84 | levetiracetam tab | 27 |
| ketorolac tab | 8 | lamivudine/zidovudine tab | 81 | LEVOBUNOLOL OPHTH | 156 |
| KETOSTIX | 113 | lamotrigine chew tab | 27 | SOLN | |
| ketotifen ophth soln | 162 | lamotrigine ODT | 27 | levocarnitine soln | 121 |
| KEVZARA INJ | 7 | lamotrigine tab | 27 | levocarnitine tab | 121 |
| KINRIX INJ, | 176 | LAMPIT TAB | 53 | levofloxacin ophth soln | 158 |
| QUADRACEL INJ | | LANCET KIT | 140 | LEVOFLOXACIN SOLN | 124 |
| KISQALI PAK | 63 | LANCETS | 140 | levofloxacin tab | 124 |
| KISQALI TAB | 66 | lansoprazole cap | 178 | levonorgestrel tab | 97 |
| KLOXXADO NASAL | 42 | LANSOPRAZOLE SUSP | 178 | levonorgestrel-ethinyl | 95 |
| SPRAY | | lanthanum carbonate chew | 127 | estradiol-fe tab | |
| KORLYM TAB | 37 | tab | | levothyroxine tab | 175 |

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| LEXIVA SUSP | 81 | loestrin 21 tab | 95 | LUVIRA CAP | 114 |
| lidocaine cream 3% | 111 | LOKELMA PAK | 148 | LYSODREN TAB | 61 |
| lidocaine gel | 111 | LONSURF TAB | 63 | LYTGOBI THERAPY | 67 |
| lidocaine oint | 111 | lopinavir/ritonavir soln | 81 | PACK | |
| LIDOCAINE ORAL SOLN | 149 | lopinavir-ritonavir tab | 81 | | |
| 4% | | loratadine ODT | 45 | M | |
| lidocaine patch | 111 | loratadine syrup | 45 | magnesium sulfate inj | 145 |
| lidocaine soln | 111 | loratadine tab | 45 | MALE CONDOMS | 139 |
| lidocaine viscous soln | 149 | lorazepam conc | 18 | MAPROTILINE TAB | 31 |
| lidocaine/hydrocortisone | 16 | lorazepam tab | 18 | maraviroc tab | 81 |
| cream | | LORBRENA TAB 100MG | 66 | MARPLAN TAB | 31 |
| lidocaine/prilocaine cream | 111 | LORBRENA TAB 25MG | 66 | MATULANE CAP | 57 |
| lincomycin inj | 54 | losartan tab | 49 | MAVENCLAD THERAPY | 170 |
| linezolid susp | 54 | losartan/hydrochlorothiaz | 51 | PAK | |
| linezolid tab | 54 | de tab | | MAVYRET PAK | 84 |
| LINZESS CAP | 127 | LOTEMAX OPHTH GEL | 160 | MAVYRET TAB | 84 |
| liothyronine tab | 175 | LOTEMAX OPHTH OINT | 160 | MAYZENT TAB | 170 |
| lisinopril tab | 49 | loteprednol etabonate | 160 | MAYZENT TAB STARTEI | 170 |
| lisinopril/hydrochlorothiaz | 51 | ophth gel | | PACK | |
| ide tab | | loteprednol ophth susp | 160 | meclizine hcl tab | 43 |
| LITHIUM CARBONATE | 74 | lovastatin tab | 47 | MECLOFENAMATE CAP | 8 |
| CAP | | loxapine cap | 76 | medroxyprogesterone inj | 97 |
| lithium carbonate ER tab | 74 | LUBRICANT GEL DROP | 155 | medroxyprogesterone tab | 167 |
| lithium carbonate tab | 74 | LUCEMYRA TAB | 167 | mefloquine tab | 55 |
| LIVMARLI SOLN | 126 | LUMAKRAS TAB | 67 | megestrol susp | 61 |
| LIVTENCITY TAB | 83 | LUMAKRAS TAB 230MG | 67 | megestrol tab | 61 |
| L-METHYLFOLATE TAB | 114 | LUMIGAN OPHTH SOLN | 162 | MEKINIST TAB 0.5MG | 67 |
| LO LOESTRIN TAB | 95 | lurasidone hcl tab | 74 | MEKINIST TAB 2MG | 67 |
| | | | | MEKTOVI TAB | 67 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|------------------------|-----|---------------------------|-----|---------------------------|-----|
| meloxicam tab | 8 | methazolamide tab | 115 | metoprolol ER tab | 87 |
| melphalan inj | 58 | methenamine hippurate tab | 54 | metoprolol tab | 87 |
| MELPHALAN TAB | 58 | methenamine mandelate | 54 | metoprolol/hydrochlorothi | 51 |
| memantine soln | 168 | tab | | azide tab | |
| memantine tab | 168 | methimazole tab | 175 | metronidazole cap | 52 |
| MENACTRA INJ | 180 | methocarbamol tab | 151 | metronidazole cream | 112 |
| MENOPUR INJ | 118 | METHOTREXATE INJ | 58 | metronidazole gel | 112 |
| MENQUADFI INJ | 180 | methotrexate tab | 57 | metronidazole lotion | 112 |
| MENVEO INJ | 180 | methoxsalen cap | 104 | metronidazole tab | 52 |
| MENVEO SOLN | 180 | methsuximide cap | 30 | metronidazole vaginal gel | 186 |
| meprobamate tab | 18 | METHYLDOPA TAB | 50 | mexiletine hcl cap | 19 |
| mercaptapurine tab | 57 | METHYLDOPA/HYDROC | 51 | mibelas chew tab | 95 |
| meropenem inj | 53 | HLOOROTHIAZIDE TAB | | midodrine tab | 187 |
| mesalamine DR cap | 126 | methylergonovine tab | 164 | mifepristone tab | 122 |
| mesalamine DR tab | 126 | methylphenidate CD cap | 3 | MIFIPREX TAB | 122 |
| mesalamine enema | 126 | methylphenidate ER cap | 3 | MIGERGOT SUPP | 142 |
| mesalamine ER cap | 126 | METHYLPHENIDATE ER | 3 | miglustat cap | 132 |
| mesalamine supp | 126 | TAB | | minocycline cap | 174 |
| MESNEX TAB | 57 | methylphenidate soln | 3 | minocycline tab | 174 |
| METANX CAP | 114 | methylphenidate tab | 3 | minoxidil tab | 52 |
| METAPROTERENOL | 23 | methylprednisolone dose | 98 | mirtazapine ODT | 30 |
| SYRUP | | pack | | mirtazapine tab | 31 |
| metformin ER tab 500mg | 36 | methylprednisolone tab | 98 | MIRVASO GEL | 112 |
| metformin tab | 36 | METIPRANOLOL OPHTH | 156 | misoprostol tab | 179 |
| metformin tab ER 750mg | 36 | SOLN | | mitoxantrone inj | 63 |
| methadone soln | 11 | metoclopramide soln | 125 | M-M-R II INJ | 184 |
| methadone tab | 12 | metoclopramide tab | 125 | modafinil tab | 4 |
| methadose tab | 12 | metolazone tab | 116 | moexipril tab | 49 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------------|-----|-----------------------------------|-----|---|-----|
| moexipril/hydrochlorothiazide tab | 51 | MULTIGEN PLUS TAB | 135 | naloxone hcl nasal spray | 42 |
| mometasone cream | 109 | MULTIGEN TAB | 135 | naloxone inj | 42 |
| mometasone oint | 109 | MULTIVITAMIN/FLOURIDE CHEW 0.25MG | 151 | NALOXONE PREFILLED INJ | 42 |
| mometasone soln | 109 | MULTIVITAMIN/FLOURIDE CHEW 1MG | 151 | naltrexone tab | 42 |
| MONOVISC INJ | 152 | MULTIVITAMIN/FLUORIDE CHEW TAB | 151 | naproxen DR tab 500mg | 8 |
| montelukast chew tab | 20 | multivitamin/minerals tab | 150 | naproxen EC tab | 8 |
| montelukast granule pack | 20 | mupirocin cream | 102 | naproxen sodium tab | 8 |
| montelukast tab | 20 | mupirocin oint | 102 | NAPROXEN SUSP | 8 |
| morphine sulfate ER tab | 12 | MUSE SUPP | 91 | naproxen tab | 8 |
| morphine sulfate soln | 12 | MVASI INJ | 59 | naratriptan tab | 143 |
| MORPHINE SULFATE SOLN 20MG/5ML | | mycophenolate DR tab | 86 | NATACYN OPHTH SUSP | 158 |
| MORPHINE SULFATE SUPP | | mycophenolate mofetil cap | 86 | NATAZIA TAB | 95 |
| MORPHINE SULFATE TAB | | mycophenolate mofetil susp | 86 | NEBUSAL NEB SOLN | 99 |
| MOUNJARO INJ | 38 | mycophenolate mofetil tab | 86 | NEFAZODONE TAB | 32 |
| MOVANTIK TAB | 127 | MYFEMBREE TAB | 123 | nefazodone tab 50mg, 250mg | 32 |
| MOXEZA | 158 | MYLERAN TAB | 58 | neomycin tab | 4 |
| INTRAOCULAR SOLN 5MG/ML | | MYNATAL-Z TAB | 151 | NEOMYCIN/POLYMYXIN /GRAMICIDIN OPHTH SOLN | 159 |
| MOXEZA OPHTH SOLN | 158 | MYRBETRIQ TAB | 180 | neomycin/polymixin/hydro coritisonone otic soln | 163 |
| moxifloxacin ophth soln | 158 | N | | neomycin/polymixin/hydro coritisonone otic susp | 163 |
| moxifloxacin tab | 124 | nabumetone tab | 8 | NEOMYCIN/POLYMYXIN N B GU IRRIGATION SOLN | 129 |
| MULPLETA TAB | 134 | nadolol tab | 87 | | |
| MULTAQ TAB | 19 | nafcillin inj | 166 | | |
| MULTIGEN FOLIC TAB | 135 | nalbuphine inj | 14 | | |

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ALPHABETICAL LISTING OF DRUGS

| | | |
|-----------------------------|--------------------------------|--------------------------------|
| neomycin/polymyxin/dexa 160 | NINLARO CAP 67 | nortrel 7/7/7 tab, pirmella 96 |
| methasone ophth oint | nisoldipine ER tab 89 | 7/7/7 tab |
| neomycin/polymyxin/dexa 160 | NISOLDIPINE ER TAB 89 | nortrel tab 96 |
| methasone ophth soln | 20MG, 30MG, 40MG | nortriptyline cap 33 |
| NEOMYCIN/POLYMYXI 160 | nitazoxanide tab 53 | nortriptyline oral soln 33 |
| N/HYDROCORTISONE | nitisinone cap 121 | NORTRIPTYLINE SOLN 33 |
| OPHTH SOLN | NITRO-BID OINT 17 | NORVIR CAP 81 |
| NEPHRON FA TAB 135 | NITRO-DUR PATCH 17 | NORVIR POWDER PACK 81 |
| NERLYNX TAB 67 | 0.3MG/HR, 0.8MG/HR | NORVIR SOLN 81 |
| NEVANAC OPHTH SUSP 162 | nitrofurantoin 54 | NOVOFINE PEN 141 |
| NEVIRAPINE SUSP 81 | macrocrystals cap | NEEDLE |
| nevirapine tab 81 | nitrofurantoin 55 | NOVOLIN 70/30 40 |
| NEXLETOL TAB 46 | monohydrate cap | FLEXPEN INJ |
| NEXLIZET TAB 46 | nitrofurantoin susp 55 | NOVOLIN 70/30 INJ 40 |
| NEXTSTELLIS TAB 95 | nitroglycerin lingual spray 17 | NOVOLIN N FLEXPEN 40 |
| niacin ER tab 48 | nitroglycerin patch 17 | INJ |
| NIACOR TAB 48 | nitroglycerin SL tab 17 | NOVOLIN N INJ 40 |
| nicardipine cap 89 | NIVESTYM INJ 134 | NOVOLIN R FLEXPEN 40 |
| nicotine gum 172 | NIZATIDINE CAP 178 | INJ |
| NICOTINE KIT 172 | norethindrone ace-ethinyl 95 | NOVOLIN R INJ 40 |
| nicotine lozenge 172 | estradiol-fe cap | NOVOPEN JR (GREEN) 141 |
| nicotine patch 172 | norethindrone 95 | NOVOPEN JR 141 |
| NICOTROL INHALER 172 | acetate/ethinyl estradiol | (YELLOW) |
| NICOTROL NASAL 172 | tab | NOVOTWIST PEN 141 |
| SPRAY | norethindrone tab 97 | NEEDLE |
| nifedipine cap 89 | norethindrone/ethinyl 95 | NOVOTWIST/NOVOFINE 142 |
| nifedipine ER tab 89 | estradiol FE tab | PEN NEEDLE |
| nilutamide tab 61 | NORPACE CR CAP 18 | np thyroid tab 175 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------|-----|---------------------------|-----|---------------------|-----|
| NUBEQA TAB | 61 | olanzapine/fluoxetine cap | 169 | ONETOUCH VERIO IQ | 141 |
| NUCALA INJ | 19 | OLLIZAC POWDER | 114 | METER | |
| NUDEXTA CAP | 171 | olopatadine nasal spray | 153 | ONETOUCH VERIO | 141 |
| NULYTELY SOLN | 137 | OLUMIANT TAB | 5 | METER | |
| NURTEC ODT | 142 | OLUMIANT TAB 4MG | 5 | ONETOUCH VERIO | 141 |
| nystatin cream | 103 | omega-3-acid ethyl esters | 46 | REFLECT METER | |
| nystatin oint | 103 | cap | | ONETOUCH VERIO TEST | 113 |
| nystatin powder | 44 | omeprazole DR cap | 179 | STRIP | |
| nystatin susp | 149 | OMNIPOD 5 G6 MIS | 140 | ONGENTYS CAP | 73 |
| nystatin tab | 44 | PODS | | ONTRUZANT INJ | 59 |
| nystatin topical powder | 103 | OMNIPOD DASH INTRO | 140 | ONUREG TAB | 58 |
| nystatin/triamcinolone | 103 | KIT | | OPSUMIT TAB | 92 |
| cream | | OMNIPOD GO KIT | 140 | OPZELURA CREAM | 110 |
| nystatin/triamcinolone oint | 103 | ondansetron ODT | 43 | ORACIT SOLN | 128 |
| NYVEPRIA INJ | 134 | ondansetron soln | 43 | ORAZINC CAP 220MG | 147 |
| <hr/> | | | | | |
| O | | ONDANSETRON TAB | 43 | ORENCIA CLICK INJ | 9 |
| OCALIVA TAB | 125 | ONETOUCH DELICA | 140 | ORENCIA IV INJ | 9 |
| octreotide inj | 122 | LANCETS | | ORENCIA SC INJ | 9 |
| OCTREOTIDE INJ | 122 | ONETOUCH DELICA | 140 | 125MG/ML | |
| 100MCG | | PLUS LANCETS | | ORENCIA SC INJ | 9 |
| ODEFSEY TAB | 81 | ONETOUCH METER | 141 | 50MG/0.4ML | |
| OFEV CAP | 173 | ONETOUCH ULTRA TEST | 113 | ORENCIA SC INJ | 9 |
| ofloxacin ophth soln | 159 | STRIP | | 87.5MG/0.7ML | |
| ofloxacin otic soln | 163 | ONETOUCH ULTRASOFT | 141 | ORGOVYX TAB | 62 |
| ofloxacin tab | 124 | LANCETS | | ORIAHNN CAP | 123 |
| OGIVRI INJ | 59 | ONETOUCH VERIO | 141 | ORILISSA TAB 150MG | 119 |
| olanzapine ODT | 76 | FLEX METER | | ORILISSA TAB 200MG | 119 |
| olanzapine tab | 76 | | | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------------|-----|-------------------------|-----|-----------------------------|-----|
| ORKAMBI GRANULES PACKET | 172 | OXYCODONE ER TAB, | 12 | PAXLOVID TAB | 83 |
| ORKAMBI TAB | 173 | OXYCONTIN CR TAB | | 100MG-300MG | |
| orphenadrine citrate ER tab | 151 | oxycodone soln | 12 | PEAK FLOW METER | 142 |
| orphenadrine citrate inj | 152 | oxycodone tab | 12 | PEDIARIX INJ | 176 |
| ORPHENADRINE INJ | 152 | OXYCODONE/ACETAMI | 14 | pediatric multiple | 151 |
| ORTHOVISC INJ | 152 | NOPHEN SOLN | | vitamins/fluoride chew tab | |
| oseltamivir cap | 85 | oxycodone/acetaminophen | 14 | pediatric multiple | 151 |
| oseltamivir cap 30mg | 85 | tab | | vitamins/fluoride soln | |
| oseltamivir susp | 85 | OXYCODONE/ASPIRIN | 14 | pediatric multiple | 150 |
| OTEZLA STARTER PACK | 9 | TAB | | vitamins/fluoride/iron soln | |
| OTEZLA TAB | 9 | OZEMPIC INJ | 38 | PEDVAXHIB INJ | 181 |
| oxacillin inj | 166 | 2MG/1.5ML | | peg 3350/electrolytes soln | 137 |
| oxandrolone tab | 14 | OZEMPIC INJ 2MG/3ML | 37 | PEGANONE TAB | 30 |
| oxaprozin tab | 8 | OZEMPIC INJ 4MG/3ML | 38 | PEGASYS INJ | 84 |
| oxazepam cap | 18 | OZEMPIC INJ 8MG/3ML | 38 | PEG-INTRON INJ | 84 |
| OXBRYTA TAB | 133 | P | | PEMAZYRE TAB | 68 |
| OXBRYTA TAB FOR ORAL SUSP | 133 | PALFORZIA POWDER | 4 | penciclovir cream | 105 |
| oxcarbazepine susp | 27 | PACK | | penicillamine tab | 147 |
| oxcarbazepine tab | 27 | PALFORZIA SPRINKLE | 4 | penicillin G potassium inj | 165 |
| OXERVATE OPHTH SOLN | 159 | CAP | | PENICILLIN G | 165 |
| oxybutynin ER tab | 179 | paliperidone ER tab | 75 | PROCAINE INJ | |
| oxybutynin syrup | 179 | pantoprazole EC tab | 179 | PENICILLIN G SODIUM | 165 |
| oxybutynin tab | 179 | paramox hc gel | 109 | INJ | |
| oxycodone conc | 12 | paricalcitol cap | 121 | PENICILLIN VK SOLN | 165 |
| | | paroxetine ER tab | 32 | penicillin vk tab | 166 |
| | | paroxetine tab | 32 | PENTACEL INJ | 176 |
| | | PAXLOVID TAB | 83 | PENTAMIDINE | 52 |
| | | 100MG-150MG | | ISETHIONATE INJ | |

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ALPHABETICAL LISTING OF DRUGS

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|------------------------------------|-----|-----------------------------|-----|----------------------------|-----|
| pentamidine neb soln | 52 | PIFELTRO TAB | 81 | polyvinyl | 155 |
| PENTASA CAP | 126 | pilocarpine ophth soln | 157 | alcohol-povidone ophth | |
| pentoxifylline ER tab | 131 | pilocarpine tab | 150 | soln | |
| perindopril tab | 49 | pimecrolimus cream | 111 | POMALYST CAP | 62 |
| permethrin cream | 112 | PIMOZIDE TAB | 171 | POT/CHLORIDE EFFER | 146 |
| perphenazine tab | 77 | pindolol tab | 88 | TAB | |
| PERPHENAZINE/ AMITRIPTYLINE TAB | 169 | pioglitazone tab | 40 | POTABA POWDER | 187 |
| PERSERIS INJ | 75 | piperacillin/tazobactam inj | 166 | PACKET | |
| phenazopyridine tab | 130 | PIQRAY TAB | 68 | potassium bicarbonate | 146 |
| PHENELZINE SULFATE | 31 | piroxicam cap | 8 | effer tab | |
| TAB | | PLASMA-LYTE INJ | 145 | potassium chloride effer | 146 |
| phenelzine tab | 31 | PLEGRIDY INJ | 171 | tab | |
| phenobarbital elixir | 136 | PLEGRIDY PEN INJ | 171 | potassium chloride ER cap | 146 |
| phenobarbital tab | 136 | PNEUMOVAX INJ | 181 | potassium chloride ER tab | 146 |
| phenoxybenzamine cap | 49 | PODIAPN CAP | 114 | potassium chloride inj | 146 |
| phentermine cap | 2 | PODOCON SOLN | 111 | potassium chloride micro | 146 |
| phentermine tab | 2 | PODOFILOX SOLN | 111 | tab | |
| phenylephrine ophth soln | 156 | POLYETHYLENE | 167 | potassium chloride powder | 146 |
| phenytoin cap | 30 | GLYCOL 8000 | | packet | |
| phenytoin chew tab | 30 | GRANULES | | potassium chloride soln | 146 |
| phenytoin susp | 30 | polyethylene | 155 | POTASSIUM CHLORIDE | 146 |
| PHEXXI GEL | 185 | glycol-propylene glycol | | TAB ER | |
| PHOSLYRA SOLN | 127 | ophth soln | | potassium citrate CR tab | 128 |
| phospha 250 neutral tab | 145 | polymyxin b/trimethoprim | 159 | potassium citrate/citric | 128 |
| PHOSPHOLINE OPHTH | 157 | ophth soln | | acid powder pack | |
| SOLN | | polyvinyl alcohol ophth | 155 | potassium citrate/citric | 128 |
| phytonadione tab | 187 | soln | | acid soln | |
| | | | | potassium iodide oral soln | 99 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-----------------------------------|-----|--|-----|--------------------------------------|-----|
| potassium phosphate monobasic tab | 145 | PREDNISOLONE ODT TAB | 98 | probenecid tab | 130 |
| POTIGA TAB | 28 | PREDNISOLONE OPHTH SUSP | 161 | prochlorperazine supp | 77 |
| POTIGA TAB 50MG | 28 | PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | 161 | prochlorperazine tab | 77 |
| PRADAXA CAP 110MG | 25 | prednisolone soln | 98 | PROCTOFOAM HC FOAM | 16 |
| PRALUENT INJ | 48 | PREDNISONE SOLN | 98 | proctosol HC cream | 16 |
| pramipexole tab | 73 | prednisone tab | 98 | progesterone cap | 167 |
| PRAMOSONE CREAM 1-1% | 109 | pregabalin cap | 28 | progesterone oil inj | 167 |
| PRAMOSONE E CREAM | 109 | pregabalin soln | 28 | PROLEUKIN INJ | 57 |
| PRAMOSONE OINT | 109 | PREGNYL INJ | 119 | PROLIA INJ | 117 |
| pramoxine/hydrocortisone cream | 16 | PREHEVBRIO SUSP | 184 | PROMACTA POWDER | 134 |
| PRASCION RA CREAM | 101 | PREMARIN TAB | 124 | PROMACTA TAB | 134 |
| prasugrel tab | 132 | PREMPRO TAB | | promethazine supp | 45 |
| pravastatin tab | 47 | PRENATAL VITAMIN | 187 | promethazine syrup | 45 |
| praziquantel tab | 16 | PREVNAR 13 INJ | 181 | promethazine tab | 45 |
| prazosin cap | 50 | PREVNAR 20 INJ | 181 | promethazine VC syrup | 99 |
| PRED FORTE OPHTH SUSP | 161 | PREVYMIS TAB | 84 | PROMETHEGAN SUPP | 45 |
| PRED MILD OPHTH SOLN | 161 | PREZCOBIX TAB | 81 | propafenone ER cap | 19 |
| PRED-G OPHTH SOLN | 161 | PREZISTA SUSP | 82 | propafenone tab | 19 |
| PREDNICARBATE CREAM | 109 | PREZISTA TAB | 82 | PROPANTHELINE TAB | 178 |
| PREDNICARBATE OIN | 109 | PRIFTIN TAB | 56 | proparacaine ophth soln | 159 |
| prednisolone ODT | 98 | primaquine tab | 55 | propranolol ER cap | 88 |
| | | primidone tab | 28 | propranolol oral soln 20mg/5ml | 88 |
| | | PRIORIX INJ | 184 | PROPRANOLOL SOLN | 88 |
| | | | | propranolol tab | 88 |
| | | | | PROPRANOLOL/HYDRO CHLOROTHIAZIDE TAB | 51 |

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ALPHABETICAL LISTING OF DRUGS

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|---|-----|------------------------|-----|----------------------|-----|
| propylene glycol ophth soln | 155 | RABAVERT INJ | 184 | REYVOW TAB | 143 |
| propylene glycol-glycerin ophth soln | 155 | RADICAVA INJ | 153 | REZLIDHIA CAP | 68 |
| propylthiouracil tab | 175 | RADICAVA ORS | 153 | REZUROCK TAB | 147 |
| PROQUAD INJ | 184 | STARTER KIT | | REZVOGLAR INJ | 40 |
| PULMOZYME INH SOLN | 173 | RADICAVA ORS SUSP | 154 | RHOFADE CREAM | 112 |
| pyrazinamide tab | 56 | raloxifene tab | 120 | ribavirin cap | 84 |
| pyridostigmine CR tab | 56 | ramipril cap | 49 | RIBAVIRIN TAB | 84 |
| pyridostigmine tab | 56 | ranolazine tab | 16 | RIDAURA CAP | 6 |
| pyrimethamine tab | 55 | rasagiline tab | 73 | rifabutin cap | 56 |
| PYRUKYND TAB | 132 | RASUVO INJ | 5 | RIFAMATE CAP | 56 |
| PYRUKYND THERAPY PACK | 132 | REBETOL SOLN | 84 | rifampin cap | 56 |
| <hr/> | | REBIF INJ | 171 | riluzole tab | 154 |
| Q | | RECOMBIVAX-HB INJ | 184 | RIMANTADINE TAB | 85 |
| QINLOCK TAB | 68 | REGRANEX GEL | 112 | RINVOQ ER TAB | 5 |
| QSYMIA CAP | 2 | RELENZA DISKHALER | 85 | risedronate tab | 117 |
| QUADRACEL PREF SYRINGE, KINRIX PREF SYRINGE | 177 | RELYVRIO PAK | 154 | RISPERDAL CONSTA INJ | 75 |
| quetiapine tab | 76 | renaphro cap | 150 | risperidone ODT | 75 |
| quetiapine XR tab | 76 | RENFLEXIS INJ | 126 | risperidone soln | 75 |
| quinapril tab | 49 | RENOVA CREAM | 102 | risperidone tab | 75 |
| quinapril/hydrochlorothiazide tab | 52 | repaglinide tab | 41 | ritonavir tab | 82 |
| quinidine gluconate CR tab | 18 | REPATHA INJ | 48 | RITUXAN INJ | 59 |
| quinidine sulfate tab | 19 | REPATHA PUSHTRONEX INJ | 48 | rivastigmine cap | 168 |
| <hr/> | | RESCRIPTOR TAB | 82 | rivastigmine patch | 168 |
| R | | RETACRIT INJ | 134 | rizatriptan ODT | 144 |
| | | RETEVMO CAP | 68 | rizatriptan tab | 144 |
| | | REYATAZ POWDER PACK | 82 | ropinirole tab | 73 |
| | | | | rosuvastatin tab | 47 |
| | | | | ROTARIX SUSP | 184 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|--------------------------|-----|---------------------------|-----|----------------------------|-----|
| ROTATEQ INJ | 184 | SELZENTRY TAB | 82 | SKYTROFA INJ | 119 |
| ROZLYTREK CAP | 68 | SEREVENT DISKUS | 24 | SLYND TAB | 97 |
| RUBRACA TAB | 68 | INHALER | | smz/tmp (DS) tab | 53 |
| rufinamide susp | 28 | sertraline conc | 32 | smz/tmp susp | 53 |
| rufinamide tab | 28 | sertraline tab | 32 | SOD CHLORIDE INJ | 147 |
| RYBELSUS TAB | 38 | sevelamer powder pak | 128 | sodium chloride 0.9% irr | 129 |
| RYDAPT CAP | 68 | sevelamer tab | 128 | soln | |
| S | | | | | |
| salicylic acid shampoo | 111 | SHINGRIX INJ | 184 | sodium chloride | 162 |
| salsalate tab | 11 | SIGNIFOR INJ | 123 | hypertonic ophth soln | |
| SANDIMMUNE SOLN | 86 | sildenafil tab | 91 | sodium chloride inj | 147 |
| 100MG/ML | | sildenafil tab 20mg | 92 | sodium chloride inj 0.9% | 147 |
| SANTYL OINT | 110 | silodosin cap | 129 | sodium chloride neb soln | 99 |
| sapropterin | 121 | silver sulfadiazine cream | 105 | sodium citrate/citric acid | 128 |
| dihydrochloride powder | | SIMBRINZA OPHTH | 157 | soln | |
| packet | | SUSP | | sodium fluoride chew tab | 145 |
| sapropterin | 121 | SIMPONI | 6 | sodium fluoride cream | 149 |
| dihydrochloride soluble | | AUTO-INJECTOR 100MG | | sodium fluoride gel | 149 |
| tab | | SIMPONI INJ 100MG | 6 | sodium fluoride paste | 149 |
| SAVELLA PAK | 169 | simvastatin tab | 47 | sodium fluoride rinse | 150 |
| SAVELLA TAB | 169 | sirolimus soln | 148 | sodium fluoride soln | 145 |
| SCSEMBLIX TAB | 68 | sirolimus tab | 86 | sodium fluoride/potassium | 150 |
| SECONAL CAP | 136 | SIVEXTRO TAB | 54 | nitrate paste | |
| selegiline cap | 73 | SKYRIZI INJ | 127 | SODIUM OXYBATE | 167 |
| selegiline tab | 73 | SKYRIZI INJ 150MG/ML | 104 | SOLN, XYREM SOLN | |
| selenium sulfide lotion | 105 | SKYRIZI INJ | 127 | sodium phenylbutyrate | 121 |
| selenium sulfide shampoo | 105 | 180MG/1.2ML | | powder | |
| SELZENTRY SOLN | 82 | SKYRIZI INJ | 104 | sodium phenylbutyrate tab | 121 |
| | | 75MG/0.83ML | | | |

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ALPHABETICAL LISTING OF DRUGS

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|--------------------------------------|-----|--|-----|---------------------------------------|-----|
| sodium polystyrene powder | 87 | SPINOSAD SUSP | 112 | sulfacetamide | 161 |
| sodium polystyrene susp | 87 | SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | 20 | sodium/prednisolone ophth soln | |
| sodium sulfacetamide gel | 105 | SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | 20 | sulfacetamide | 101 |
| sodium sulfacetamide wash | 105 | spironolactone tab | 116 | sodium/sulfur cream 10-2% | |
| SODIUM SULFACETAMIDE/SULFUR EMULSION | 101 | spironolactone/hydrochlorothiazide tab | 115 | sulfacetamide | 102 |
| sodium sulfacetamide/sulfur gel | 101 | sprintec 28 tab | 96 | sodium/sulfur cream 10-5% | |
| SODIUM SULFACETAMIDE/SULFUR LOTION | 101 | SPRYCEL TAB | 68 | sulfacetamide | 102 |
| sodium sulfacetamide/sulfur pad | 101 | SPS SUSP | 148 | sodium/sulfur cream 9.8-4.8% | |
| sodium sulfacetamide/sulfur wash | 101 | STAVUDINE CAP | 82 | SULFACETAMIDE/PREDNISOLONE OPHTH SOLN | 161 |
| sodium/potassium/magnesium soln | 137 | STELARA INJ 45MG/0.5ML | 104 | SULFADIAZINE TAB | 173 |
| SOFOSBUVIR/VELPATASVIR TAB | 84 | STELARA INJ 45MG/0.5ML | 104 | SULFAMYLON CREAM | 105 |
| solifenacin tab | 179 | STIMATE NASAL SOLN | 122 | sulfasalazine EC tab | 127 |
| SOMAVERT INJ | 119 | STIOLTO INHALER | 24 | sulfasalazine tab | 127 |
| sorafenib tosylate tab | 68 | STIVARGA TAB | 69 | sulindac tab | 8 |
| sotalol AF tab | 88 | STRENSIQ INJ | 121 | SUMATRIPTAN INJ | 144 |
| sotalol tab | 88 | STREPTOMYCIN INJ | 4 | sumatriptan nasal spray | 144 |
| SPIKEVAX INJ | 185 | STRIBILD TAB | 82 | sumatriptan tab | 144 |
| | | sucralfate susp | 179 | sumatriptan vial inj | 144 |
| | | sucralfate tab | 178 | sumatriptan/naproxen tab 85-500mg | 142 |
| | | sulfacetamide sodium ophth soln | 159 | sunitinib malate cap | 69 |
| | | SULFACETAMIDE | 101 | SUNOSI TAB | 2 |
| | | SODIUM W/ SULFUR CLEANSER 9-4.5% | | | |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|----------------------|-----|----------------------------|-----|----------------------------|-----|
| SYMDEKO TAB | 173 | TASIGNA CAP | 69 | testosterone gel 1.62% | 15 |
| SYMJEPI INJ | 187 | TAVALISSE TAB | 131 | 2.5gm | |
| SYMPROIC TAB | 127 | TAVNEOS CAP | 131 | TESTOSTERONE GEL | 15 |
| SYMTUZA TAB | 82 | TAZVERIK TAB | 69 | PUMP | |
| SYNAREL NASAL SOLN | 120 | TB SYRINGE | 142 | testosterone gel pump | 15 |
| SYNJARDY TAB | 35 | temazepam cap 15mg | 136 | 1.62% | |
| SYNJARDY XR TAB | 35 | temazepam cap 30mg | 136 | TETANUS/DIPHThERIA | 177 |
| 10-1000MG, 25-1000MG | | temozolomide cap | 58 | TOXOID INJ | |
| SYNJARDY XR TAB | 35 | tenofovir disoproxil | 82 | tetrabenazine tab | 170 |
| 5-1000MG, | | fumarate tab 300mg | | tetracycline cap | 174 |
| 12.5-1000MG | | TEPMETKO TAB | 69 | THALOMID CAP | 86 |
| SYNVISC INJ | 152 | terazosin cap | 50 | theophylline ER tab | 24 |
| SYNVISC ONE INJ | 153 | terbinafine cream | 103 | 100MG, 200MG, 300MG, | |
| SYRINGE | 142 | terbinafine tab | 44 | 450MG | |
| T | | terbutaline sulfate tab | 24 | theophylline ER tab | 24 |
| TABLOID TAB | 57 | terconazole cream | 186 | 400mg, 600mg | |
| TABRECTA TAB | 69 | TERCONAZOLE CREAM | 186 | theophylline soln | 24 |
| tacrolimus cap | 86 | 0.8% | | thioridazine tab | 77 |
| tacrolimus oint | 111 | terconazole supp | 186 | thiothixene cap | 78 |
| TAFINLAR CAP | 69 | teriflunomide tab | 171 | THYMOGLOBULIN INJ | 87 |
| TAGRISSE TAB | 60 | TERIPARATIDE INJ | 117 | THYROLAR TAB | 175 |
| TAKHZYRO INJ | 131 | testosterone cypionate inj | 15 | tiagabine tab | 29 |
| TALTZ INJ | 104 | TESTOSTERONE GEL 1% | 15 | TIBSOVO TAB | 69 |
| TALZENNA CAP 0.25MG | 69 | 25MG | | TICOVAC INJ | 185 |
| TALZENNA CAP 0.5MG, | 69 | testosterone gel 1% 50mg | 15 | tigecycline inj | 174 |
| 0.75MG, 1MG | | testosterone gel 1% pump | 15 | timolol maleate ophth gel | 156 |
| tamoxifen tab | 62 | testosterone gel 1.62% | 15 | timolol maleate ophth soln | 156 |
| tamsulosin cap | 129 | 1.25gm | | timolol maleate tab | 88 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-------------------------|-----|---------------------------|-----|------------------------|-----|
| tiotropium bromide cap | 20 | tranexamic acid tab | 136 | tricitrates soln | 129 |
| inhaler | | tranylecypromine tab | 31 | tricon cap | 135 |
| TIVICAY PD TAB | 82 | travoprost ophth soln | 163 | trifluoperazine tab | 77 |
| TIVICAY TAB | 82 | TRAZIMERA INJ | 59 | TRIFLURIDINE OPHTH | 159 |
| tizanidine tab | 152 | trazodone tab | 32 | SOLN | |
| TOBRADEX OPHTH | 161 | TRECTOR TAB | 56 | trihexyphenidyl elixir | 73 |
| OINT | | TRELEGY ELLIPTA | 24 | trihexyphenidyl tab | 72 |
| tobramycin neb soln | 4 | INHALER | | TRIJARDY XR TAB | 35 |
| tobramycin ophth soln | 159 | TREMFYA INJ | 105 | 10-5-1000MG, | |
| tobramycin/dexamethason | 161 | TRESIBA FLEXTOUCH | 40 | 25-5-1000MG | |
| e ophth soln | | INJ | | TRIJARDY XR TAB | 35 |
| TODAY SPONGE | 186 | TRESIBA INJ | 40 | 5-25-1000MG, | |
| TOLAZAMIDE TAB | 41 | tretinoin cap | 57 | 12.5-2.5-1000MG | |
| TOLBUTAMIDE TAB | 41 | tretinoin cream | 102 | TRIKAFTA TAB | 173 |
| tolmetin cap | 8 | tretinoin gel | 102 | TRIKAFTA THERAPY | 173 |
| TOLMETIN TAB | 9 | triamcinolone acetonide | 109 | PACK | |
| tolterodine SR cap | 179 | oint | | TRI-LUMA CREAM | 112 |
| tolterodine tab | 179 | triamcinolone cream | 109 | trimethobenzamide cap | 43 |
| topiramate sprinkle cap | 28 | triamcinolone in orabase | 150 | trimethoprim tab | 52 |
| topiramate tab | 28 | paste | | tri-sprintec tab | 96 |
| toremifene tab | 62 | triamcinolone lotion | 109 | TRIUMEQ PD TAB | 82 |
| toremide tab | 115 | triamcinolone oint | 109 | TRIUMEQ TAB | 83 |
| TRACLEER TAB 32MG | 92 | triamterene cap | 116 | tropicamide ophth soln | 156 |
| TRADJENTA TAB | 37 | triamterene/hydrochloroth | 115 | trospium tab | 180 |
| tramadol hcl tab 100mg | 12 | iazide cap | | TRULICITY INJ | 38 |
| tramadol tab | 12 | triamterene/hydrochloroth | 115 | TRUMENBA INJ | 181 |
| trandolapril tab | 49 | iazide tab | | TUKYSA TAB | 59 |
| tranexamic acid inj | 136 | triazolam tab | 136 | TURALIO CAP | 70 |

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ALPHABETICAL LISTING OF DRUGS

| | | | | | |
|-------------------|-----|-----------------------------|-----|--------------------------|-----|
| tussigon tab | 99 | V | | VERAPAMIL CAP ER | 89 |
| TWINRIX INJ | 185 | valacyclovir tab | 85 | VERAPAMIL ER CAP | 89 |
| TWIRLA PATCH | 96 | VALCHLOR GEL | 104 | 200MG | |
| TYBLUME TAB | 96 | valganciclovir soln | 84 | VERAPAMIL ER CAP | 89 |
| TYMLOS INJ | 118 | valganciclovir tab | 84 | 300MG | |
| TYPHIM VI INJ | 181 | valproic acid cap | 30 | verapamil SR cap | 89 |
| TYSABRI INJ | 171 | valproic acid syrup | 30 | VERAPAMIL SR CAP | 89 |
| TYVASO DPI POWDER | 91 | valsartan tab | 49 | 360mg | |
| TYVASO DPI POWDER | 91 | valsartan/hydrochlorothiazi | 52 | verapamil SR tab | 89 |
| MAINTENANCE KIT | | de tab | | verapamil tab | 89 |
| 32-48MCG | | vancomycin cap | 53 | VERELAN PM ER CAP | 90 |
| TYVASO DPI POWDER | 91 | vancomycin hel soln | 53 | 100MG, 300MG | |
| TITRATION KIT | | VANIQA CREAM | 111 | VERQUVO TAB | 93 |
| 16-32-48MCG | | VARENICLINE PAK | 172 | VERZENIO TAB | 70 |
| TYVASO DPI POWDER | 92 | VARENICLINE TAB | 172 | VIBATIV INJ | 52 |
| TITRATION KIT | | 0.5MG, | | VICTOZA INJ | 38 |
| 16-32MCG | | varenicline tartrate tab | 172 | VIDEX SOLN | 83 |
| TYVASO INH SOLN | 92 | VARIVAX INJ | 185 | vienva tab, lessina tab, | 96 |
| U | | VAXELIS INJ | 177 | kurvelo tab | |
| UPNEEQ SOLN | 162 | VAXNEUVANCE INJ | 181 | vigabatrin powder pack | 29 |
| UPTRAVI TAB | 93 | VELIVET PAK | 96 | vigabatrin tab | 29 |
| urea cream 40% | 110 | velivet tab | 96 | vigadrone powder pack | 29 |
| urea cream 50% | 110 | VELTASSA POWDER | 148 | viorele tab, kariva tab | 96 |
| urea gel | 110 | VENCLEXTA STARTER | 59 | VIRACEPT TAB | 83 |
| urea lotion | 110 | PACK | | VIREAD TAB 150MG, | 83 |
| urea susp 40% | 110 | VENCLEXTA TAB | 60 | 200MG, 250MG | |
| ursodiol cap | 125 | venlafaxine ER cap | 32 | vitamin b-6 tab 25mg | 187 |
| ursodiol tab | 125 | venlafaxine tab | 33 | vitamin b-6 tab 50mg | 187 |

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ALPHABETICAL LISTING OF DRUGS

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|--------------------|-----|----------------------|-----|----------------------|-----|
| vitamin D cap | 187 | XARELTO TAB | 25 | XOSPATA TAB | 70 |
| VITRAKVI CAP 100MG | 70 | XCOPRI PAK | 28 | XPOVIO PAK | 62 |
| VITRAKVI CAP 25MG | 70 | 100-150MG | | XTAMPZA ER CAP | 13 |
| VITRAKVI SOLN | 70 | XCOPRI PAK | 28 | XULTOPHY INJ | 36 |
| VIVITROL INJ | 42 | 150-200MG | | XYZBAC TAB | 114 |
| VIVOTIF CAP | 181 | XCOPRI PAK 50-200MG | 29 | Y | |
| VIZIMPRO TAB | 60 | XCOPRI TAB 150MG, | 29 | YF-VAX INJ | 185 |
| VOCABRIA TAB | 83 | 200MG | | Z | |
| VONJO CAP | 70 | XCOPRI TAB 50MG, | 29 | zafemy patch | 96 |
| voriconazole susp | 45 | 100MG | | zaleplon cap | 136 |
| voriconazole tab | 45 | XCOPRI TITRATION PAK | 29 | ZANOSAR INJ | 58 |
| VOSEVI TAB | 85 | 12.5-25MG | | ZARXIO INJ | 134 |
| VOTRIENT TAB | 70 | XCOPRI TITRATION PAK | 29 | ZEGALOGUE INJ | 37 |
| VOXZOGO INJ | 122 | 150-200MG | | ZEJULA CAP | 71 |
| VYLEESI INJ | 169 | XCOPRI TITRATION PAK | 29 | ZEJULA TAB | 71 |
| VYVANSE CAP | 1 | 50-100MG | | ZELBORAF TAB | 71 |
| W | | XELJANZ SOLN | 5 | ZEPOSIA CAP | 171 |
| WAKIX TAB | 3 | XELJANZ TAB | 5 | ZEPOSIA STARTER PACK | 171 |
| warfarin tab | 24 | XELJANZ XR TAB | 5 | zidovudine cap | 83 |
| WELIREG TAB | 62 | XEMBIFY INJ | 165 | zidovudine syrup | 83 |
| X | | XGEVA INJ | 118 | zidovudine tab | 83 |
| XADAGO TAB | 73 | XIFAXAN TAB 550MG | 52 | ZIEXTENZO INJ | 134 |
| XALKORI CAP | 70 | XIGDUO XR TAB | 36 | ZIMHI SOLN | 43 |
| XAQUIL XR TAB | 114 | 2.5-1000MG, 5-1000MG | | ZINC CAP 220MG | 147 |
| XARELTO STARTER | 25 | XIGDUO XR TAB | 36 | ZINC SULFATE CAP | 147 |
| PACK | | 5-500MG, 10-500MG, | | 220MG | |
| XARELTO SUSP | 25 | 10-1000MG | | ziprasidone cap | 74 |
| | | XOLAIR SYRINGE | 19 | | |

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ALPHABETICAL LISTING OF DRUGS

| | |
|-------------------------|-----|
| ZIRABEV INJ | 59 |
| ZIRGAN OPHTH GEL | 159 |
| ZOLINZA CAP | 57 |
| zolmitriptan ODT | 144 |
| zolmitriptan tab | 144 |
| zolpidem tab 10mg | 136 |
| zolpidem tab 5mg | 137 |
| ZONISADE SUSP | 28 |
| zonisamide cap | 28 |
| ZORYVE CREAM | 105 |
| ZYDELIG TAB | 71 |
| ZYKADIA CAP | 71 |
| ZYKADIA TAB | 71 |
| ZYLET OPHTH SUSP | 161 |
| ZYPREXA RELPREVV INJ | 76 |

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