



Valley Health Plan Prescription Drug Formulary

Employer Group Classic & Preferred Plans

Updated April 2024 Notice is subject to change and all previous versions are no longer in effect.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
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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
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, 15MG, 20MG, 30MG, 5MG</i> (DEXEDRINE Equiv)	1	-
<i>lisdexamfetamine dimesylate cap 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG</i> (VYVANSE Equiv)	1	-

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

NC =Not Covered	generic =small letters	BRANDS =CAPITAL LETTERS
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	RDX Restricted to Diagnosis
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 4/1/2024

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>lisdexamfetamine dimesylate chew tab 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (VYVANSE CHEW Equiv)	1	-
ANALEPTICS - Miscellaneous stimulant drugs		
<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		

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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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
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		
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, 27MG, 36MG, 54MG (<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	-

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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>methylphenidate tab 10MG, 20MG, 5MG</i> (RITALIN Equiv)	1	-
<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		
PALFORZIA POWDER PACK 300MG (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>)	2	LD-PA Only available through Walgreens 888-347-3416
PALFORZIA SPRINKLE CAP 100MG, 1MG, 20MG (<i>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	-
ARIKAYCE SUSP 590MG/8.4ML (<i>amikacin sulfate liposome</i>)	2	LD-PA-QL QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
KANAMYCIN INJ (<i>kanamycin sulfate</i>)	M	-
<i>neomycin tab 500MG</i>	1	-
STREPTOMYCIN INJ 1GM (<i>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		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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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
ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system		
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	MSP-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		
ADALIMU-ADBM KIT 10/0.2ML (CYLTEZO Equiv) 10MG/0.2ML (<i>adalimumab-adbm</i>)	2	MSP-PA-QL QL= 2 inj/28 days
ADALIMU-ADBM KIT 20/0.4ML (CYLTEZO Equiv) 20MG/0.4ML (<i>adalimumab-adbm</i>)	2	MSP-PA-QL QL= 2 inj/28 days

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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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
ADALIMU-ADBM KIT 40/0.8ML (CYLTEZO Equiv) 40MG/0.8ML (<i>adalimumab-adbm</i>)	2	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ (HYRIMOZ Equiv) 40MG/0.4ML (<i>adalimumab-adaz</i>)	2	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ Equiv) 40MG/0.4ML (<i>adalimumab-adaz</i>)	2	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO Equiv) 40MG/0.8ML (<i>adalimumab-fkjp</i>)	2	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO Equiv) 20MG/0.4ML (<i>adalimumab-fkjp</i>)	2	MSP-PA-QL QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO Equiv) 40MG/0.8ML (<i>adalimumab-fkjp</i>)	2	MSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>)	2	MSP-PA-QL QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML 40MG/0.8ML (<i>adalimumab-bwwd</i>)	2	MSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML (<i>adalimumab-bwwd</i>)	2	MSP-PA-QL QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML 40MG/0.8ML (<i>adalimumab-bwwd</i>)	2	MSP-PA-QL QL= 2 inj/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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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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
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	-
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	-

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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
FENOPROFEN TAB (<i>fenopropfen calcium</i>)	1	-
FLURBIPROFEN TAB 50MG (<i>flurbiprofen</i>)	2	-
<i>flurbiprofen tab 100MG, 50MG</i> (ANSAID Equiv)	1	-
<i>ibuprofen susp (Rx ONLY) 100MG/5ML, 200MG/10ML, 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	-

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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

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<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	-
TOLMETIN TAB 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		

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ENBREL INJ 25MG 25MG/0.5ML (<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
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		

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<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
<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	-

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<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/ML</i>	1	-
<i>methadone tab 10MG, 5MG</i> (DOLOPHINE Equiv)	1	-
<i>methadose tab 40MG</i>	1	-
MORPHINE SULF SOLN 10MG/5ML (<i>morphine sulfate</i>)	2	-
<i>morphine sulfate ER tab 100MG, 15MG, 200MG, 30MG, 60MG</i> (MS CONTIN Equiv)	1	-
<i>morphine sulfate soln 100MG/5ML, 10MG/0.5ML, 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	-
<i>morphine sulfate tab 15MG, 30MG</i>	1	-
<i>oxycodone conc 100MG/5ML, 10MG/0.5ML</i> (ROXICODONE Equiv)	1	-

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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	-
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	-
APAP/CODEINE SOLN 12MG/5ML-120MG/5ML <i>(acetaminophen w/ codeine)</i>	2	-
<i>butalbital/acetaminophen/caffeine/codeine cap 30MG-40MG-50MG-300MG, 30MG-40MG-50MG-325MG</i> (FIORICET/CODEINE Equiv)	1	QL QL= 6 caps/day

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<i>butalbital/aspirin/caffeine/codeine cap</i> 30MG-40MG-50MG-325MG (FIORINAL/CODEINE Equiv)	1	QL QL= 6 caps/day
<i>hydrocodone/acetaminophen soln</i> 2.5MG/5ML-108MG/5ML, 5MG/10ML-217MG/10ML, 7.5MG/15ML-325MG/15ML (HYCET, LORTAB Equiv)	1	-
<i>hydrocodone/acetaminophen soln 10-325 mg/15ml</i> 10MG/15ML-325MG/15ML (HYCET Equiv)	1	-
<i>hydrocodone/acetaminophen tab 10MG-325MG, 5MG-325MG, 7.5MG-325MG</i> (LORTAB Equiv)	1	-
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

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<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		
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 (<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

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<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 (<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		
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%-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	-

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<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum		
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
ANALPRAM-HC CREAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	2	-
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	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 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	-

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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	-
<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	-

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<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	-
NORPACE CR CAP 100MG, 150MG (<i>disopyramide phosphate</i>)	2	-
<i>quinidine gluconate CR tab</i>	1	-
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	-

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<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 75MG/0.5ML (<i>omalizumab</i>)	2	MSP-PA-QL QL=2 inj/28 days
XOLAIR SYRINGE 150MG/ML 150MG/ML (<i>omalizumab</i>)	2	MSP-PA-QL QL=2 inj/28 days
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	-

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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	-
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	-

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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	-
FLUTICASONE DISKUS INHALER 50MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-
FLUTICASONE HFA INHALER 110MCG/ACT, 220MCG/ACT, 44MCG/ACT <i>(fluticasone propionate hfa)</i>	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT 100MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT 250MCG/ACT <i>(fluticasone propionate (inhalation))</i>	2	-
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT 50MCG/ACT <i>(fluticasone propionate (inhalation))</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

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<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 2.5MG/0.5ML</i>	1	-
ALBUTEROL NEBULIZER SOLN .5%, .5%-8MG/ML (<i>albuterol sulfate</i>)	2	-
<i>albuterol sulfate syrup 2MG/5ML</i>	1	-
<i>albuterol sulfate tab 2MG, 4MG</i>	1	-
<i>albuterol/ipratropium neb soln .5MG/3ML-2.5MG/3ML (DUONEB Equiv)</i>	1	-
ANORO ELLIPTA INHALER 25MCG/ACT-62.5MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	-
BREO ELLIPTA INHALER 25MCG/ACT-100MCG/ACT, 25MCG/INH-100MCG/INH, 25MCG/INH-200MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-
BREO ELLIPTA INHALER 50-25 MCG/ACT 25MCG/INH-50MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	-
<i>budesonide/formoterol inhaler 4.5MCG/ACT-160MCG/ACT, 4.5MCG/ACT-80MCG/ACT (SYMBICORT Equiv)</i>	1	-
COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT (<i>ipratropium-albuterol</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	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT <i>(mometasone furoate-formoterol fumarate dihydrate)</i>	2	-
<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 113-14 MCG/ACT 14MCG/ACT-113MCG/ACT <i>(fluticasone-salmeterol)</i>	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 232-14 MCG/ACT 14MCG/ACT-232MCG/ACT <i>(fluticasone-salmeterol)</i>	1	-

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FLUTICASONE-SALMETEROL INHALER 45-21MCG/ACT 21MCG/ACT-45MCG/ACT <i>(fluticasone-salmeterol)</i>	2	-
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT 14MCG/ACT-55MCG/ACT <i>(fluticasone-salmeterol)</i>	1	-
<i>levalbuterol neb soln .31MG/3ML, .63MG/3ML, 1.25MG/0.5ML, 1.25MG/3ML</i> (XOPENEX Equiv)	1	-
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/ACT-62.5MCG/ACT-100MCG/ACT, 25MCG/INH-62.5MCG/INH-200MCG/INH <i>(fluticasone-umeclidinium-vilanterol)</i>	2	-
XANTHINES - Drugs to treat asthma and COPD		
ELIXOPHYLLIN ELIXIR <i>(theophylline)</i>	2	-
<i>theophylline ER tab 100MG, 200MG, 300MG, 450MG 300MG, 450MG</i> (THEOCHRON Equiv)	1	-
<i>theophylline ER tab 400mg, 600mg 400MG, 600MG</i> (UNIPHYL Equiv)	1	-

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<i>theophylline soln 80MG/15ML</i>	1	-
THEOPHYLLINE TAB ER 100MG, 200MG, 300MG (<i>theophylline</i>)	2	-
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	-
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	-

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<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 110MG, 150MG, 75MG</i>	1	-
ANTICONVULSANTS - Drugs to treat seizures		
ANTICONVULSANTS - BENZODIAZEPINES - Drugs to treat seizures		
<i>clobazam tab 10MG, 20MG (ONFI Equiv)</i>	1	-
<i>clonazepam tab .5MG, 1MG, 2MG (KLONOPIN Equiv)</i>	1	-
ANTICONVULSANTS - MISC. - Miscellaneous anti-convulsant drugs		
<i>carbamazepine chew tab 100MG (TEGRETOL Equiv)</i>	1	-
<i>carbamazepine ER cap 100MG, 200MG, 300MG (CARBATROL Equiv)</i>	1	-
<i>carbamazepine ER tab 100MG, 200MG, 400MG (TEGRETOL XR Equiv)</i>	1	-
<i>carbamazepine susp 100MG/5ML, 200MG/10ML (TEGRETOL Equiv)</i>	1	-
<i>carbamazepine tab 200MG (TEGRETOL Equiv)</i>	1	-
<i>DIACOMIT CAP 250MG, 500MG (stiripentol)</i>	2	LD-PA Only available through PantheRx Pharmacy 855-726-8479

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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
<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	-

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<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	-
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	-

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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
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		

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<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		
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	-

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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	-
<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	-

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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	-
<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		

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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	-
<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	-
<i>amoxapine tab 100MG, 150MG, 25MG, 50MG</i>	1	-
<i>clomipramine cap 25MG, 50MG, 75MG</i> (ANAFRANIL Equiv)	1	-
<i>desipramine tab 100MG, 10MG, 150MG, 25MG, 50MG, 75MG</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	-

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<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 10MG/5ML</i> (NORTRIPTYLINE Equiv)	1	-
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		
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 (<i>alogliptin-pioglitazone</i>)	2	QL QL= 1 tab/day
ALOGLIPTIN/PIOGLITAZONE TAB 12.5MG-30MG, 12.5MG-45MG, 15MG-25MG, 25MG-30MG, 25MG-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

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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
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

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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
XIGDUO XR TAB 5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG 10MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG 2.5MG-1000MG <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG <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		

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BAQSIMI NASAL POWDER 3MG/DOSE (<i>glucagon</i>)	2	QL QL= 2 inhalations/fill
GLUCAGEN HYPOKIT INJ 1MG (<i>glucagon hcl (rdna)</i>)	2	-
GLUCAGON KIT 1MG (<i>glucagon (rdna)</i>)	2	-
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
GVOKE PFS INJ .5MG/0.1ML, 1MG/0.2ML (<i>glucagon</i>)	2	QL QL= 2 inj/fill
<i>mifepristone tab 300MG</i> (KORLYM Equiv)	1	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

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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-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar		
BYDUREON BCISE AUTO INJ 2MG/0.85ML (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ 2MG (<i>exenatide</i>)	2	QL-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
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-RDX QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 2MG/1.5ML 2MG/1.5ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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OZEMPIC INJ 4MG/3ML 4MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ 8MG/3ML 8MG/3ML (<i>semaglutide</i>)	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
RYBELSUS TAB 14MG, 3MG, 7MG (<i>semaglutide</i>)	2	QL-RDX QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
TRULICITY INJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML (<i>dulaglutide</i>)	2	QL-RDX QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	2	QL-RDX QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
INSULIN - Drugs to regulate blood sugar		
ADMELOG INJ, INSULIN LISPRO INJ 100UNIT/ML (<i>insulin lispro</i>)	2	-
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	-

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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 (SINGLE PEN) 100UNIT/ML <i>(insulin glargine-yfgn)</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	-
LANTUS INJ, INSULIN GLARGINE INJ 100UNIT/ML <i>(insulin glargine)</i>	2	-
LEVEMIR FLEXTOUCH INJ 100UNIT/ML <i>(insulin detemir)</i>	2	-

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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	RDX	Restricted to Diagnosis
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

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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
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		
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar		

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FARXIGA TAB 10MG, 5MG (<i>dapagliflozin propanediol</i>)	2	QL QL= 1 tab/day
JARDIANCE TAB 10MG, 25MG (<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	-
GLYBURID MCR TAB 1.5MG, 3MG, 6MG (<i>glyburide micronized</i>)	2	-
<i>glyburide tab 1.25MG, 2.5MG, 5MG</i> (MICRONASE Equiv)	1	-
TOLAZAMIDE TAB (<i>tolazamide</i>)	1	-
TOLBUTAMIDE TAB 500MG (<i>tolbutamide</i>)	2	-
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML (<i>diphenoxylate w/ atropine</i>)	2	-
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	1	-

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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	OTC-QL QL= 2 sprays/fill
NALOXONE PREFILLED INJ .4MG/ML (<i>naloxone hcl</i>)	\$0	--QL QL= 2 inj/fill
<i>naloxone prefilled inj 2MG/2ML</i>	\$0	--QL QL= 2 inj/fill

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NARCAN NASAL SPRAY 4MG/0.1ML (<i>naloxone hcl</i>)	\$0	OTC-QL QL= 2 sprays/fill
RIVIVE SPRAY 3MG/0.1ML (<i>naloxone hcl</i>)	\$0	OTC-QL
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 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 12.5MG, 25MG</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup</i>	1	-
<i>promethazine tab 12.5MG, 25MG, 50MG</i> (PHENERGAN Equiv)	1	-
<i>PROMETHEGAN SUPP 50MG (promethazine hcl)</i>	2	-

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ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
ANTIHYPERLIPIDEMICS - 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
ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol		
NEXLIZET TAB 10MG-180MG (<i>bempedoic acid-ezetimibe</i>)	2	PA-QL QL=1 tab/day
ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol		
<i>omega-3-acid ethyl esters cap 1GM, 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	-

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<i>colestipol tab 1GM</i> (COLESTID Equiv)	1	-
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		

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<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
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	-
PROTEIN 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</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 2MG, 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	-

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<i>clonidine tab .1MG, .2MG, .3MG</i> (CATAPRES Equiv)	1	-
<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	-

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<i>benazepril/hydrochlorothiazide tab 10MG-12.5MG, 12.5MG-20MG, 20MG-25MG, 5MG-6.25MG</i> (LOTENSIN HCT Equiv)	1	-
<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	-
<i>metoprolol/hydrochlorothiazide tab 25MG-100MG, 25MG-50MG, 50MG-100MG</i> (LOPRESSOR HCT Equiv)	1	-
<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		

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<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 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		
<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	-

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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 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		
<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	-
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	-

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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
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	-
<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	-

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<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	-
<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	-

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<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
HYCANTIN CAP .25MG, 1MG (<i>topotecan hcl</i>)	2	MSP-ONC-PA
INTRON-A INJ (<i>interferon alfa-2b inj</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

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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
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

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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-SF QL= 3 caps/day; Only available through Optum 877-445-6874
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	-

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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
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</i> (TARCEVA Equiv)	1	MSP-ONC-PA-QL QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	1	MSP-ONC-PA-QL QL= 3 tabs/day
<i>gefitinib tab 250MG</i> (IRESSA Equiv)	1	LD-ONC-PA-QL QL= 1 tab/day

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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
<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

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<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
ORGOVYX TAB 120MG (<i>relugolix</i>)	2	LD-ONC-PA-QL QL= 30 tabs/28 days; Only available through Biologics 800-850-4306
ORSERDU TAB 86MG (<i>elacestrant hydrochloride</i>)	2	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through Onco360 877-662-6633

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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

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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
ORSERDU TAB 345MG 345MG (<i>elacestrant hydrochloride</i>)	2	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Onco360 877-662-6633
<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 3.5MG/1.4ML (<i>bortezomib</i>)	M	-
BOSULIF CAP 100MG, 50MG (<i>bosutinib</i>)	2	MSP-ONC-PA
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 Biologics 800-850-4306
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	2	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through Biologics 800-850-4306
COMETRIQ KIT 20MG (<i>cabozantinib s-malate</i>)	2	LD-ONC-PA Only available through Diplomat Pharmacy 877-977-9118

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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
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 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

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IMBRUVICA CAP 70MG 70MG (<i>ibrutinib</i>)	2	LD-ONC-PA-QL QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
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
JAYPIRCA TAB 100MG, 50MG (<i>pirtobrutinib</i>)	2	MSP-PA-QL 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

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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
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 SOLN .05MG/ML (<i>trametinib dimethyl sulfoxide</i>)	2	MSP-ONC-PA
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

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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
<i>pazopanib hcl tab 200MG</i> (VOTRIENT Equiv)	1	MSP-ONC-PA
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
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	2	MSP-ONC-PA-QL QL= 6 packs/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

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RYDAPT CAP 25MG (<i>midostaurin</i>)	2	MSP-ONC-PA
SCEMBLIX 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
SPRYCEL TAB 100MG, 140MG, 20MG, 50MG, 70MG, 80MG (<i>dasatinib</i>)	2	MSP-ONC-PA-SF
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
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
TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>)	2	MSP-ONC-PA-QL QL=4 tabs/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

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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
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
VANFLYTA TAB 17.7MG (<i>quizartinib dihydrochloride</i>)	2	LD-ONC-PA-QL QL= 1 tab/day; Only available through Onco360 or Biologics
VANFLYTA TAB 26.5MG 26.5MG (<i>quizartinib dihydrochloride</i>)	2	LD-ONC-PA-QL QL= 2 tabs/day; Only available through Onco360 or Biologics
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

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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
XALKORI CAP 200MG, 250MG (<i>crizotinib</i>)	2	MSP-ONC-PA-QL-SF QL= 2 caps/day
XALKORI SPRINKLE CAP 150MG, 20MG, 50MG (<i>crizotinib</i>)	2	MSP-ONC-PA-QL-SF QL= 4 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
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-ONC-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

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ZYDELIG TAB 100MG, 150MG (<i>idelalisib</i>)	2	LD-ONC-PA-SF Only available through Diplomat Pharmacy 877-977-9118
ZYKADIA CAP (<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
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs		
<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	-

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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<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	-
<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

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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	-
<i>carbidopa-levodopa-entacapone tab</i> 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG	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	-

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ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs		
EQUETRO CAP (<i>carbamazepine (antipsychotic)</i>)	2	-
<i>lurasidone hcl tab 120MG, 20MG, 40MG, 60MG, 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
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
<i>risperidone microspheres inj 12.5MG, 25MG, 37.5MG, 50MG</i> (RISPERDAL Equiv)	\$0	PAD Medication must be filled at Safeway Pharmacy
RISPERIDONE ODT .25MG (<i>risperidone</i>)	2	-

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<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 10MG/5ML, 2MG/ML</i> (HALDOL Equiv)	1	-
<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 (<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	-

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<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
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	-

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<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
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		

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<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	-
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
CRIXIVAN CAP 200MG, 400MG (<i>indinavir sulfate</i>)	2	-
<i>darunavir tab 600MG, 800MG</i> (PREZISTA Equiv)	1	-

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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	-
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

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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	-
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	-

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<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
PREZISTA SUSP 100MG/ML (<i>darunavir</i>)	2	-
PREZISTA TAB 150MG, 75MG (<i>darunavir</i>)	2	-
RESCRIPTOR TAB (<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	-

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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	RDX	Restricted to Diagnosis
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

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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
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
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- Drugs to treat viral infections		

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PAXLOVID TAB 150-100 100MG-150MG <i>(nirmatrelvir-ritonavir)</i>	\$0	QL QL= 20 tabs/fill
PAXLOVID TAB 300-100 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
PREVYMIS TAB 240MG, 480MG (<i>letermovir</i>)	2	MSP-PA-QL QL= 1 tab/day; 200 tabs/365 days
<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> (BARACLUDGE 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

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MAVYRET TAB 40MG-100MG (glecaprevir-pibrentasvir)	2	MSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML (peginterferon alfa-2a)	2	MSP
PEG-INTRON INJ 50MCG/0.5ML (peginterferon alfa-2b)	2	MSP
REBETOL SOLN (ribavirin (hepatitis c))	2	MSP
RIBAVIRIN CAP 200MG (ribavirin (hepatitis c))	2	MSP
ribavirin cap 200MG (REBETOL Equiv)	1	MSP
RIBAVIRIN TAB 200MG (ribavirin (hepatitis c))	2	MSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG (sofosbuvir-velpatasvir)	2	MSP-PA-QL QL= 1 tab/day
VOSEVI TAB 100MG-400MG (sofosbuvir-velpatasvir-voxilaprevir)	2	MSP-PA-QL QL= 1 tab/day
HERPES AGENTS - Drugs to treat viral infections		
acyclovir cap 200MG (ZOVIRAX Equiv)	1	-
acyclovir susp 200MG/5ML (ZOVIRAX Equiv)	1	-
acyclovir tab 400MG, 800MG (ZOVIRAX Equiv)	1	-
valacyclovir tab 1000MG, 1GM, 500MG (VALTREX Equiv)	1	-
INFLUENZA AGENTS - Drugs to treat viral infections		
oseltamivir cap 45MG, 75MG (TAMIFLU Equiv)	1	QL QL= 10 caps/fill

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<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- Drugs to treat viral infections		
LAGEVRIO 200MG CAP 200MG (<i>molnupiravir</i>)	\$0	QL QL= 40 caps/fill
LAGEVRIO CAP (EUA) 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		
D-PENAMINE TAB (<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	-

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<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	-
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		

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<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	-
<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	-

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<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, 60MG, 90MG</i> (CARDIZEM CD Equiv)	1	-
<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	-

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<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, 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	-
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		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-
<i>digoxin tab .125MG, .25MG, 125MCG, 250MCG</i> (LANOXIN Equiv)	1	-
CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions		

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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		
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		

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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
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 0.6 MG/ML .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		

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<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		
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		

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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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</i> (DURICEF Equiv)	1	-
<i>cefazolin inj 10GM, 1GM, 500MG</i>	M	-
CEFAZOLIN INJ 100GM, 1GM, 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	-
<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	-

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<i>cefotaxime inj</i> (CLAFORAN Equiv)	M	-
ceftazidime inj 1GM, 500MG, 6GM (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> (BEYAZ Equiv)	\$0	-
<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 .03MG-.15MG, .15MG-30MCG</i> (DESOGEN Equiv)	\$0	-
<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-

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<i>levonorgestrel-ethinyl estradiol-fe tab .02MG-.1MG-36.5MG, .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	-
<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	-

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<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>vienva 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
<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	-

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<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</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	-
<i>dexamethasone tab .5MG, .75MG, 1.5MG, 1MG, 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	-

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<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 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PEDIAPRED Equiv)	1	-
PREDNISON 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	-
<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

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<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 20MG/10ML-200MG/10ML</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		
<i>adapalene cream .1%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization

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<i>adapalene gel .1%</i> (DIFFERIN Equiv)	1	PA Acne Only – members age 35 or older require Prior Authorization
ADAPALENE LOTION (<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
ERY PAD 2% (<i>erythromycin (acne aid)</i>)	2	-
<i>erythromycin gel 2%</i>	1	-
<i>erythromycin pad</i>	1	-

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<i>erythromycin soln 2%</i>	1	-
PRASCION RA CREAM (<i>sulfacetamide sodium-sulfur-sunscreen</i>)	2	-
SODIUM SULFACETAMIDE/SULFUR EMULSION 4%-10%, 5%-10% (<i>sulfacetamide sodium-sulfur in urea vehicle</i>)	1	-
<i>sodium sulfacetamide/sulfur emulsion</i>	1	-
<i>sodium sulfacetamide/sulfur gel</i> (ROSULA Equiv)	1	-
SODIUM SULFACETAMIDE/SULFUR LOTION (<i>sulfacetamide sodium w/ sulfur</i>)	2	-
<i>sodium sulfacetamide/sulfur lotion 4.8%-9.8%, 5%-10%</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	-
<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	-

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<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		
<i>RENOVA CREAM .02%, .05%</i> (<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	-
<i>ketoconazole shampoo 2%</i> (NIZORAL SHAMPOO Equiv)	1	-
<i>nystatin cream 100000UNIT/GM</i> (MYCOSTATIN CREAM Equiv)	1	-

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<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% (LAMISIL Equiv)</i>	1	OTC
ANTI-INFLAMMATORY AGENTS - TOPICAL - Drugs to treat pain and inflammation		
<i>diclofenac gel 1% 1% (VOLTAREN Equiv)</i>	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% (EFUDEX CREAM Equiv)</i>	1	-
FLUOROURACIL CREAM 0.5% .5% (<i>fluorouracil (topical)</i>)	2	-
<i>fluorouracil soln 5% (EFUDEX Equiv)</i>	1	-
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 (SORIATANE Equiv)</i>	1	-

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<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
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	-

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<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
<i>amcinonide oint .1%</i>	1	PA
AMCINONIDE OINTMENT .1% (<i>amcinonide</i>)	2	PA
APEXICON E CREAM .05% (<i>diflorasone diacetate emollient base</i>)	1	-
<i>betamethasone augmented cream .05%</i> (DIPROLENE AF CREAM Equiv)	1	-

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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	-
<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	-

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<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	-
FLUOCINOLONE ACET CREAM .01% (<i>fluocinolone acetonide</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	-
<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	-

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<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	-
HYDROCORTISONE BUTYRATE LIPO CREAM .1% (<i>hydrocortisone butyrate hydrophilic lipo base</i>)	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	-
<i>hydrocortisone valerate cream .2%</i> (WESTCORT Equiv)	1	-
<i>hydrocortisone valerate oint .2%</i> (WESTCORT Equiv)	1	-

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<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
DUPIXENT PEN INJ 300MG/2ML (<i>dupilumab</i>)	2	MSP-PA-QL QL= 2 inj/28 days

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DUPIXIENT 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	-

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LITFULO CAP 50MG (<i>ritlecitinib tosylate</i>)	2	LD-PA-QL QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
HAIR REDUCTION AGENTS - Drugs to remove hair		
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</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 2%</i> (GLYDO Equiv)	1	-
<i>lidocaine oint 5%</i>	1	-

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<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		
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		

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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	-
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 TEST CARTRIDGE (<i>covid-19 at home test</i>)	EXC	OTC
CUE HEALTH MONITOR (<i>covid-19 at home test</i>)	EXC	OTC
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	-

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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
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	-
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	-
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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	RDX	Restricted to Diagnosis
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

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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	-
<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> (LASIX Equiv) (<i>furosemide</i>)	1	-
<i>furosemide soln 10MG/ML</i> (LASIX Equiv)	1	-

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<i>furosemide tab 20MG, 40MG, 80MG</i> (LASIX Equiv)	1	-
<i>torsemide 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	-
<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 (<i>chlorothiazide</i>)	2	-
<i>chlorothiazide tab</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		

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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
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 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	-
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.

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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 RFF INJ 300UNIT/0.5ML, 450UNIT/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
GONAL-F RFF INJ, 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
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	MSP-PA

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HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones		
<i>raltoxifene 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	-
MENOPAUSAL SYMPTOMS SUPPRESSANTS ***		
VEOZAH TAB 45MG (<i>fezolinetant</i>)	2	PA-QL QL=1 tab/day
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	-

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FABRAZYME INJ 35MG, 5MG (<i>agalsidase beta</i>)	M	-
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
MINERALOCORTICOID RECEPTOR ANTAGONISTS -Drugs to treat chronic kidney disease		

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KERENDIA TAB 10MG, 20MG (<i>finerenone</i>)	2	PA-QL QL= 1 tab/day
NATRIURETIC PEPTIDES ***		
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

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OCTREOTIDE INJ 100MCG 100MCG/ML, 500MCG/ML, 50MCG/ML (<i>octreotide acetate</i>)	1	MSP
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

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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		
<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 <i>(levofloxacin)</i>	2	-
<i>levofloxacin soln 25MG/ML</i> (LEVAQUIN Equiv)	1	-
<i>levofloxacin tab 250MG, 500MG, 750MG</i> (LEVAQUIN Equiv)	1	-

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<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		
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

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ST	Step Therapy	VAC	Vaccine Program	ϕ	RxCENTS

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BYLVAY CAP 400MCG 400MCG (<i>odevixibat</i>)	2	LD-PA-QL QL= 15 caps/day; Only available through PantheRx 855-726-8479
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/ML (<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	-

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<i>mesalamine supp 1000MG</i> (CANASA Equiv)	1	-
PENTASA CAP 250MG (<i>mesalamine</i>)	2	-
RENFLEXIS INJ 100MG (<i>infliximab-abda</i>)	M	-
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
LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections		
VOWST CAP (<i>fecal microbiota spores, live-brpk</i>)	2	LD-PA-QL QL=12 caps/fill; Only available through Orsini Pharmacy 800-410-8575
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	-

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<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	-
<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		
CYTRA K CRYSTALS 1002MG-3300MG (<i>potassium citrate-citric acid</i>)	2	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML (<i>pot & sod citrates w/citric ac</i>)	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML (<i>sodium citrate & citric acid</i>)	1	-
<i>potassium citrate CR tab 1080MG, 10MEQ, 15MEQ, 1620MG, 540MG</i> (UROKIT-K TAB Equiv)	1	-

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<i>potassium citrate/citric acid powder pack</i> 1002MG-3300MG (POLYCITRA Equiv)	1	-
<i>potassium citrate/citric acid soln</i> 334MG/5ML-1100MG/5ML (POLYCITRA-K Equiv)	1	-
<i>sodium citrate/citric acid soln</i> 1GM/15ML-1.5GM/15ML, 2GM/30ML-3GM/30ML, 334MG/5ML-500MG/5ML (BICITRA Equiv)	1	-
<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	-
IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease		
FILSPARI TAB 200MG, 400MG (<i>sparsentan</i>)	2	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence		

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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		
<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 100MG, 300MG</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		

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<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, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 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	-
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		

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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> (AGGRENEX Equiv)	1	-
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</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

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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	-
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 Accredo 800-803-2523
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		

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<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/ML, 200MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML (<i>darbepoetin alfa</i>)	2	PA
FULPHILA INJ 6MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	2	-
GRANIX INJ 300MCG/0.5ML, 480MCG/0.8ML (<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/0.5ML, 480MCG/0.8ML (<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-QL QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG 12.5MG, 25MG (<i>eltrombopag olamine</i>)	2	MSP-PA-QL QL= 1 tab/day

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PROMACTA TAB 50MG 50MG (<i>eltrombopag olamine</i>)	2	MSP-PA-QL QL= 2 tabs/day
PROMACTA TAB 75MG 75MG (<i>eltrombopag olamine</i>)	2	MSP-PA-QL QL= 2 tabs/day
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/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 .025MG-1MG-150MG, 1MG-25MCG-150MG</i>	1	-
<i>folbee tab 1MG-2.5MG-25MG</i>	1	-
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	-

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MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acd-c-threonic acd-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	-
<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		
ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia		

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<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
<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.

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GOLYTELY SOLN 2.97GM-5.86GM-6.74GM-22.74GM-236GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfat</i> e)	\$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> 2.97GM-5.86GM-6.74GM-22.74GM-236GM (COLYTE 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		
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	-

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<i>clarithromycin tab 250MG, 500MG</i> (BLAXIN 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		
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

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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 2% (<i>diaphragm wide seal</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 glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
DEXCOM G6 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 3 sensors/28 days
DEXCOM G6 TRANSMITTER (<i>continuous glucose system transmitter</i>)	2	PA-QL QL= 1 transmitter/90 days
FREESTYLE LIBRE 2 RECEIVER (<i>continuous glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER (<i>continuous glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year

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FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose system sensor</i>)	2	PA-QL QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER (<i>continuous glucose system receiver</i>)	2	PA-QL QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY) (<i>continuous 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 5 G7 KIT INTRO (<i>insulin infusion disposable pump</i>)	2	PA-QL QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS (<i>insulin infusion disposable pump</i>)	2	PA-QL QL= 10 pods/30 days
OMNIPOD DASH INTRO KIT (<i>insulin infusion disposable pump</i>)	2	PA
OMNIPOD GO KIT (<i>insulin infusion disposable pump</i>)	2	PA-QL QL= 10 pods/30 days
ONETOUCH DELICA LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH DELICA PLUS LANCETS (<i>lancets</i>)	2	OTC
ONETOUCH METER (<i>blood glucose monitoring supplies</i>)	\$0	OTC
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	2	OTC

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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 syringes (disposable)</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
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

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RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders		
AEROCHAMBER (<i>spacer/aerosol-holding chambers</i>)	2	OTC
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
ZAVZPRET NASAL SPRAY 10MG/ACT (<i>zavegepant hcl</i>)	2	PA-QL QL=6 units/fill, 60 units/365 days
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> (TREXIMET Equiv)	1	QL QL= 9 tabs/fill, 2 fills/30 days
MIGRAINE PRODUCTS - Drugs to treat migraine headaches		
<i>dihydroergotamine mesylate inj 1MG/ML</i> (D.H.E. Equiv)	1	-

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ERGOMAR SL TAB 2MG (<i>ergotamine tartrate</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
<i>rizatriptan ODT 10MG, 5MG</i> (MAXALT Equiv)	1	QL QL= 12 tabs/fill, 3 fills/60 day

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<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> 3MEQ/L-5MEQ/L-23MEQ/L-27MEQ/L-98MEQ/L-140MEQ/L (PLASMA-LYTE Equiv)	M	-
<i>electrolyte-a solution</i> 3MEQ/L-5MEQ/L-23MEQ/L-27MEQ/L-98MEQ/L-140MEQ/L (PLASMA-LYTE Equiv)	M	-

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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		
MAGNESIUM SULFATE INJ 20GM/500ML, 2GM/50ML, 40GM/1000ML, 4GM/100ML, 4GM/50ML (<i>magnesium sulfate</i>)	M	-
<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 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, 15MEQ, 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	-
ORAZINC CAP 220MG 220MG	1	OTC
ZINC CAP 220MG 220MG	1	OTC
ZINC SULFATE CAP 220MG 220MG	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.		
JOENJA TAB 70MG (<i>leniolisib phosphate</i>)	2	LD-PA-QL QL= 2 tabs/day; Only available through PantheRx Pharmacy 855-726-8479
<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		

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ATGAM INJ 50MG/ML (<i>lymphocyte immune globulin,anti-thymocyte globulin (equine)</i>)	M	-
ENSPRYNG INJ 120MG/ML (<i>satralizumab-mwge</i>)	2	MSP-PA-QL QL= 1 inj/28 days
<i>everolimus tab (ZORTRESS equiv) .25MG, .5MG, .75MG, 1MG</i>	1	PA
<i>sirolimus soln 1MG/ML (RAPAMUNE Equiv)</i>	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/FLUORIDE CHEW 0.25MG (<i>pediatric multivitamins w/fl</i>)	2	-
MULTIVITAMIN/FLUORIDE 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, 60MG/2ML</i>	M	-
<i>tizanidine tab 2MG, 4MG (ZANAFLEX Equiv)</i>	1	-
DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms		
<i>dantrolene cap 100MG, 25MG, 50MG (DANTRIUM Equiv)</i>	1	-
VISCOSUPPLEMENTS ***		
<i>DUROLANE INJ 60MG/3ML 60MG/3ML (sodium hyaluronate (viscosupplement))</i>	M	-
<i>EUFLEXXA INJ 20MG/2ML (sodium hyaluronate (viscosupplement))</i>	M	-
<i>GEL-ONE INJ 30MG/3ML (cross-linked hyaluronate)</i>	M	-
<i>GELSYN-3 INJ 16.8MG/2ML (sodium hyaluronate (viscosupplement))</i>	M	-
<i>GENVISC-850 INJ, SUPARTZ FX INJ, TRIVISC INJ, VISCO-3 INJ 25MG/2.5ML (sodium hyaluronate (viscosupplement))</i>	M	-
<i>HYALGAN INJ (missing)</i>	M	-
<i>HYMOVIS INJ 24MG/3ML (hyaluronan)</i>	M	-
<i>MONOVISC INJ 88MG/4ML (hyaluronan)</i>	M	-
<i>ORTHOVISC INJ 30MG/2ML (hyaluronan)</i>	M	-
<i>SYNVISC INJ 16MG/2ML (hylan g-f 20)</i>	M	-
<i>SYNVISC ONE INJ 48MG/6ML (hylan g-f 20)</i>	M	-
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		

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<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
RADICAVA ORS SUSP 105MG/5ML (<i>edaravone</i>)	2	LD-PA-QL QL= 50 mL/28 days; Only available through Accredo 800-803-2523

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RELYVRIO PAK 1GM-3GM (<i>sodium phenylbutyrate-taurursodiol</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		
ARTIFICIAL TEARS DROP .25%, .6%, 1% (<i>carboxymethylcellulose sodium (ophth)</i>)	2	OTC
<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</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	-
ATROPINE SUL OPHTH OINT 1% 1% (<i>atropine sulfate (ophthalmic)</i>)	2	-
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	-

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MIOTICS - Drugs to treat eye conditions		
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		
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% .1%</i>	1	-
<i>brimonidine tartrate ophth soln 0.1% .2%</i> (ALPHAGAN P SOLN 0.1% Equiv)	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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LMSF	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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PAD	Provider Administered Drug	OL	Quantity Limit	RDX	Restricted to Diagnosis
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

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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>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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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 .3%</i> (TOBREX Equiv)	1	-
TRIFLURIDINE OPHTH SOLN 1% <i>(trifluridine)</i>	2	-
XDEMVY DROP .25% <i>(lotilaner)</i>	2	LD-PA-QL QL=1 bottle/42 days; Only available through CVS or Walgreens Specialty
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

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

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NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTH SOLN 1%-3.5MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-hc (ophth))</i>	1	-
PRED FORTE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	2	-
PRED MILD OPTH SOLN .12% <i>(prednisolone acetate (ophth))</i>	2	-
PRED-G OPTH SOLN .3%-1% <i>(gentamicin-prednisolone acetate)</i>	2	-
PREDNISOLONE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	2	-
PREDNISOLONE OPTH SUSP 1% <i>(prednisolone acetate (ophth))</i>	2	-
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1% <i>(prednisolone sodium phosphate (ophth))</i>	2	-
<i>sulfacetamide sodium/prednisolone ophth soln</i> (VASOCIDIN Equiv)	1	-
SULFACETAMIDE/PREDNISOLONE OPTH SOLN .23%-10% <i>(sulfacetamide sod-prednisolone)</i>	2	-
TOBRADEX OPTH OINT .1%-.3% <i>(tobramycin-dexamethasone)</i>	2	-
<i>tobramycin/dexamethasone ophth soln .1%-.3%</i> (TOBRADEX Equiv)	1	-

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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		
<i>brinzolamide ophth susp 1%</i> (AZOPT Equiv)	1	-
<i>bromfenac ophth soln .09%</i> (BROMDAY Equiv)	1	-
<i>bromfenac sodium ophth soln 0.07% .07%</i> (PROLENSA 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 .035%</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		

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<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 OPTH SOLN .01% (<i>bimatoprost</i>)	2	QL QL= 2.5ml/30 days
<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	-

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<i>neomycin/polymixin/hydrocortisone otic susp 1%-3.5MG/ML-10000UNIT/ML (CORTISPORIN Equiv)</i>	1	-
OTIC STEROIDS - Drugs to treat ear swelling		
<i>ACETASOL HC OTIC SOLN 1%-2% (hydrocortisone w/acetic acid)</i>	2	-
<i>acetic acid/hydrocortisone otic soln 1%-2% (VOSOL HC Equiv)</i>	1	-
<i>fluocinolone otic oil .01% (DERMOTIC Equiv)</i>	1	-
OXYTOCICS - Drugs to prevent/control uterine bleeding		
OXYTOCICS - Drugs to prevent/control uterine bleeding		
<i>methylergonovine tab .2MG (METHERGINE Equiv)</i>	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		
<i>GAMASTAN S/D INJ (immune globulin (human) im)</i>	M	-
<i>GAMMAGARD S/D INJ 10GM, 12GM, 5GM, 6GM (immune globulin (human) iv)</i>	M	-
<i>HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML (immune globulin (human) subcutaneous)</i>	M	-
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency		

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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		
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	-
<i>ampicillin cap 500MG</i> (AMPICILLIN Equiv)	1	-
NATURAL PENICILLINS - Drugs to treat bacterial infections		
penicillin G potassium inj 20000000UNIT, 5000000UNIT (<i>penicillin g potassium</i>)	1	-

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<i>penicillin G potassium inj 2000000UNIT, 5000000UNIT</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	-
<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	-
ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM (UNASYN Equiv) (<i>ampicillin & sulbactam sodium</i>)	M	-
<i>ampicillin/sulbactam inj .5GM-1GM, 1GM-2GM, 5GM-10GM</i> (UNASYN Equiv)	M	-

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<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		
<i>POLYETHYLENE GLYCOL 8000 GRANULES</i> (<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		

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<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		
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM (<i>sodium oxybate</i>)	2	LD-PA-QL QL= 1 packet/day; Only available through Accredo 800-803-2523
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		
<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	-

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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	RDX	Restricted to Diagnosis
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

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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>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	-
<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		

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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 (<i>deutetrabenazine</i>)	2	MSP-PA-QL QL= 2 tabs/day
AUSTEDO XR TAB 6MG 6MG (<i>deutetrabenazine</i>)	2	MSP-PA-QL QL=3 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
INGREZZA PACK 40-80MG (<i>valbenazine tosylate</i>)	2	LD-PA-QL QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479
<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

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<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
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

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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
PSEUDOBLBAR AFFECT (PBA) AGENTS - Drugs to treat nervous system disorders		
NUDEXTA CAP 10MG-20MG <i>(dextromethorphan hbr-quinidine sulfat)</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 150MG</i> (ZYBAN Equiv)	\$0	SMKG
CHANTIX PAK .5MG, 1MG <i>(varenicline tartrate)</i>	\$0	-
<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

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<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 TAB 0.5MG, .5MG, 1MG (<i>varenicline tartrate</i>)	\$0	SMKG
<i>varenicline tartrate tab .5MG, 1MG</i> (VARENICLINE Equiv)	\$0	SMKG
<i>varenicline tartrate tab start pack</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, 5.8MG, 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
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

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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		
GLYCYLCYCLINES - Drugs to treat bacterial infections		
<i>tigecycline inj 50MG</i>	M	-
TETRACYCLINES - Drugs to treat infections		

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<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		
<i>methimazole tab</i> (TAPAZOLE Equiv)	1	-
<i>propylthiouracil tab 50MG</i>	1	-
THYROID HORMONES - Drugs to regulate thyroid hormones		

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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
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

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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
QUADRACEL PEF SYRINGE, KINRIX PEF 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

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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 (<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 2.5MG-5MG</i> (LIBRAX Equiv)	1	-
<i>dicyclomine cap 10MG</i> (BENTYL Equiv)	1	-
<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	-

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<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	-
<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		

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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	-
<i>tropium 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		

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<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
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

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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		
ABRYSVO INJ 120MCG/0.5ML (<i>rsv pre-fusion f a&b protein vaccine recombinant</i>)	\$0	VAC
AFLURIA INJ (<i>influenza virus vaccine split preservative free</i>)	\$0	VAC
AFLURIA INJ, FLUZONE INJ (<i>influenza virus vaccine split</i>)	\$0	VAC
AREXVY INJ 120MCG/0.5ML (<i>rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted</i>)	\$0	QL-VAC QL= 1 inj/730 days; Covered for members 60 years of age and older
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
COVID-19 VACCINE INJ 5-11Y (PFIZER) 10MCG/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 INJ 6M-11Y (MODERNA) 25MCG/0.25ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER) 3MCG/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	\$0	QL-VAC QL= 1 dose/17 days
DENGVAXIA SUSP (<i>dengue virus vaccine live tetravalent</i>)	\$0	VAC
ENGERIX-B INJ, RECOMBIVAX-HB INJ 10MCG/ML, 20MCG/ML, 40MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	\$0	VAC
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

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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 Covered for members 45 years of age or younger
HAVRIX INJ, VAQTA INJ 1440ELU/ML, 50UNIT/ML (<i>hepatitis a vaccine</i>)	\$0	VAC
HAVRIX/VAQTA INJ 25UNIT/0.5ML, 720ELU/0.5ML (<i>hepatitis a vaccine</i>)	\$0	VAC
HEPLISAV-B INJ (<i>hepatitis b vaccine recombinant adjuvanted</i>)	\$0	VAC
IMOVAX INJ 2.5UNIT/ML (<i>rabies virus vaccine, hdc</i>)	\$0	VAC
IPOLO 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

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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
SPIKEVAX INJ 100MCG/0.5ML, 50MCG/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

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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
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		

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<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
VIRAL VACCINES - Drugs to prevent infection		
<i>midodrine tab 10MG, 2.5MG, 5MG</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

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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	81	acetic acid otic soln	167	ADALIMU-ADBAM KIT	6
abacavir/lamivudine tab	81	ACETIC	167	40/0.8ML (CYLTEZO	
abacavir/lamivudine/zidovudine tab	81	ACID/ALUMINUM		Equiv)	
ABILIFY ASIMTUFII INJ	80	ACETATE OTIC SOLN		ADALIMUMAB-ADAZ	6
720MG/2.4ML		acetic acid/hydrocortisone	168	INJ (HYRIMOZ Equiv)	
ABILIFY ASIMTUFII INJ	80	otic soln		ADALIMUMAB-ADAZ	6
960MG/3.2ML		acetylcysteine soln	102	PFS INJ (HYRIMOZ	
ABILIFY MAINTENA INJ	80	acitretin cap	106	Equiv)	
abiraterone acetate tab	62	ACTEMRA ACTPEN INJ	7	ADALIMUMAB-FKJP	6
500mg		ACTEMRA IV INJ	7	AUTO-INJECTOR KIT	
abiraterone tab 250mg	62	ACTEMRA SC INJ	7	(HULIO Equiv)	
ABRYSVO INJ	186	ACTHIB INJ, HIBERIX	185	ADALIMUMAB-FKJP	6
acamprosate calcium DR	172	INJ		PFS KIT 20 MG/0.4ML	
tab		ACTIMMUNE INJ	74	(HULIO Equiv)	
acarbose tab	35	acyclovir cap	87	ADALIMUMAB-FKJP	6
acebutolol cap	90	acyclovir oint	108	PFS KIT 40 MG/0.8ML	
acetaminophen/codeine	13	acyclovir susp	87	(HULIO Equiv)	
soln		acyclovir tab	87	adapalene cream	102
acetaminophen/codeine tab	13	ADACEL/BOOSTRIX INJ	180	adapalene gel	103
acetaminophen/isometheptene/dichloral cap	146	ADAGEN INJ	91	ADAPALENE LOTION	103
ACETASOL HC OTIC	168	ADALIMU-ADBAM KIT	5	ADBRY INJ	112
SOLN		10/0.2ML (CYLTEZO		adefovir dipivoxil tab	86
acetazolamide ER cap	118	Equiv)		ADMELOG INJ, INSULIN	40
acetazolamide tab	118	ADALIMU-ADBAM KIT	5	LISPRO INJ	
		20/0.4ML (CYLTEZO		ADMELOG SOLOSTAR	40
		Equiv)		INJ, INSULIN LISPRO	
				KWIKPEN INJ (JUNIOR)	
				AEROCHAMBER	146

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ALPHABETICAL LISTING OF DRUGS

AFLURIA INJ	186	ALOGLIPTIN/PIOGLITAZ	35	amlodipine/valsartan/hydro	52
AFLURIA INJ, FLUZONE	186	ONE TAB		chlorothiazide tab	
INJ		alprazolam tab	18	ammonium lactate cream	113
AIMOVIG INJ	147	ALREX OPHTH SUSP	164	ammonium lactate lotion	113
ALA SCALP LOTION	108	ALUNBRIG TAB 30MG	65	amneestem cap, claravis	103
albuterol HFA inhaler	22	ALUNBRIG TAB 90MG,	65	cap, isotretinoin cap,	
albuterol neb soln	23	180MG		myorisan cap, zenatane cap	
ALBUTEROL	23	amantadine cap	75	amoxapine tab	34
NEBULIZER SOLN		amantadine syrup	75	amoxicillin cap	169
albuterol sulfate syrup	23	ambrisentan tab	95	AMOXICILLIN CHEW	169
albuterol sulfate tab	23	AMCINONIDE LOTION	108	TAB	
albuterol/ipratropium neb	23	amcinonide oint	108	amoxicillin susp	169
soln		AMCINONIDE	108	amoxicillin tab	169
alclometasone cream	108	OINTMENT		amoxicillin/clavulanate	170
alclometasone oint	108	amifostine inj	74	susp	
ALDURAZYME INJ	123	amikacin inj	4	amoxicillin/clavulanate tab	170
ALECENSA CAP	65	amiloride tab	119	amphetamine/dextroampe	1
alendronate tab	120	AMILORIDE/HCTZ TAB	118	tamine ER cap	
ALENDRONATE TAB	120	amiloride/hydrochlorothia	118	amphetamine/dextroampe	1
40MG		zide tab		tamine tab	
ALFERON-N INJ	58	aminocaproic acid soln	139	ampicillin cap	169
alfuzosin SR tab	133	aminocaproic acid tab	139	ampicillin/sulbactam inj	170
ALINIA SUSP	54	amiodarone tab	20	anagrelide cap	135
allopurinol tab	133	amitriptyline tab	34	ANALPRAM-HC CREAM	17
almotriptan tab	147	amlodipine tab	91	anastrozole tab	62
ALOGLIPTIN TAB	38	amlodipine/atorvastatin tab	93	ANDRODERM PATCH	15
ALOGLIPTIN/METFORM	35	amlodipine/benazepril cap	52	ANNOVERA RING	99
IN TAB		amlodipine/valsartan tab	52		

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ALPHABETICAL LISTING OF DRUGS

ANORO ELLIPTA INHALER	23	ASMANEX HFA INHALER	21	atropine sulfate inj	182
APAP/CODEINE SOLN	13	ASMANEX INHALER	22	0.25mg/5ml, 0.5mg/5ml,	
APEXICON E CREAM	108	aspirin chew tab 81mg	11	1mg/10ml	
apomorphine inj	76	aspirin ec tab 325mg	11	ATROVENT HFA	20
apraclonidine ophth soln	161	aspirin ec tab 81mg	11	INHALER	
aprepitant cap	45	aspirin tab 325mg	11	AUSTEDO TAB	174
aprepitant pak	46	aspirin/dipyridamole cap	135	AUSTEDO TITRATION	174
APRETUDE SUSP	81	ASTAMED MYO CAP	116	PACK	
APTIVUS CAP	81	atazanavir cap	81	AUSTEDO XR TAB	174
APTIVUS SOLN	81	atenolol tab	90	AUSTEDO XR TAB 6MG	174
ARANESP INJ	137	atenolol/chlorthalidone tab	52	AUSTEDO XR TAB	174
ARCALYST INJ	7	ATGAM INJ	152	TITRATION KIT	
AREXVY INJ	186	atomoxetine cap	2	AVAR GEL	103
ARIKAYCE SUSP	4	atorvastatin tab	49	AVONEX INJ	174
aripiprazole tab	80	atorvastatin tab 10mg	49	AVSOLA INJ	129
ARISTADA INJ	80	atorvastatin tab 20mg	49	AYVAKIT TAB	64
armodafinil tab	3	atovaquone susp	54	AZASITE SOLN	161
ARMOUR THYROID	180	atovaquone/proguanil tab	56	azathioprine tab	88
TAB, NATURE THROID		atropine ophth oint	160	azelaic acid gel	115
TAB		atropine ophth soln	160	azelastine nasal spray 0.1%	157
ARNUITY ELLIPTA	21	ATROPINE SUL INJ	182	azelastine nasal spray	157
INHALER		ATROPINE SUL OPHTH	160	0.15%	
ARTIFICIAL TEARS	158	OINT 1%		azithromycin susp	141
DROP		ATROPINE SULFATE INJ	184	azithromycin tab	141
artificial tears ophth soln	158	atropine sulfate inj	182	aztreonam inj	55
ashlyna tab, daysee tab	97	0.1mg/ml, 0.4mg/ml,		<hr style="border: 1px solid black;"/>	
		1mg/ml, 8mg/20ml		B	
				BACITRACIN OPHTH	161
				OINT	

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ALPHABETICAL LISTING OF DRUGS

bacitracin/neomycin/poly myxin b ophth oint	162	BENLYSTA INJ	152	bexarotene cap	74
bacitracin/polymyxin b ophth oint	162	benzonatate cap	101	BEXSERO INJ	185
bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	164	benztropine tab	74	bicalutamide tab	62
baclofen tab	155	BESREMI INJ	74	BIKTARVY TAB	81
BACLOFEN TAB 5MG	155	betamethasone augmented cream	108	bimatoprost ophth soln	113
balsalazide cap	129	betamethasone augmented gel	109	bisoprolol tab	90
BALVERSA TAB 3MG	65	betamethasone augmented lotion	109	bisoprolol/hydrochlorothia zide tab	53
BALVERSA TAB 4MG	65	betamethasone augmented oint	109	BLEPHAMIDE OPHTH SOLN	164
BALVERSA TAB 5MG	66	betamethasone dipropionate cream	109	BORTEZOMIB INJ	66
BAQSIMI NASAL POWDER	38	betamethasone dipropionate lotion	109	bosentan tab	95
BAXDELA TAB	127	betamethasone dipropionate oint	109	BOSULIF CAP	66
B-D INSULIN SYRINGE	145	betamethasone valerate cream	109	BOSULIF TAB	66
B-D INSULIN SYRINGE SAFETY-LOK	145	betamethasone valerate lotion	109	BOTOX INJ	158
B-D PEN NEEDLE	145	betamethasone valerate oint	109	BRAFTOVI CAP 75MG	66
BELLADONNA ALKALOID/OPIUM SUPP	182	BETAXOLOL OPHTH SOLN	159	BREO ELLIPTA INHALER	23
benazepril tab	50	betaxolol tab	90	BREO ELLIPTA INHALER 50-25 MCG/ACT	23
benazepril/hydrochlorothia zide tab	53	bethanechol tab	185	BREXAFEMME TAB	46
BENLYSTA AUTO-INJECTOR	152			BRILINTA TAB	135
				brimonidine ophth soln 0.15%	161
				brimonidine ophth soln 0.2%	161
				brimonidine tartrate gel	115

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ALPHABETICAL LISTING OF DRUGS

brimonidine tartrate ophth soln 0.1%	161	buspirone tab	18	C	
brimonidine tartrate-timolol maleate ophth soln	159	busulfan inj	59	CABENUVA IM SUSP	81
brinzolamide ophth susp	166	BUSULFEX INJ	59	cabergoline tab	125
bromfenac ophth soln	166	butalbital/acetaminophen tab	10	CABOMETYX TAB	66
bromfenac sodium ophth soln 0.07%	166	butalbital/acetaminophen/caffeine cap	10	caffeine citrate soln	2
bromocriptine cap	75	butalbital/acetaminophen/caffeine tab	13	calcipotriene cream	107
bromocriptine tab	75	butalbital/acetaminophen/caffeine/codeine cap	10	calcipotriene oint	107
BRUKINSA CAP	66	butalbital/acetaminophen/caffeine/codeine cap	13	calcipotriene soln	107
budesonide ER tab	100	BUTALBITAL/ASPIRIN/CAP	10	calcipotriene/betamethasone oint	109
budesonide inh susp	22	AFFEINE TAB		calcitonin inj	120
budesonide SR cap	100	butalbital/aspirin/caffeine cap	10	calcitonin nasal spray	120
budesonide/formoterol inhaler	23	BUTALBITAL/ASPIRIN/CAP	10	calcitriol cap	123
bumetanide tab	118	AFFEINE TAB		CALCITRIOL INJ	123
buprenorphine patch	14	butalbital/aspirin/caffeine/codeine cap	14	CALCITRIOL OINT	107
buprenorphine SL tab	15	butorphanol nasal spray	15	calcitriol soln	123
buprenorphine/naloxone sl film	15	BYDUREON BCISE AUTO INJ	39	calcium acetate cap	130
buprenorphine/naloxone SL tab	15	BYDUREON INJ	39	calcium acetate tab	131
bupropion ER tab	32	BYDUREON PEN INJ	39	CALIBRATION LIQUID	143
bupropion SR tab	176	BYLVAY CAP 1200MCG	128	CALQUENCE CAP	66
bupropion tab	32	BYLVAY CAP 400MCG	129	CALQUENCE TAB	66
bupropion XL tab	32	BYLVAY SPRINKLE CAP 200MCG	129	CAMZYOS CAP	93
		BYLVAY SPRINKLE CAP 600MCG	129	capecitabine tab	59
				captopril tab	50
				carbamazepine chew tab	27
				carbamazepine ER cap	27
				carbamazepine ER tab	27
				carbamazepine susp	27

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ALPHABETICAL LISTING OF DRUGS

carbamazepine tab	27	cefixime susp	96	chlorthalidone tab	119
carbidopa/levodopa ER tab	75	cefotaxime inj	97	chlorzoxazone tab 375mg	155
CARBIDOPA/LEVODOPA ODT	75	cefoxitin inj	96	chlorzoxazone tab 750mg	155
carbidopa/levodopa tab	75	cefprozil susp	96	cholecalciferol cap 50000 unit	192
carbidopa-levodopa-entacapone tab	76	cefprozil tab	96	cholestyramine lite powder	48
carboxymethylcellulose sodium ophth gel	158	ceftazidime inj	97	cholestyramine lite powder pack	48
carboxymethylcellulose sodium ophth soln	158	ceftriaxone inj	97	cholestyramine powder	48
carboxymethylcellulose-glycerin ophth soln	158	cefuroxime tab	96	cholestyramine powder pack	48
CARETOUCH UNIVERSAL CPAP	146	celecoxib cap	7	CIBINQO TAB	112
CARTEOLOL OPHTH SOLN	159	cephalexin cap	96	cidofovir inj	86
carvedilol tab	90	cephalexin susp	96	cilostazol tab	135
CAVERJECT INJ	93	CEREZYME INJ	136	CIMDUO TAB	81
CAYSTON INH SOLN	56	CERVICAL CAP	143	CIMETIDINE SOLN	183
cefadroxil cap	96	cetirizine syrup	47	cimetidine tab	183
cefadroxil susp	96	cetirizine tab	47	CIMZIA INJ	129
CEFADROXIL TAB	96	cevimeline cap	154	CIMZIA STARTER INJ KIT	129
cefazolin inj	96	CHANTIX PAK	176	cinacalcet tab	123
CEFAZOLIN INJ	96	CHEMET CAP	44	CINRYZE INJ	134
cefdinir cap	96	chlordiazepoxide cap	18	CIPROFLOXACIN 100MG TAB	127
cefdinir susp	96	CHLORDIAZEPOXIDE/MITRIPTYLINE TAB	173	ciprofloxacin ophth soln	162
cefepime inj	97	chlordiazepoxide/clidiniu m cap	182	ciprofloxacin susp	127
		chlorhexidine gluconate soln	153	ciprofloxacin tab	127
		chloroquine tab	56		
		CHLOROTHIAZIDE TAB	119		
		chlorpromazine tab	79		

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ALPHABETICAL LISTING OF DRUGS

ciprofloxacin/dexamethasone otic susp	167	clopidogrel tab 75mg	135	CONTRACEPTIVE FILM	191
citalopram soln	33	clorazepate tab	19	CONTRACEPTIVE FOAM	191
citalopram tab	33	clotrimazole troches	153	CONTRACEPTIVE GEL	191
CLARITHROMYCIN SUSP	141	clotrimazole/betamethasone cream	105	CONTRACEPTIVE SUPP	191
clarithromycin tab	142	clotrimazole/betamethasone lotion	105	COPIKTRA CAP	67
clindamycin cap	55	CLOZAPINE ODT	78	CORTISONE ACETATE TAB	100
clindamycin gel	103	CLOZAPINE ODT 12.5	78	COTELLIC TAB	67
clindamycin lotion	103	CLOZAPINE ODT 25mg, 100mg	78	COVID-19 TEST	116
clindamycin pad	103	CLOZAPINE ODT, FAZACLO ODT	78	COVID-19 VACCINE BIVALENT BOOSTER INJ. (MODERNA)	187
clindamycin soln	55	clozapine tab	78	COVID-19 VACCINE BIVALENT BOOSTER INJ. (PFIZER)	187
clindamycin topical soln	103	codeine sulfate tab	11	COVID-19 VACCINE BIVALENT BOOSTER INJ. 5-11Y (PFIZER)	187
clindamycin vaginal cream	191	colchicine tab	133	COVID-19 VACCINE BIVALENT BOOSTER INJ. 6M-4Y (PFIZER)	187
CLINISTIX TEST STRIP	116	colchicine/probenecid tab	133	COVID-19 VACCINE BIVALENT BOOSTER INJ. 6M-5Y (MODERNA)	187
clobazam tab	27	colesevelam pack	48	COVID-19 VACCINE BIVALENT BOOSTER INJ. (JANSSEN)	187
clobetasol propionate cream	109	colesevelam tab	48	COVID-19 VACCINE BIVALENT BOOSTER INJ. (NOVAVAX)	187
clobetasol propionate emollient cream	109	colestipol tab	49		
clobetasol propionate gel	109	COLY-MYCIN S OTIC SUSP	167		
clobetasol propionate oint	109	COMBIPATCH	126		
clobetasol propionate soln	109	COMBIVENT RESPIMAT INHALER	23		
CLOMID TAB	121	COMETRIQ KIT	66		
clomipramine cap	34	COMIRNATY INJ	186		
clonazepam tab	27	COMPLERA TAB	81		
clonidine ER tab	2				
clonidine patch	51				
clonidine tab	52				

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ALPHABETICAL LISTING OF DRUGS

COVID-19 VACCINE INJ 5-11Y (PFIZER)	187	cyclosporine modified cap	89	DEPO-PROVERA SC INJ 104MG	100
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	188	cyclosporine modified soln	89	DESCOVY TAB	82
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	188	cyclosporine ophth emulsion	163	desipramine tab	34
CREON CAP	117	cyproheptadine syrup	48	desmopressin acetate inj	125
CRINONE GEL	192	cyproheptadine tab	48	desmopressin acetate nasal spray	125
CRIXIVAN CAP	81	CYSTAGON CAP	132	desmopressin acetate tab	125
cromolyn conc	128	CYTRA K CRYSTALS	131	desonide cream	110
cromolyn neb soln	20	CYTRA-3 SYRUP	131	desonide gel	110
cromolyn ophth soln	166	D		desonide oint	110
CROMOLYN SODIUM OPTH SOLN	166	dabigatran etexilate mesylate cap	27	desoximetasone cream	110
cryselle tab	97	dalfampridine ER tab	174	desoximetasone cream 0.05%	110
CUE COVID-19 TEST CARTRIDGE	116	danazol cap	15	desoximetasone gel	110
CUE HEALTH MONITOR	116	dantrolene cap	156	desoximetasone oint	110
cyanocobalamin inj	136	dapsone tab	55	desoximetasone oint 0.05%	110
cyclobenzaprine tab	155	DAPTACEL INJ,	180	desvenlafaxine ER tab	34
CYCLOMYDRIL OPTH SOLN	160	INFANRIX INJ		DEXAMETHASONE CONC	100
cyclopentolate ophth soln	160	darunavir tab	81	dexamethasone elixir	100
cyclophosphamide cap	59	DDAVP NASAL SOLN	125	DEXAMETHASONE OPTH SOLN	164
CYCLOPHOSPHAMIDE TAB	59	deferasirox tab	44	DEXAMETHASONE SOLN	100
cycloserine cap	57	deferiprone tab	44	DEXAMETHASONE SOLN	100
cyclosporine cap	88	DELSTRIGO TAB	82	dexamethasone tab	100
		DENAVIR CREAM	108	DEXCOM G6 RECEIVER	143
		DENG VAXIA SUSP	188		
		DEPLIN CAP	116		

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ALPHABETICAL LISTING OF DRUGS

DEXCOM G6 SENSOR	143	diclofenac potassium tab	7	diltiazem tab	91
DEXCOM G6	143	diclofenac sodium EC tab	7	dimethyl fumarate DR cap	175
TRANSMITTER		diclofenac sodium ophth	166	dimethyl fumarate DR	175
dexmethylphenidate ER	3	soln		starter pack	
cap		diclofenac sodium XR tab	7	diphenhydramine cap	47
dexmethylphenidate tab	3	dicloxacillin cap	171	50mg	
dextran 70-hypromellose	158	dicyclomine cap	182	diphenhydramine inj	47
ophth soln		dicyclomine tab	182	DIPHENOXYLATE/ATRO	43
dextroamphetamine ER	1	didanosine DR cap	82	PINE LIQUID	
cap		DIDANOSINE DR CAP,	82	diphenoxylate/atropine tab	43
dextroamphetamine soln	1	VIDEX EC CAP		DIPHThERIA-TETANUS	181
dextroamphetamine sulfate	1	DIFFERIN LOTION	103	PED INJ	
tab 15mg		DIFFERIN OTC GEL 0.1%	103	dipyridamole tab	135
dextroamphetamine sulfate	1	DIFICID SUSP	142	disopyramide cap	19
tab 20mg		DIFICID TAB	142	disulfiram tab	172
dextroamphetamine sulfate	1	DIFLORASONE CREAM,	110	DIURIL SUSP	119
tab 30mg		PSORCON CREAM		divalproex ER tab	32
dextroamphetamine tab	1	diflorasone oint	110	divalproex sodium DR tab	32
DIACOMIT CAP	27	diflunisal tab	11	divalproex sprinkle cap	32
DIACOMIT POWDER	28	difluprednate ophth	164	dofetilide cap	20
PACK		emulsion		donepezil ODT	172
DIALYVITE TAB	154	digoxin soln	92	donepezil tab	172
DIALYVITE/ZINC TAB	154	digoxin tab	92	donepezil tab 23mg	172
DIAPHRAGM	143	dihydroergotamine	146	dorzolamide ophth soln	166
diazepam conc	19	mesylate inj		dorzolamide/timolol ophth	160
diazepam oral soln	19	DILANTIN CAP 30MG	31	soln	
diazepam tab	19	diltiazem ER cap	91	DOVATO TAB	82
diclofenac gel 1%	106	diltiazem ER tab	91	doxazosin tab	52

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ALPHABETICAL LISTING OF DRUGS

doxepin cap	34	DUPIXENT INJ	112	EMGALITY INJ	147
doxepin conc	34	DUPIXENT PEN INJ	112	100MG/ML	
doxercalciferol cap	123	DUPIXENT PEN INJ	113	EMPAVELI INJ	134
doxycycline hyclate cap	179	DUROLANE INJ	156	emtricitabine cap	82
doxycycline hyclate tab	179	60MG/3ML		emtricitabine/tenofovir	82
doxycycline monohydrate	179	dutasteride cap	133	disoproxil fumarate tab	
cap 100mg		dutasteride/tamsulosin cap	133	EMTRIVA SOLN	82
doxycycline monohydrate	179	E		enalapril maleate oral soln	50
cap 50mg		EDEX INJ	93	enalapril tab	50
doxycycline monohydrate	179	EDURANT TAB	82	enalapril/hydrochlorothiazide tab	53
tab 100mg		EFAVIRENZ CAP	82	ENBREL INJ 25MG	10
doxycycline monohydrate	179	efavirenz tab	82	ENBREL INJ 50MG	10
tab 50mg		efavirenz/lamivudine/tenofovir df (lo) tab	82	ENBREL MINI INJ	10
doxycycline monohydrate	179	EGRIFTA INJ	122	ENBREL SURECLICK	10
tab 75mg		electrolyte-148 solution	148	INJ 50MG	
doxycycline susp	179	electrolyte-a solution	148	ENDARI POWDER PACK	136
doxylamine/pyridoxine dr	45	eletriptan tab	147	ENDOMETRIN INSERT	192
tab		ELIGEN B12 TAB	117	ENGERIX-B INJ,	188
D-PENAMINE TAB	88	ELIQUIS TAB, ELIQUIS	26	RECOMBIVAX-HB INJ	
dronabinol cap	45	STARTER PACK		enoxaparin inj	26
drospirenone/ethinyl	97	ELIXOPHYLLIN ELIXIR	25	enpresse tab	97
estradiol/levomefolate tab		ELLA TAB	99	ENSPRYNG INJ	152
DROXIA CAP	136	ELMIRON CAP	133	entacapone tab	75
DRYSOL SOLN	115	eluryng vaginal ring	99	entecavir tab	86
DUAVEE TAB	126	EMCYT CAP	62	ENTRESTO TAB	93
DULERA INHALER	24	EMGALITY INJ	147	EPIDIOLEX SOLN	28
duloxetine EC cap 20mg,	34			EPIFOAM AEROSOL	110
30mg, 60mg					

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ALPHABETICAL LISTING OF DRUGS

epinephrine pen inj 0.15mg, 0.3mg	192	esterified	126	FABRAZYME INJ	124
EPIVIR HBV SOLN	86	estrogens/methyltestoster one tab		FALESSA TAB	117
EQUETRO CAP	77	estradiol cream	192	famotidine susp	183
ERGOLOID MESYLATES TAB	176	estradiol patch	127	famotidine tab	183
ERGOMAR SL TAB	147	estradiol tab	127	FARXIGA TAB	43
erlotinib tab	61	estradiol/norethindrone tab	126	febuxostat tab	133
erlotinib tab 25mg	61	ESTRING	192	felbamate susp	30
ertapenem inj	55	ethacrynic tab	118	felbamate tab	30
ERY PAD	103	ethambutol tab	57	FEMALE CONDOMS	143
erythromycin DR cap	142	ethosuximide cap	31	fenofibrate cap 67mg, 134mg, 200mg	49
erythromycin DR tab	142	ethosuximide soln	31	fenofibrate tab 48mg, 54mg, 145mg, 160mg	49
ERYTHROMYCIN EC CAP	142	etodolac cap	7	fenofibric acid DR cap	49
erythromycin	142	etodolac tab	7	fenopropfen calcium tab	7
ethylsuccinate susp		ETOPOSIDE CAP	74	FENOPROFEN TAB	8
ERYTHROMYCIN	142	etravirine tab	82	fentanyl patch	12
ETHYLSUCCINATE TAB		EUFLEXXA INJ	156	ferrex 150 forte cap	138
erythromycin gel	103	EULEXIN CAP	62	FILSPARI TAB	132
erythromycin ophth oint	162	everolimus tab	67	finasteride tab	113
erythromycin pad	103	everolimus tab (ZORTRESS equiv)	152	fingolimod hcl cap 0.5mg	175
erythromycin soln	104	everolimus tab for oral susp	67	FINTEPLA SOLN	28
erythromycin tab	142	EVRYSDI SOLN	158	FIRDAPSE TAB	57
escitalopram soln	33	exemestane tab	63	FIRST	54
escitalopram tab	33	EXTAVIA INJ	175	METRONIDAZOLE SUSP	
estazolam tab	140	ezetimibe tab	50	FIRST MOUTHWASH	153
				BLM	
				flecainide tab	19

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ALPHABETICAL LISTING OF DRUGS

FLORIVA PLUS DROPS	155	fluocinonide emollient cream	110	FLUTICASONE DISKUS INHALER	22
FLUAD INJ	188	fluocinonide gel	110	FLUTICASONE HFA INHALER	22
FLUAD QUAD INJ	188	fluocinonide oint	110	fluticasone nasal spray	157
FLUBLOK QUAD PF INJ	188	fluocinonide soln	111	fluticasone propionate cream	111
FLUCELVAX QUAD INJ	188	FLUORABON SOLN	149	FLUTICASONE PROPIONATE DISKUS INHALER 100 MCG/ACT	22
fluconazole susp	46	FLUORIDEX	153	FLUTICASONE PROPIONATE DISKUS INHALER 250 MCG/ACT	22
fluconazole tab	46	SENSITIVITY PASTE		FLUTICASONE PROPIONATE OINT	111
flucytosine cap	46	fluorometholone ophth soln	164	FLUTICASONE/SALMETEROL INHALER, WIXELA INHALER	24
FLUDARABINE INJ	60	FLUROPLEX CREAM	106	FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	24
fludrocortisone tab	101	fluorouracil cream	106	FLUTICASONE-SALMETEROL INHALER 115-21MCG/ACT	24
FLULAVAL QUAD INJ,	188	FLUROURACIL CREAM 0.5%	106	FLUTICASONE-SALMETEROL INHALER 230-21MCG/ACT	
FLUZONE QUAD INJ		fluorouracil soln	106		
FLUMIST QUADRIVALENT NASAL SUSP	188	fluoxetine cap	33		
flunisolide nasal soln	157	fluoxetine soln	33		
FLUOCINOLONE ACET CREAM	110	fluoxetine tab	33		
fluocinolone acetonide cream	110	fluphenazine decanoate inj	79		
fluocinolone acetonide oint	110	fluphenazine tab	79		
fluocinolone acetonide soln	110	flurandrenolide cream	111		
fluocinolone otic oil	168	flurandrenolide oint	111		
fluocinonide cream 0.05%	110	FLURAZEPAM CAP	140		
fluocinonide cream 0.1%	110	FLURBIPROFEN OPHTH SOLN	166		
		FLURBIPROFEN TAB	8		
		flutamide cap	63		

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ALPHABETICAL LISTING OF DRUGS

FLUTICASONE-SALMET 24	FOSCAVIR INJ 86	GALAFOLD CAP 124
EROL INHALER 232-14	fosinopril tab 51	galantamine ER cap 172
MCG/ACT	fosinopril/hydrochlorothia 53	GALANTAMINE SOLN 172
FLUTICASONE-SALMET 25	zide tab	galantamine tab 173
EROL INHALER	FRAGMIN INJ 26	GALZIN CAP 151
45-21MCG/ACT	FREESTYLE LIBRE 2 143	GAMASTAN S/D INJ 168
FLUTICASONE-SALMET 25	RECEIVER	GAMMAGARD S/D INJ 168
EROL INHALER 55-14	FREESTYLE LIBRE 2 143	GARDASIL 9 INJ 189
MCG/ACT	SENSOR	GAVILYTE-C SOLN 140
fluvastatin cap 49	FREESTYLE LIBRE 3 143	GAVRETO CAP 67
fluvastatin ER tab 49	READER	gefitinib tab 61
fluvoxamine ER cap 33	FREESTYLE LIBRE 3 144	GEL-ONE INJ 156
fluvoxamine tab 33	SENSOR	GELSYN-3 INJ 156
FLUZONE HD PF INJ 189	FREESTYLE LIBRE 144	gemfibrozil tab 49
FLUZONE HIGH DOSE 189	RECEIVER	GENOTROPIN INJ 122
PF INJ	FREESTYLE LIBRE 144	GENTAK OPHTH OINT 162
FLUZONE SPLIT QUAD 189	SENSOR (14-DAY)	gentamicin ophth soln 162
INJ	frovatriptan tab 147	gentamicin sulfate cream 105
FLUZONE/FLUARIX 189	FULL KIT NEBULIZER 146	gentamicin sulfate oint 105
QUAD INJ	SET	GENVISC-850 INJ, 156
FOLBEE PLUS CZ TAB 154	FULPHILA INJ 137	SUPARTZ FX INJ,
folbee tab 138	furosemide soln 118	TRIVISC INJ, VISCO-3
folic acid tab 1mg 137	furosemide tab 119	INJ
folic acid tab 400mcg 137	FUZEON INJ 82	GENVOYA TAB 83
folic acid tab 800mcg 137	G	gianvi tab, ocella tab 97
fondaparinux inj 26	gabapentin cap 28	GILENYA CAP 0.25MG 175
fosamprenavir tab 82	gabapentin soln 28	GILOTRIF TAB 62
foscarnet sodium inj 86	gabapentin tab 28	glatiramer inj 175

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ALPHABETICAL LISTING OF DRUGS

GLEOSTINE/LOMUSTIN	59	griseofulvin tab	46	heparin inj	27
E CAP		GUAIFENESIN/CODEINE	101	HEPLISAV-B INJ	189
glimepiride tab	43	SYRUP		HERZUMA INJ	60
glipizide ER tab	43	guanfacine ER tab	2	HEXALEN CAP	58
glipizide tab	43	guanfacine IR tab	52	HIZENTRA INJ	168
glipizide/metformin tab	35	GUANIDINE TAB	57	HOMATROPINE OPHTH	160
GLUCAGEN HYPOKIT	38	GVOKE INJ	38	SOLN	
INJ		GVOKE INJ KIT	38	HUMULIN R INJ U-500	40
GLUCAGEN INJ	116	GVOKE PFS INJ	38	HUMULIN R U-500	41
GLUCAGON KIT	38	H		KWIKPEN INJ	
GLYBURID MCR TAB	43	HADLIMA INJ	6	HYALGAN INJ	156
glyburide tab	43	HADLIMA INJ	6	HYCAMTIN CAP	58
glyburide/metformin tab	35	40MG/0.8ML		hydralazine tab	54
glycerin-hypromellose-pe	158	HADLIMA PUSH INJ	6	hydrochlorothiazide cap	119
g 400 opth soln		HADLIMA PUSH INJ	6	hydrochlorothiazide tab	119
glycopyrrolate tab	182	40MG/0.8ML		hydrocodone/acetaminoph	14
GLYGEST PAK	117	HAEGARDA INJ	134	en soln	
GLYXAMBI TAB	35	halcinonide cream	111	hydrocodone/acetaminoph	14
GOLYTELY SOLN	141	halobetasol propionate	111	en soln 10-325 mg/15ml	
GONAL-F RFF INJ	121	cream		hydrocodone/acetaminoph	14
GONAL-F RFF INJ,	121	halobetasol propionate	111	en tab	
GONAL-F INJ		oint		hydrocodone/chlorphenira	102
GONIOTAIRE OPHTH	159	haloperidol decanoate inj	78	mine/pseudoephedrine	
SOLN		haloperidol lactate conc	78	liquid	
granisetron tab	45	haloperidol tab	78	hydrocodone/homatropine	101
GRANIX INJ	137	HAVRIX INJ, VAQTA INJ	189	syrup	
griseofulvin micro tab	46	HAVRIX/VAQTA INJ	189		
griseofulvin susp	46	HEMLIBRA INJ	134		

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ALPHABETICAL LISTING OF DRUGS

HYDROCORTISONE	17	hydroxyurea cap	59	IMBRUVICA TAB	68
ACETATE/PRAMOXINE		hydroxyzine pamoate cap	18	IMIPENEM/CILASTATIN	55
CREAM		hydroxyzine syrup	18	INJ	
hydrocortisone butyrate	111	hydroxyzine tab	18	imipenem/cilastin inj	55
cream		HYFTOR GEL	114	imipramine tab	35
HYDROCORTISONE	111	HYMOVIS INJ	156	imiquimod cream	114
BUTYRATE LIPO CREAM		hyoscyamine sulfate CR	182	IMITREX INJ	147
hydrocortisone butyrate	111	tab		IMOVAX INJ	189
lipocream		hyoscyamine sulfate elixir	182	INCRELEX INJ	123
hydrocortisone butyrate	111	hyoscyamine sulfate ODT	182	INCRUSE ELLIPTA	21
ointment		hyoscyamine sulfate SL tab	182	INHALER	
hydrocortisone cream	111	hyoscyamine sulfate soln	183	indapamide tab	119
hydrocortisone enema	16	hyoscyamine tab	183	indomethacin cap	8
hydrocortisone lotion 2%	111	hypromellose ophth soln	159	indomethacin CR cap	8
hydrocortisone oint	111	HYQVIA INJ	169	INFLECTRA INJ	129
hydrocortisone pramoxine	111			INGREZZA CAP	174
cream		I		INGREZZA PACK	174
hydrocortisone supp	16	IBRANCE CAP	67	40-80MG	
hydrocortisone tab	100	IBRANCE TAB	67	INLYTA TAB	60
hydrocortisone valerate	111	ibuprofen susp (Rx ONLY)	8	INQOVI TAB	65
cream		ibuprofen tab	8	INSULIN ASPART	41
hydrocortisone valerate	111	icatibant inj	134	FLEXPEN INJ	
ointment		ICLUSIG TAB	67	INSULIN ASPART INJ	41
HYDROMORPHONE	12	IDHIFA TAB	67	INSULIN ASPART MIX	41
SUPP		imatinib tab	67	FLEXPEN INJ	
hydromorphone tab	12	IMBRUVICA CAP	67	INSULIN ASPART MIX	41
hydroquinone cream	115	140MG		INJ	
hydroxychloroquine tab	57	IMBRUVICA CAP 70MG	68		
		IMBRUVICA SUSP	68		

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ALPHABETICAL LISTING OF DRUGS

INSULIN ASPART	41	IRON	138	JANUMET XR TAB	36
PENFILL INJ		POLYSACCH/THREONIC		JANUVIA TAB	38
INSULIN	41	ACID/B12/FA CAP		JARDIANCE TAB	43
GLARGINE-YFGN		ISENTRESS (HD) TAB	83	JAYPIRCA TAB	68
(SINGLE PEN)		ISENTRESS CHEW TAB	83	JENTADUETO TAB	36
INSULIN	41	ISENTRESS POWDER	83	JENTADUETO XR TAB	36
GLARGINE-YFGN INJ		PACK		JOENJA TAB	151
(SEMGLEE Equiv)		isibloom tab, enskyce tab,	97	JULUCA TAB	83
INSULIN	41	apri tab			
GLARGINE-YFGN PEN		isoniazid syrup	58	K	
(SEMGLEE Equiv)		ISONIAZID TAB	58	KALETRA TAB	83
INSULIN SYRINGE	145	ISOPTO CARBACHOL	161	KALYDECO PAK	177
INTELENCE TAB	83	OPHTH SOLN		KALYDECO TAB	177
INTRON-A INJ	58	isosorbide dinitrate tab	17	KANAMYCIN INJ	4
INVANZ INJ	55	isosorbide mononitrate ER	17	KANJINTI INJ	60
INVEGA HAFYERA INJ	77	tab		kelnor tab	97
INVEGA SUSTENNA INJ,	77	isosorbide mononitrate tab	17	KERENDIA TAB	125
INVEGA TRINZA INJ		isoxsuprine tab	94	KESIMPTA INJ	175
INVIRASE CAP	83	isradipine cap	91	ketoconazole cream	105
INVIRASE TAB	83	ISTURISA TAB 10MG	120	ketoconazole shampoo	105
IOPIDINE OPTH SOLN	161	ISTURISA TAB 1MG	120	ketoconazole tab	46
IPOL INACTIVATED IPV	189	ISTURISA TAB 5MG	120	KETO-DIASTIX TEST	116
ipratropium nasal spray	157	itraconazole cap	46	STRIP	
ipratropium neb soln	21	ivermectin tab	17	ketorolac ophth soln	166
irbesartan tab	51	IXIARO INJ	189	ketorolac tab	8
irbesartan/hydrochlorothia	53			KETOSTIX	116
zide tab		J		ketotifen ophth soln	166
		JAKAFI TAB	68	KEVZARA INJ	7
		JANUMET TAB	36		

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KINRIX INJ,	181	LAMPIT TAB	55	levocarnitine soln	124
QUADRACEL INJ		LANCET KIT	144	levocarnitine tab	124
KISQALI PAK	65	LANCETS	144	levofloxacin ophth soln	162
KISQALI TAB	68	lansoprazole cap	183	LEVOFLOXACIN SOLN	127
KLOXXADO NASAL	44	LANSOPRAZOLE SUSP	183	levofloxacin tab	127
SPRAY		lanthanum carbonate chew	131	levonorgestrel tab	100
KOSELUGO CAP	68	tab		levonorgestrel-ethinyl	98
KOSELUGO CAP 10MG	68	LANTUS INJ, INSULIN	41	estradiol-fe tab	
KRAZATI TAB	68	GLARGINE INJ		levothyroxine tab	180
KRINTAFEL TAB	57	lapatinib ditosylate tab	68	LEXIVA SUSP	83
K-TAB	149	latanoprost ophth soln	167	lidocaine cream 3%	114
<hr/>					
L		leflunomide tab	9	lidocaine gel	114
labetalol tab	90	lenalidomide cap	151	lidocaine oint	114
lacosamide oral solution	28	LENVIMA CAP	60	LIDOCAINE ORAL SOLN	153
lacosamide tab	28	letrozole tab	63	4%	
LACRISERT OPHTH	159	leucovorin inj	74	lidocaine patch	115
INSERT		leucovorin tab	59	lidocaine soln	115
LACTIC ACID LOTION	113	LEUKERAN TAB	58	lidocaine viscous soln	153
lactulose soln	130	LEUKINE INJ	137	lidocaine/hydrocortisone	16
LAGEVRIO 200MG CAP	88	levabuterol neb soln	25	cream	
LAGEVRIO CAP (EUA)	88	LEVEMIR FLEXTOUCH	41	lidocaine/prilocaine cream	115
lamivudine soln	83	INJ		lincomycin inj	55
lamivudine tab	83	LEVEMIR INJ	42	linezolid susp	56
lamivudine tab 100mg	86	levetiracetam ER tab	29	linezolid tab	56
lamivudine/zidovudine tab	83	levetiracetam soln	29	LINZESS CAP	130
lamotrigine chew tab	28	levetiracetam tab	29	liothyronine tab	180
lamotrigine ODT	28	LEVOBUNOLOL OPHTH	160	lisdexamphetamine	1
lamotrigine tab	28	SOLN		dimesylate cap	

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ALPHABETICAL LISTING OF DRUGS

lisdexamfetamine	2	losartan/hydrochlorothiazide tab	53	MAVENCLAD THERAPY PAK	175
dimesylate chew tab		LOTEMAX OPHTH GEL	164	MAVYRET PAK	86
lisinopril tab	51	LOTEMAX OPHTH OINT	164	MAVYRET TAB	87
lisinopril/hydrochlorothiazide tab	53	loteprednol etabonate ophth gel	164	MAYZENT TAB	175
LITFULO CAP	114	loteprednol ophth susp	164	MAYZENT TAB STARTEI PACK	175
LITHIUM CARBONATE CAP	76	lovastatin tab	49	meclizine hcl tab	45
lithium carbonate ER tab	76	loxapine cap	78	MECLOFENAMATE CAP	8
lithium carbonate tab	76	LUBRICANT GEL DROP	159	medroxyprogesterone inj	100
LIVMARLI SOLN	129	LUCEMYRA TAB	172	medroxyprogesterone tab	171
LIVTENCITY TAB	86	LUMAKRAS TAB	69	mefloquine tab	57
L-METHYLFOLATE TAB	117	LUMAKRAS TAB 230MG	69	megestrol susp	63
LO LOESTRIN TAB	98	LUMIGAN OPHTH SOLN	167	megestrol tab	63
loestrin 21 tab	98	LUMRYZ PACK	172	MEKINIST SOLN	69
LOKELMA PAK	152	lurasidone hcl tab	77	MEKINIST TAB 0.5MG	69
LONSURF TAB	65	LUVIRA CAP	117	MEKINIST TAB 2MG	69
lopinavir/ritonavir soln	83	LYSODREN TAB	63	MEKTOVI TAB	69
lopinavir-ritonavir tab	83	LYTGOBI THERAPY PACK	69	meloxicam tab	8
loratadine ODT	47			melphalan inj	59
loratadine syrup	47			MELPHALAN TAB	59
loratadine tab	47	M		memantine soln	173
lorazepam conc	19	magnesium sulfate inj	149	memantine tab	173
lorazepam tab	19	MALE CONDOMS	143	MENACTRA INJ	185
LORBRENA TAB 100MG	69	MAPROTILINE TAB	32	MENOPUR INJ	121
LORBRENA TAB 25MG	69	maraviroc tab	84	MENQUADFI INJ	185
losartan tab	51	MARPLAN TAB	32	MENVEO INJ	185
		MATULANE CAP	59	MENVEO SOLN	185

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ALPHABETICAL LISTING OF DRUGS

meprobamate tab	18	methylphenidate CD cap	3	MIFIPREX TAB	125
mercaptapurine tab	58	methylphenidate ER cap	3	MIGERGOT SUPP	146
meropenem inj	55	METHYLPHENIDATE ER	3	miglustat cap	136
mesalamine DR cap	129	TAB		minocycline cap	179
mesalamine DR tab	129	methylphenidate soln	3	minocycline tab	179
mesalamine enema	129	methylphenidate tab	4	minoxidil tab	54
mesalamine ER cap	129	methylprednisolone dose	100	mirtazapine ODT	32
mesalamine supp	130	pack		mirtazapine tab	32
MESNEX TAB	58	methylprednisolone tab	101	MIRVASO GEL	115
METANX CAP	117	METIPRANOLOL OPHTH	160	misoprostol tab	183
metformin ER tab 500mg	37	SOLN		mitoxantrone inj	65
metformin tab	37	metoclopramide soln	128	M-M-R II INJ	189
metformin tab ER 750mg	37	metoclopramide tab	128	modafinil tab	4
methadone soln	12	metolazone tab	119	moexipril tab	51
methadone tab	12	metoprolol ER tab	90	mometasone cream	112
methadose tab	12	metoprolol tab	90	mometasone oint	112
methazolamide tab	118	metoprolol/hydrochlorothi	53	mometasone soln	112
methenamine hippurate tab	56	azide tab		MONOVISC INJ	156
methenamine mandelate	56	metronidazole cap	54	montelukast chew tab	21
tab		metronidazole cream	115	montelukast granule pack	21
methimazole tab	179	metronidazole gel	115	montelukast tab	21
methocarbamol tab	155	metronidazole lotion	115	MORPHINE SULF SOLN	12
METHOTREXATE INJ	60	metronidazole tab	54	morphine sulfate ER tab	12
methotrexate tab	58	metronidazole vaginal gel	191	morphine sulfate soln	12
methoxsalen cap	107	mexiletine hcl cap	19	MORPHINE SULFATE	12
methsuximide cap	31	mibelas chew tab	98	SOLN 20MG/5ML	
METHYLDOPA TAB	52	midodrine tab	192	MORPHINE SULFATE	12
methylergonovine tab	168	mifepristone tab	38	SUPP	

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ALPHABETICAL LISTING OF DRUGS

morphine sulfate tab	12	mycophenolate mofetil	89	nefazodone tab 50mg,	34
MOUNJARO INJ	39	susp		250mg	
MOVANTIK TAB	130	mycophenolate mofetil tab	89	neomycin tab	4
MOXEZA	162	MYFEMBREE TAB	126	NEOMYCIN/POLYMIXIN	163
INTRAOCULAR SOLN		MYLERAN TAB	59	/GRAMICIDIN OPHTH	
5MG/ML		MYNATAL-Z TAB	155	SOLN	
MOXEZA OPHTH SOLN	162	MYRBETRIQ TAB	184	neomycin/polymixin/hydro	167
moxifloxacin ophth soln	162	<hr/>			coritisono otic soln
moxifloxacin tab	128	N		neomycin/polymixin/hydro	168
MULPLETA TAB	137	nabumetone tab	8	coritisono otic susp	
MULTAQ TAB	20	nadolol tab	90	NEOMYCIN/POLYMYXI	132
MULTIGEN FOLIC TAB	138	nafcillin inj	171	N B GU IRRIGATION	
MULTIGEN PLUS TAB	139	nalbuphine inj	15	SOLN	
MULTIGEN TAB	139	naloxone hcl nasal spray	44	neomycin/polymyxin/dexa	164
MULTIVITAMIN/FLOURI	155	naloxone inj	44	methasone ophth oint	
DE CHEW 0.25MG		NALOXONE PREFILLED	44	neomycin/polymyxin/dexa	164
MULTIVITAMIN/FLOURI	155	INJ		methasone ophth soln	
DE CHEW 1MG		naltrexone tab	44	NEOMYCIN/POLYMYXI	165
MULTIVITAMIN/FLUORI	155	naproxen DR tab 500mg	8	N/HYDROCORTISONE	
DE CHEW TAB		naproxen EC tab	8	OPHTH SOLN	
multivitamin/minerals tab	154	naproxen sodium tab	8	NEPHRON FA TAB	139
mupirocin cream	105	naproxen susp	8	NERLYNX TAB	69
mupirocin oint	105	naproxen tab	8	NEVANAC OPHTH SUSP	166
MUSE SUPP	93	naratriptan tab	147	NEVIRAPINE SUSP	84
MVASI INJ	60	NARCAN NASAL SPRAY	45	nevirapine tab	84
mycophenolate DR tab	89	NATACYN OPHTH SUSP	162	NEXLETOL TAB	48
mycophenolate mofetil	89	NATAZIA TAB	98	NEXLIZET TAB	48
cap		NEBUSAL NEB SOLN	102	NEXTSTELLIS TAB	98
		NEFAZODONE TAB	34		

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ALPHABETICAL LISTING OF DRUGS

niacin ER tab	50	nitroglycerin patch	18	NOVOLIN N INJ	42
NIACOR TAB	50	nitroglycerin SL tab	18	NOVOLIN R FLEXPEN	42
nicardipine cap	91	NIVESTYM INJ	137	INJ	
nicotine gum	176	NIZATIDINE CAP	183	NOVOLIN R INJ	42
NICOTINE KIT	176	norethindrone ace-ethinyl	98	NOVOPEN JR (GREEN)	145
nicotine lozenge	176	estradiol-fe cap		NOVOPEN JR	145
nicotine patch	177	norethindrone	98	(YELLOW)	
NICOTROL INHALER	177	acetate/ethinyl estradiol		NOVOTWIST PEN	145
NICOTROL NASAL	177	tab		NEEDLE	
SPRAY		norethindrone tab	100	NOVOTWIST/NOVOFINE	145
nifedipine cap	91	norethindrone/ethinyl	98	PEN NEEDLE	
nifedipine ER tab	92	estradiol FE tab		np thyroid tab	180
nilutamide tab	63	NORPACE CR CAP	19	NUBEQA TAB	63
NINLARO CAP	70	nortrel 7/7/7 tab, pirmella	98	NUCALA INJ	20
nisoldipine ER tab	92	7/7/7 tab		NUDEXTA CAP	176
NISOLDIPINE ER TAB	92	nortrel tab	98	NULYTELY SOLN	141
20MG, 30MG, 40MG		nortriptyline cap	35	NURTEC ODT	146
nitazoxanide tab	55	nortriptyline oral soln	35	nystatin cream	105
nitisinone cap	124	NORVIR CAP	84	nystatin oint	106
NITRO-BID OINT	17	NORVIR POWDER PACK	84	nystatin powder	46
NITRO-DUR PATCH	18	NORVIR SOLN	84	nystatin susp	153
0.3MG/HR, 0.8MG/HR		NOVOFINE PEN	145	nystatin tab	46
nitrofurantoin	56	NEEDLE		nystatin topical powder	106
macrocrystals cap		NOVOLIN 70/30	42	nystatin/triamcinolone	106
nitrofurantoin	56	FLEXPEN INJ		cream	
monohydrate cap		NOVOLIN 70/30 INJ	42	nystatin/triamcinolone oint	106
nitrofurantoin susp	56	NOVOLIN N FLEXPEN	42	NYVEPRIA INJ	137
nitroglycerin lingual spray	18	INJ			

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ALPHABETICAL LISTING OF DRUGS

OICALIVA TAB	128	OMNIPOD GO KIT	144	ORACIT SOLN	131
octreotide inj	125	ondansetron ODT	45	ORAZINC CAP 220MG	151
OCTREOTIDE INJ	126	ondansetron soln	45	ORENCIA CLICK INJ	9
100MCG		ONDANSETRON TAB	45	ORENCIA IV INJ	9
ODEFSEY TAB	84	ONETOUCH DELICA	144	ORENCIA SC INJ	9
OFEV CAP	178	LANCETS		125MG/ML	
ofloxacin ophth soln	163	ONETOUCH DELICA	144	ORENCIA SC INJ	9
ofloxacin otic soln	167	PLUS LANCETS		50MG/0.4ML	
ofloxacin tab	128	ONETOUCH METER	144	ORENCIA SC INJ	9
OGIVRI INJ	61	ONETOUCH ULTRA TEST	116	87.5MG/0.7ML	
olanzapine ODT	79	STRIP		ORGOVYX TAB	63
olanzapine tab	79	ONETOUCH ULTRASOFT	144	ORIAHNN CAP	126
olanzapine/fluoxetine cap	173	LANCETS		ORILISSA TAB 150MG	122
OLLIZAC POWDER	117	ONETOUCH VERIO	145	ORILISSA TAB 200MG	122
olopatadine nasal spray	157	FLEX METER		ORKAMBI GRANULES	177
OLUMIANT TAB	5	ONETOUCH VERIO IQ	145	PACKET	
OLUMIANT TAB 4MG	5	METER		ORKAMBI TAB	177
omega-3-acid ethyl esters	48	ONETOUCH VERIO	145	orphenadrine citrate ER	155
cap		METER		tab	
omeprazole DR cap	183	ONETOUCH VERIO	145	orphenadrine citrate inj	156
OMNIPOD 5 G6 MIS	144	REFLECT METER		ORSERDU TAB	63
PODS		ONETOUCH VERIO TEST	116	ORSERDU TAB 345MG	64
OMNIPOD 5 G7 KIT	144	STRIP		ORTHOVISC INJ	156
INTRO		ONGENTYS CAP	76	oseltamivir cap	87
OMNIPOD 5 G7 MIS	144	ONTRUZANT INJ	61	oseltamivir cap 30mg	88
PODS		ONUREG TAB	60	oseltamivir susp	88
OMNIPOD DASH INTRO	144	OPSUMIT TAB	95	OTEZLA STARTER PACK	9
KIT		OPZELURA CREAM	113	OTEZLA TAB	9

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ALPHABETICAL LISTING OF DRUGS

oxacillin inj	171	OZEMPIC INJ 8MG/3ML	40	PEMAZYRE TAB	70
oxaprozin tab	8	P		penciclovir cream	108
oxazepam cap	19	PALFORZIA POWDER	4	penicillamine tab	151
OXBRYTA TAB	136	PACK		penicillin G potassium inj	169
OXBRYTA TAB FOR	136	PALFORZIA SPRINKLE	4	PENICILLIN G	170
ORAL SUSP		CAP		PROCAINE INJ	
oxcarbazepine susp	29	paliperidone ER tab	77	PENICILLIN G SODIUM	170
oxcarbazepine tab	29	pantoprazole EC tab	183	INJ	
OXERVATE OPHTH	163	paramox hc gel	112	PENICILLIN VK SOLN	170
SOLN		paricalcitol cap	124	penicillin vk tab	170
oxybutynin ER tab	184	paroxetine ER tab	33	PENTACEL INJ	181
oxybutynin syrup	184	paroxetine tab	33	PENTAMIDINE	54
oxybutynin tab	184	PAXLOVID TAB 150-100	86	ISETHIONATE INJ	
oxycodone conc	12	PAXLOVID TAB 300-100	86	pentamidine neb soln	54
OXYCODONE ER TAB,	13	pazopanib hcl tab	70	PENTASA CAP	130
OXYCONTIN CR TAB		PEAK FLOW METER	146	pentoxifylline ER tab	135
oxycodone soln	13	PEDIARIX INJ	181	PERINDOPRIL TAB	51
oxycodone tab	13	pediatric multiple	155	permethrin cream	115
OXYCODONE/ACETAMI	14	vitamins/fluoride chew tab		perphenazine tab	79
NOPHEN SOLN		pediatric multiple	155	PERPHENAZINE/	173
oxycodone/acetaminophen	14	vitamins/fluoride soln		AMITRIPTYLINE TAB	
tab		pediatric multiple	154	PERSERIS INJ	77
OXYCODONE/ASPIRIN	14	vitamins/fluoride/iron soln		phenazopyridine tab	133
TAB		PEDVAXHIB INJ	185	PHENELZINE SULFATE	33
OZEMPIC INJ	39	peg 3350/electrolytes soln	141	TAB	
2MG/1.5ML		PEGANONE TAB	31	phenelzine tab	33
OZEMPIC INJ 2MG/3ML	39	PEGASYS INJ	87	phenobarbital elixir	140
OZEMPIC INJ 4MG/3ML	40	PEG-INTRON INJ	87	phenobarbital tab	140

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ALPHABETICAL LISTING OF DRUGS

phenoxybenzamine cap	51	PODOCON SOLN	114	potassium chloride micro	150
phentermine cap	2	podofilox soln	114	tab	
phentermine tab	2	POLYETHYLENE	171	potassium chloride powder	150
phenylephrine ophth soln	160	GLYCOL 8000		packet	
phenytoin cap	31	GRANULES		potassium chloride soln	150
phenytoin chew tab	31	polyethylene	159	POTASSIUM CHLORIDE	150
phenytoin susp	31	glycol-propylene glycol		TAB ER	
PHEXXI GEL	191	ophth soln		potassium citrate CR tab	131
PHOSLYRA SOLN	131	polymyxin b/trimethoprim	163	potassium citrate/citric	132
phospha 250 neutral tab	149	ophth soln		acid powder pack	
PHOSPHOLINE OPHTH	161	polyvinyl alcohol ophth	159	potassium citrate/citric	132
SOLN		soln		acid soln	
phytonadione tab	192	polyvinyl	159	potassium iodide oral soln	102
PIFELTRO TAB	84	alcohol-povidone ophth		potassium phosphate	149
pilocarpine ophth soln	161	soln		monobasic tab	
pilocarpine tab	154	POMALYST CAP	64	POTIGA TAB	29
pimecrolimus cream	114	POT/CHLORIDE EFFER	150	POTIGA TAB 50MG	29
PIMOZIDE TAB	176	TAB		PRALUENT INJ	50
pindolol tab	90	POTABA POWDER	193	pramipexole tab	75
pioglitazone tab	42	PACKET		PRAMOSONE CREAM	112
piperacillin/tazobactam inj	171	potassium bicarbonate	150	1-1%	
PIQRAY TAB	70	effer tab		PRAMOSONE E CREAM	112
piroxicam cap	9	potassium chloride effer	150	PRAMOSONE OINT	112
PLASMA-LYTE INJ	149	tab		pramoxine/hydrocortisone	16
PLEGRIDY INJ	175	potassium chloride ER cap	150	cream	
PLEGRIDY PEN INJ	175	potassium chloride ER tab	150	PRASCION RA CREAM	104
PNEUMOVAX INJ	185	potassium chloride inj	150	prasugrel tab	135
PODIAPN CAP	117			pravastatin tab	49

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ALPHABETICAL LISTING OF DRUGS

praziquantel tab	17	PRENATAL VITAMIN	192	promethazine tab	47
prazosin cap	52	PREVNAR 13 INJ	185	promethazine VC syrup	102
PRED FORTE OPHTH SUSP	165	PREVNAR 20 INJ	186	PROMETHEGAN SUPP	47
PRED MILD OPHTH SOLN	165	PREVYMIS TAB	86	propafenone ER cap	20
PRED-G OPHTH SOLN	165	PREZCOBIX TAB	84	propafenone tab	20
PREDNICARBATE CREAM	112	PREZISTA SUSP	84	PROPANTHELINE TAB	183
PREDNICARBATE OIN	112	PREZISTA TAB	84	proparacaine ophth soln	163
prednisolone ODT	101	PRIFTIN TAB	58	propranolol ER cap	90
PREDNISOLONE ODT TAB	101	primaquine tab	57	propranolol oral soln	90
PREDNISOLONE OPHTH SUSP	165	primidone tab	29	20mg/5ml	
PREDNISOLONE	165	PRIORIX INJ	190	PROPRANOLOL SOLN	90
SODIUM PHOSPHATE OPHTH SOLN		probenecid tab	134	propranolol tab	90
prednisolone soln	101	prochlorperazine supp	79	propylene glycol ophth soln	159
PREDNISONE SOLN	101	prochlorperazine tab	79	propylene glycol-glycerin ophth soln	159
prednisone tab	101	PROCTOFOAM HC FOAM	16	propylthiouracil tab	179
pregabalin cap	29	proctosol HC cream	17	PROQUAD INJ	190
pregabalin soln	29	progesterone cap	171	PULMOZYME INH SOLN	178
PREGNYL INJ	122	progesterone oil inj	171	pyrazinamide tab	58
PREHEVBRIO SUSP	190	PROLEUKIN INJ	59	pyridostigmine CR tab	57
PREMARIN TAB	127	PROLIA INJ	120	pyridostigmine tab	57
PREMPHASE TAB,	127	PROMACTA POWDER	137	pyrimethamine tab	57
PREMPRO TAB		PROMACTA TAB	137	PYRUKYND TAB	135
		12.5MG, 25MG		PYRUKYND THERAPY	136
		PROMACTA TAB 50MG	138	PACK	
		PROMACTA TAB 75MG	138		
		promethazine supp	47	Q	
		promethazine syrup	47	QINLOCK TAB	70

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QSYMIA CAP	2	renaphro cap	154	risperidone microspheres	77
QUADRACEL PEF	181	RENFLEXIS INJ	130	inj	
SYRINGE, KINRIX PEF		RENOVA CREAM	105	risperidone ODT	77
SYRINGE		repaglinide tab	42	risperidone soln	78
quetiapine tab	79	REPATHA INJ	50	risperidone tab	78
quetiapine XR tab	79	REPATHA PUSHTRONEX	50	ritonavir tab	84
quinapril tab	51	INJ		RITUXAN INJ	60
quinapril/hydrochlorothiaz	53	RESCRIPTOR TAB	84	rivastigmine cap	173
ide tab		RETACRIT INJ	138	rivastigmine patch	173
quinidine gluconate CR tab	19	RETEVMO CAP	70	RIVIVE SPRAY	45
quinidine sulfate tab	19	REYATAZ POWDER	84	rizatriptan ODT	147
R		PACK		rizatriptan tab	148
RABAVERT INJ	190	REYVOW TAB	147	ropinirole tab	75
RADICAVA INJ	157	REZLIDHIA CAP	70	rosuvastatin tab	49
RADICAVA ORS	157	REZUROCK TAB	151	ROTARIX SUSP	190
STARTER KIT		REZVOGLAR INJ	42	ROTATEQ INJ	190
RADICAVA ORS SUSP	157	RHOFADE CREAM	115	ROZLYTREK CAP	70
raloxifene tab	123	ribavirin cap	87	ROZLYTREK PAK	70
ramipril cap	51	RIBAVIRIN TAB	87	RUBRACA TAB	70
ranolazine tab	17	RIDAURA CAP	7	rufinamide susp	29
rasagiline tab	75	rifabutin cap	58	rufinamide tab	29
RASUVO INJ	5	RIFAMATE CAP	57	RYBELSUS TAB	40
REBETOL SOLN	87	rifampin cap	58	RYDAPT CAP	71
REBIF INJ	176	riluzole tab	158	S	
RECOMBIVAX-HB INJ	190	RIMANTADINE TAB	88	salicylic acid shampoo	114
REGANEX GEL	116	RINVOQ ER TAB	5	salsalate tab	11
RELENZA DISKHALER	88	risedronate tab	120	SANDIMMUNE SOLN	89
RELYVRIO PAK	158			100MG/ML	

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SANTYL OINT	113	silver sulfadiazine cream	108	sodium citrate/citric acid	132
sapropterin	124	SIMBRINZA OPHTH	161	soln	
dihydrochloride powder		SUSP		sodium fluoride chew tab	149
packet		SIMPONI	6	sodium fluoride cream	153
sapropterin	124	AUTO-INJECTOR 100MG		sodium fluoride gel	153
dihydrochloride soluble		SIMPONI INJ 100MG	6	sodium fluoride paste	153
tab		simvastatin tab	49	sodium fluoride rinse	154
SAVELLA PAK	173	sirolimus soln	152	sodium fluoride soln	149
SAVELLA TAB	173	sirolimus tab	89	sodium fluoride/potassium	154
SCEMBLIX TAB	71	SIVEXTRO TAB	56	nitrate paste	
SECONAL CAP	140	SKYRIZI INJ	130	SODIUM OXYBATE	172
selegiline cap	75	SKYRIZI INJ 150MG/ML	107	SOLN, XYREM SOLN	
selegiline tab	75	SKYRIZI INJ	130	sodium phenylbutyrate	124
selenium sulfide lotion	107	180MG/1.2ML		powder	
selenium sulfide shampoo	107	SKYRIZI INJ	107	sodium phenylbutyrate tab	124
SELZENTRY SOLN	84	75MG/0.83ML		sodium polystyrene	89
SELZENTRY TAB	84	SKYTROFA INJ	122	powder	
SEREVENT DISKUS	25	SLYND TAB	100	sodium polystyrene susp	89
INHALER		smz/tmp (DS) tab	54	sodium sulfacetamide gel	108
sertraline conc	33	smz/tmp susp	54	sodium sulfacetamide	108
sertraline tab	33	SOD CHLORIDE INJ	151	wash	
sevelamer powder pak	131	sodium chloride 0.9% irr	132	SODIUM	104
sevelamer tab	131	soln		SULFACETAMIDE/SULF	
SHINGRIX INJ	190	sodium chloride	166	UR EMULSION	
SIGNIFOR INJ	126	hypertonic ophth soln		sodium	104
sildenafil tab	93	sodium chloride inj	151	sulfacetamide/sulfur gel	
sildenafil tab 20mg	95	sodium chloride inj 0.9%	151	sodium	104
silodosin cap	133	sodium chloride neb soln	102	sulfacetamide/sulfur lotion	

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ALPHABETICAL LISTING OF DRUGS

sodium	104	STELARA INJ	107	SULFACETAMIDE/PRED	165
sulfacetamide/sulfur pad		45MG/0.5ML		NISOLONE OPHTH	
sodium	104	STIMATE NASAL SOLN	125	SOLN	
sulfacetamide/sulfur wash		STIOLTO INHALER	25	SULFADIAZINE TAB	178
sodium/potassium/magnesi	141	STIVARGA TAB	71	SULFAMYLON CREAM	108
um soln		STRENSIQ INJ	124	sulfasalazine EC tab	130
SOFOSBUVIR/VELPATAS	87	STREPTOMYCIN INJ	4	sulfasalazine tab	130
VIR TAB		STRIBILD TAB	85	sulindac tab	9
solifenacin tab	184	sucralfate susp	184	sumatriptan inj	148
SOMAVERT INJ	122	sucralfate tab	183	sumatriptan nasal spray	148
sorafenib tosylate tab	71	sulfacetamide sodium	163	sumatriptan tab	148
sotalol AF tab	91	ophth soln		sumatriptan vial inj	148
sotalol tab	91	SULFACETAMIDE	104	sumatriptan/naproxen tab	146
SPIKEVAX INJ	190	SODIUM W/ SULFUR		85-500mg	
SPINOSAD SUSP	115	CLEANSER 9-4.5%		sunitinib malate cap	71
SPIRIVA RESPIMAT	21	sulfacetamide	165	SUNOSI TAB	3
INHALER 1.25MCG/ACT		sodium/prednisolone		SYMDEKO TAB	178
SPIRIVA RESPIMAT	21	ophth soln		SYMPROIC TAB	130
INHALER 2.5MCG/ACT		sulfacetamide	104	SYMTUZA TAB	85
spironolactone tab	119	sodium/sulfur cream		SYNAREL NASAL SOLN	123
spironolactone/hydrochlor	118	10-2%		SYNJARDY TAB	36
othiazide tab		sulfacetamide	104	SYNJARDY XR TAB	36
sprintec 28 tab	99	sodium/sulfur cream		10-1000MG, 25-1000MG	
SPRYCEL TAB	71	10-5%		SYNJARDY XR TAB	36
SPS SUSP	152	sulfacetamide	104	5-1000MG,	
STAVUDINE CAP	84	sodium/sulfur cream		12.5-1000MG	
STELARA INJ	107	9.8-4.8%		SYNVISC INJ	156
				SYNVISC ONE INJ	156

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ALPHABETICAL LISTING OF DRUGS

SYRINGE	145	terbinafine cream	106	theophylline ER tab	25
T		terbinafine tab	46	100MG, 200MG, 300MG, 450MG	
TABLOID TAB	58	terbutaline sulfate tab	25	theophylline ER tab	25
TABRECTA TAB	71	terconazole cream	191	400mg, 600mg	
tacrolimus cap	89	TERCONAZOLE CREAM	191	theophylline soln	26
tacrolimus oint	114	0.8%		THEOPHYLLINE TAB ER	26
TAFINLAR CAP	71	terconazole supp	191	thioridazine tab	80
TAFINLAR TAB	71	teriflunomide tab	176	thiothixene cap	80
TAGRISSE TAB	62	testosterone cypionate inj	15	THYMOGLOBULIN INJ	89
TAKHZYRO INJ	135	TESTOSTERONE GEL 1%	15	THYROLAR TAB	180
TALTZ INJ	107	25MG		tiagabine tab	31
TALZENNA CAP 0.25MG	71	testosterone gel 1% 50mg	15	TIBSOVO TAB	72
TALZENNA CAP 0.5MG, 0.75MG, 1MG	71	testosterone gel 1% pump	16	TICOVAC INJ	190
tamoxifen tab	64	testosterone gel 1.62%	16	tigecycline inj	178
tamsulosin cap	133	1.25gm		timolol maleate ophth gel	160
TASIGNA CAP	71	testosterone gel 1.62%	16	timolol maleate ophth soln	160
TAVALISSE TAB	135	2.5gm		timolol maleate tab	91
TAVNEOS CAP	134	TESTOSTERONE GEL	16	tiotropium bromide cap	21
TAZVERIK TAB	72	PUMP		inhaler	
TB SYRINGE	145	testosterone gel pump	16	TIVICAY PD TAB	85
temazepam cap 15mg	140	1.62%		TIVICAY TAB	85
temazepam cap 30mg	140	TETANUS/DIPHThERIA	181	tizanidine tab	156
temozolomide cap	59	TOXOID INJ		TOBRADEX OPHTH	165
tenofovir disoproxil fumarate tab 300mg	85	tetrabenazine tab	174	OINT	
TEPMETKO TAB	72	tetracycline cap	179	tobramycin neb soln	4
terazosin cap	52	THALOMID CAP	88	tobramycin ophth soln	163

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ALPHABETICAL LISTING OF DRUGS

tobramycin/dexamethason e ophth soln	165	TRESIBA FLEXTOUCH INJ	42	TRIJARDY XR TAB 10-5-1000MG,	37
TODAY SPONGE	191	TRESIBA INJ	42	25-5-1000MG	
TOLAZAMIDE TAB	43	tretinoin cap	58	TRIJARDY XR TAB	37
TOLBUTAMIDE TAB	43	tretinoin cream	105	5-25-1000MG,	
tolmetin cap	9	tretinoin gel	105	12.5-2.5-1000MG	
TOLMETIN TAB	9	triamcinolone acetonide oint	112	TRIKAFTA TAB	178
tolterodine SR cap	184	triamcinolone cream	112	TRIKAFTA THERAPY PACK	178
tolterodine tab	184	triamcinolone in orabase paste	154	TRI-LUMA CREAM	115
topiramate sprinkle cap	29	triamcinolone lotion	112	trimethobenzamide cap	45
topiramate tab	29	triamcinolone oint	112	trimethoprim tab	54
toremifene tab	64	triamcinolone oint	112	tri-sprintec tab	99
torsemide tab	119	triamterene cap	119	TRIUMEQ PD TAB	85
TRACLEER TAB 32MG	95	triamterene/hydrochloroth	118	TRIUMEQ TAB	85
TRADJENTA TAB	39	iazide cap		tropicamide ophth soln	160
tramadol hcl tab 100mg	13	triamterene/hydrochloroth	118	tropium tab	184
tramadol tab	13	iazide tab		TRULICITY INJ	40
trandolapril tab	51	triazolam tab	140	TRUMENBA INJ	186
tranexamic acid inj	139	tricitrates soln	132	TUKYSA TAB	61
tranexamic acid tab	139	tricon cap	139	TURALIO CAP	72
tranlycypromine tab	33	trifluoperazine tab	80	tussigon tab	101
travoprost ophth soln	167	TRIFLURIDINE OPHTH SOLN	163	TWINRIX INJ	190
TRAZIMERA INJ	61	trihexyphenidyl elixir	76	TWIRLA PATCH	99
trazodone tab	34	trihexyphenidyl tab	75	TYBLUME TAB	99
TRECTOR TAB	58			TYMLOS INJ	121
TRELEGY ELLIPTA INHALER	25			TYPHIM VI INJ	186
TREMFYA INJ	107			TYSABRI INJ	176

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ALPHABETICAL LISTING OF DRUGS

TYVASO DPI POWDER	94	valproic acid cap	32	VERAPAMIL ER CAP	92
TYVASO DPI POWDER	94	valproic acid syrup	32	200MG	
MAINTENANCE KIT		valsartan tab	51	VERAPAMIL ER CAP	92
32-48MCG		valsartan/hydrochlorothiazide tab	53	300MG	
TYVASO DPI POWDER	94	vancomycin cap	55	verapamil SR cap	92
TITRATION KIT		vancomycin hcl soln	55	VERAPAMIL SR CAP	92
16-32-48MCG		VANFLYTA TAB	72	360mg	
TYVASO DPI POWDER	94	VANFLYTA TAB 26.5MG	72	verapamil SR tab	92
TITRATION KIT		VANIQA CREAM	114	verapamil tab	92
16-32MCG		VARENICLINE TAB	177	VERELAN PM ER CAP	92
TYVASO INH SOLN 0.6	94	0.5MG,		100MG, 300MG	
MG/ML		varenicline tartrate tab	177	VERQUVO TAB	95
U		varenicline tartrate tab	177	VERZENIO TAB	72
UPNEEQ SOLN	166	start pack		VIBATIV INJ	54
UPTRAVI TAB	95	VARIVAX INJ	190	VICTOZA INJ	40
urea cream 40%	113	VAXELIS INJ	182	VIDEX SOLN	85
urea cream 50%	113	VAXNEUVANCE INJ	186	vienna tab, lessina tab,	99
urea gel	113	VELIVET PAK	99	kurvelo tab	
urea lotion	113	velivet tab	99	vigabatrin powder pack	31
urea susp 40%	113	VELTASSA POWDER	152	vigabatrin tab	31
ursodiol cap	128	VENCLEXTA STARTER	61	vigadrone powder pack	31
ursodiol tab	128	PACK		viorele tab, kariva tab	99
V		VENCLEXTA TAB	61	VIRACEPT TAB	85
valacyclovir tab	87	venlafaxine ER cap	34	VIREAD TAB 150MG,	85
VALCHLOR GEL	106	venlafaxine tab	34	200MG, 250MG	
valganciclovir soln	86	VEOZAH TAB	123	vitamin b-6 tab 25mg	193
valganciclovir tab	86	VERAPAMIL CAP ER	92	vitamin b-6 tab 50mg	193
				vitamin D cap	192

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ALPHABETICAL LISTING OF DRUGS

VITRAKVI CAP 100MG	72	XARELTO TAB	26	XIGDUO XR TAB	37
VITRAKVI CAP 25MG	73	XCOPRI PAK	30	5-500MG, 10-500MG,	
VITRAKVI SOLN	73	100-150MG		10-1000MG	
VIVITROL INJ	44	XCOPRI PAK	30	XOLAIR SYRINGE	20
VIVOTIF CAP	186	150-200MG		XOLAIR SYRINGE	20
VIZIMPRO TAB	62	XCOPRI PAK 50-200MG	30	150MG/ML	
VOCABRIA TAB	85	XCOPRI TAB 150MG,	30	XOSPATA TAB	73
VONJO CAP	73	200MG		XPOVIO PAK	64
voriconazole susp	47	XCOPRI TAB 50MG,	30	XTAMPZA ER CAP	13
voriconazole tab	47	100MG		XULTOPHY INJ	37
VOSEVI TAB	87	XCOPRI TITRATION PAK	30	XYZBAC TAB	117
VOWST CAP	130	12.5-25MG			
VOXZOGO INJ	125	XCOPRI TITRATION PAK	30	Y	
VYLEESI INJ	174	150-200MG		YF-VAX INJ	190
W		XCOPRI TITRATION PAK	30	Z	
WAKIX TAB	3	50-100MG		zafemy patch	99
warfarin tab	26	XDEMVIY DROP	163	zaleplon cap	140
WELIREG TAB	64	XELJANZ SOLN	5	ZANOSAR INJ	59
X		XELJANZ TAB	5	ZARXIO INJ	138
XADAGO TAB	75	XELJANZ XR TAB	5	ZAVZPRET NASAL	146
XALKORI CAP	73	XEMBIFY INJ	169	SPRAY	
XALKORI SPRINKLE	73	XGEVA INJ	121	ZEGALOGUE INJ	38
CAP		XIFAXAN TAB 550MG	54	ZEJULA CAP	73
XAQUIL XR TAB	117	XIGDUO XR TAB	37	ZEJULA TAB	73
XARELTO STARTER	26	XIGDUO XR TAB	37	ZELBORAF TAB	73
PACK		10-1000MG		ZEPOSIA CAP	176
XARELTO SUSP	26	XIGDUO XR TAB	37	ZEPOSIA STARTER PACK	176
		2.5-1000MG, 5-1000MG		zidovudine cap	85

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ALPHABETICAL LISTING OF DRUGS

zidovudine syrup	85
zidovudine tab	85
ZIEXTENZO INJ	138
ZIMHI SOLN	45
ZINC CAP 220MG	151
ZINC SULFATE CAP 220MG	151
ziprasidone cap	77
ZIRABEV INJ	60
ZIRGAN OPHTH GEL	163
ZOLINZA CAP	58
zolmitriptan ODT	148
zolmitriptan tab	148
zolpidem tab 10mg	140
zolpidem tab 5mg	140
ZONISADE SUSP	30
zonisamide cap	30
ZORYVE CREAM	107
ZYDELIG TAB	74
ZYKADIA CAP	74
ZYKADIA TAB	74
ZYLET OPHTH SUSP	166
ZYPREXA RELPREVV INJ	79

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