



# Valley Health Plan Prescription Drug Formulary

## Employer Group Classic & Preferred Plans

Updated May 2024 Notice is subject to change and all previous versions are no longer in effect.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](http://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](http://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](http://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](http://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](http://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
<b><i>enoxaparin inj</i></b> 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	<b>1</b>	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 <b>(<i>dalteparin sodium</i>)</b>	<b>2</b>	-

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](http://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](http://www.valleyhealthplan.org/members/pharmacy) or Navitus Customer Care **1.866.333.2757**.



## Key to Formulary Abbreviations and Symbols

Abbreviation	Description
<b>NC</b>	Not Covered
<b>generic</b>	Bold faced, italicized, lowercase letters
<b>BRANDS</b>	CAPITAL LETTERS
<b>EXC</b>	Plan Exclusion
<b>MSP</b>	Mandatory Specialty Pharmacy Program
<b>PAD</b>	Provider Administered Drug
<b>SF</b>	Limited to two 15 day fills per month for first 3 months
<b>ST</b>	Step Therapy
<b>INF</b>	Infertility
<b>OTC</b>	Over-the-Counter
<b>QL</b>	Quantity Limit
<b>SMKG</b>	Smoking Cessation
<b>VAC</b>	Vaccine Program
<b>LD</b>	Limited Distribution
<b>PA</b>	Prior Authorization
<b>RS</b>	Restricted to Specialist
¢	RxCENTS (Tablet Splitting Program)
<b>M</b>	Medical Benefit
<b>ONC</b>	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](http://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](mailto: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](http://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](http://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](http://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](http://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](mailto: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](http://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: <b>1.888.421.8444 (toll-free)</b> or <b>1.408.885.4760 (toll-free)</b> Fax: <b>1.408.885.4425</b> or <b>TTY 711</b> <a href="http://www.valleyhealthplan.org">www.valleyhealthplan.org</a>

### 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](http://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](http://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](http://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](http://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](http://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](http://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, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີ  
ພ້ອມໃຫ້ທ່ານ. ໂທ 1.888.421.8444 (California Relay Service (CRS) 711).

**Employer Formulary**  
**Last Updated 5/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<b>AMPHETAMINES - Drugs to treat ADHD, sleep disorders, and weight loss</b>		
<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.

<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =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 5/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<i>lisdexamfetamine dimesylate chew tab 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i> (VYVANSE CHEW Equiv)	1	-
<b>ANALEPTICS - Miscellaneous stimulant drugs</b>		
<i>caffeine citrate soln 20MG/ML, 60MG/3ML</i> (CAFCIT Equiv)	1	Only covered for members less than 1 year old
<b>ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss</b>		
<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
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - Drugs to treat ADHD and sleep disorders</b>		
<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	-
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) - Drugs to treat sleep disorders</b>		

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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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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 5/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
SUNOSI TAB 150MG, 75MG ( <i>solriamfetol hcl</i> )	2	PA-QL QL= 1 tab/day
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS - Drugs to treat sleep disorders</b>		
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
<b>STIMULANTS - MISC. - Miscellaneous stimulant drugs</b>		
<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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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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
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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

**Employer Formulary**  
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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> 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
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC - Drugs to prevent allergic reactions</b>		
<b>ALLERGENIC EXTRACTS - Drugs to prevent allergic reactions</b>		
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
<b>AMINOGLYCOSIDES - Drugs to treat bacterial infections</b>		
<b>AMINOGLYCOSIDES - Drugs to treat infections</b>		
<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
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation</b>		

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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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
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**Employer Formulary**  
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<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>ANTIRHEUMATIC - ENZYME INHIBITORS - Drugs to treat disorders of the immune system</b>		
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
<b>ANTIRHEUMATIC ANTIMETABOLITES - Drugs to treat disorders of the immune system</b>		
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
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - Drugs to treat disorders of the immune system</b>		
ADALIMU-ADB KIT 10/0.2ML (CYLTEZO Equiv) 10MG/0.2ML ( <i>adalimumab-adbm</i> )	2	MSP-PA-QL QL= 2 inj/28 days
ADALIMU-ADB 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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<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
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ST Step Therapy	VAC Vaccine Program	∅ RxCENTS

**Employer Formulary**  
**Last Updated 5/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> 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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<b>NC =Not Covered</b>		<b>generic =small letters</b>		<b>BRANDS =CAPITAL LETTERS</b>	
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
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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

**Employer Formulary**  
**Last Updated 5/1/2024**

<b>DRUG NAME</b> Name of drug	<b>DRUG TIER</b> What the drug will cost you (tier level)	<b>REQUIREMENTS/LIMITS</b> Necessary actions, restrictions, or limits on use
<b>GOLD COMPOUNDS - Drugs to treat disorders of the immune system</b>		
RIDAURA CAP 3MG ( <i>auranofin</i> )	2	-
<b>INTERLEUKIN-1 BLOCKERS - Drugs to treat disorders of the immune system</b>		
ARCALYST INJ 220MG ( <i>rilonacept</i> )	M	-
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS - Drugs to treat rheumatoid arthritis</b>		
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
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation</b>		
<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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L MSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program
ONC	Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC	Over-the-Counter	PA	Prior Authorization
PAD	Provider Administered Drug	OL	Quantity Limit	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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FENOPROFEN TAB ( <i>fenoprofen 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 800MG</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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<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	-
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - Drugs to treat disorders of the immune system</b>		
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
<b>PYRIMIDINE SYNTHESIS INHIBITORS - Drugs to treat disorders of the immune system</b>		
<i>leflunomide tab 10MG, 20MG</i> (ARAVA Equiv)	1	-
<b>SELECTIVE COSTIMULATION MODULATORS - Drugs to treat disorders of the immune system</b>		
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
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - Drugs to treat disorders of the immune system</b>		

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LMSP Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit	MSP Mandatory Specialty Pharmacy Program
ONC Oral Anticancer medication <= \$250 up to 30 day supply/Rx	OTC Over-the-Counter	PA Prior Authorization
PAD Provider Administered Drug	OL Quantity Limit	RDX Restricted to Diagnosis
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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
<b>ANALGESICS - NONNARCOTIC - Drugs to treat pain</b>		
<b>ANALGESIC COMBINATIONS - Drugs to treat pain</b>		
<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
<b>SALICYLATES - Drugs to treat pain</b>		

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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	-
<b>ANALGESICS - OPIOID - Drugs to treat pain</b>		
<b>OPIOID AGONISTS - Drugs to treat pain</b>		
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/5ML, 5MG/5ML</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
<b>OPIOID COMBINATIONS - Drugs to treat pain</b>		
<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</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	-
<b>OPIOID PARTIAL AGONISTS - Drugs to treat pain</b>		
<i>buprenorphine patch 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i> (BUTRANS Equiv)	1	QL QL= 4 patches/28 days
<i>buprenorphine SL tab 2MG, 8MG</i> (SUBUTEX Equiv)	1	-

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<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	-
<b>ANDROGENS-ANABOLIC - Drugs to regulate male hormones</b>		
<b>ANDROGENS - Drugs to treat low testosterone level</b>		
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
<i>testosterone gel 1% pump 1%</i> (ANDROGEL Equiv)	1	PA-QL QL= 4 bottles/30 days

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<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
<b>ANORECTAL AGENTS - Drugs to treat problems related to the rectum</b>		
<b>INTRARECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>hydrocortisone enema 100MG/60ML</i> (CORTENEMA Equiv)	1	-
<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
<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	-
<b>RECTAL STEROIDS - Drugs to treat systemic swelling conditions</b>		
<i>hydrocortisone supp 25MG, 30MG</i> (ANUSOL HC Equiv)	1	-
<i>proctosol HC cream 1%, 2.5%</i> (ANUSOL HC Equiv)	1	-
<b>ANORECTAL AND RELATED PRODUCTS - Drugs to treat problems related to the rectum</b>		

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<b>RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions</b>		
ANALPRAM-HC CREAM 1% ( <i>hydrocortisone acetate w/ pramoxine</i> )	2	-
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1% ( <i>hydrocortisone acetate w/ pramoxine</i> )	1	-
<b>ANTHELMINTICS - Drugs to treat worm infections</b>		
<b>ANTHELMINTICS - Drugs to treat parasites</b>		
<i>ivermectin tab 3MG</i> (STROMEKTOL Equiv)	1	PA
<i>praziquantel tab 600MG</i> (BILTRICIDE Equiv)	1	-
<b>ANTIANGINAL AGENTS - Drugs to treat chest pain</b>		
<b>ANTIANGINALS-OTHER - Drugs to treat chest pain</b>		
<i>ranolazine tab 1000MG, 500MG</i> (RANEXA Equiv)	1	-
<b>NITRATES - Drugs to treat chest pain</b>		
<i>isosorbide dinitrate tab 10MG, 20MG, 30MG, 5MG</i> (ISORDIL Equiv)	1	-
<i>isosorbide mononitrate ER tab 120MG, 30MG, 60MG</i> (IMDUR Equiv)	1	-
ISOSORBIDE MONONITRATE TAB 10MG, 20MG ( <i>isosorbide mononitrate</i> )	2	-
<i>isosorbide mononitrate tab 10MG, 20MG</i> (MONOKET Equiv)	1	-
NITRO-BID OINT 2% ( <i>nitroglycerin</i> )	2	-
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR .3MG/HR, .8MG/HR ( <i>nitroglycerin</i> )	2	-

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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<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	-
<b>ANTI-ANXIETY AGENTS - Drugs to treat anxiety</b>		
<b>ANTI-ANXIETY AGENTS - MISC. - Miscellaneous anti-anxiety drugs</b>		
<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	-
<b>BENZODIAZEPINES - Drugs to treat anxiety</b>		
<i>alprazolam tab .25MG, .5MG, 1MG, 2MG</i> (XANAX Equiv)	1	-
<i>chlordiazepoxide cap 10MG, 25MG, 5MG</i> (LIBRIUM Equiv)	1	-
<i>clorazepate tab 15MG, 3.75MG, 7.5MG</i> (TRANXENE-T Equiv)	1	-
<i>diazepam conc 5MG/ML</i> (VALIUM Equiv)	1	-

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<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	-
<b>ANTIARRHYTHMICS - Drugs to control heart rhythm</b>		
<b>ANTIARRHYTHMICS TYPE I-A - Drugs to control heart rhythm</b>		
<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	-
<b>ANTIARRHYTHMICS TYPE I-B - Drugs to control heart rhythm</b>		
<i>mexiletine hcl cap 150MG, 200MG, 250MG</i>	1	-
<b>ANTIARRHYTHMICS TYPE I-C - Drugs to control heart rhythm</b>		
<i>flecainide tab 100MG, 150MG, 50MG</i> (TAMBOCOR Equiv)	1	-
<i>propafenone ER cap 225MG, 325MG, 425MG</i> (RYTHMOL SR Equiv)	1	-
<i>propafenone tab 150MG, 225MG, 300MG</i> (RYTHMOL Equiv)	1	-

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<b>ANTIARRHYTHMICS TYPE III - Drugs to control heart rhythm</b>		
<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	-
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to treat asthma and COPD</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES - Drugs to treat asthma</b>		
NUCALA INJ 100MG/ML, 40MG/0.4ML ( <i>mepolizumab</i> )	2	MSP-PA-QL QL= 1 inj/28 days
XOLAIR INJ 75MG/0.5ML ( <i>omalizumab</i> )	2	MSP-PA-QL QL= 2 inj/28 days
XOLAIR INJ 150MG/ML 150MG/ML ( <i>omalizumab</i> )	2	MSP-PA-QL QL= 2 inj/28 days
XOLAIR INJ 300MG/2ML 300MG/2ML ( <i>omalizumab</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
XOLAIR SYRINGE 300MG/2ML 300MG/2ML ( <i>omalizumab</i> )	2	MSP-PA-QL QL= 1 inj/28 days
<b>ANTI-INFLAMMATORY AGENTS - Drugs to treat asthma and COPD</b>		
<i>cromolyn neb soln 20MG/2ML</i> (INTAL Equiv)	1	-

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<b>BRONCHODILATORS - ANTICHOLINERGICS - Drugs to treat breathing disorders</b>		
ATROVENT HFA INHALER 17MCG/ACT <i>(ipratropium bromide hfa)</i>	2	-
INCRUSE ELLIPTA INHALER 62.5MCG/INH <i>(umeclidinium bromide)</i>	2	-
<i>ipratropium neb soln .02%</i> (ATROVENT Equiv)	1	-
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT 1.25MCG/ACT <i>(tiotropium bromide monohydrate)</i>	2	-
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT 2.5MCG/ACT <i>(tiotropium bromide monohydrate)</i>	2	-
<i>tiotropium bromide cap inhaler 18MCG</i> (SPIRIVA HANDIHALER Equiv)	1	-
<b>LEUKOTRIENE MODULATORS - Drugs to treat asthma and COPD</b>		
<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	-
<b>STEROID INHALANTS - Drugs to treat asthma and COPD</b>		
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	-

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ASMANEX HFA INHALER 100MCG/ACT, 200MCG/ACT, 50MCG/ACT ( <i>mometasone furoate (inhalation)</i> )	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	2	-
ASMANEX INHALER 110MCG/INH, 220MCG/INH ( <i>mometasone furoate (inhalation)</i> )	2	-
<i>budesonide inh susp .25MG/2ML, .5MG/2ML, 1MG/2ML</i> (PULMICORT Equiv)	1	-
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	-
<b>SYMPATHOMIMETICS - Drugs to treat asthma and COPD</b>		

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<i>albuterol HFA inhaler 108MCG/ACT</i> (PROAIR, PROVENTIL Equiv)	1	QL QL= 2 inhalers/30 days
<i>albuterol neb soln .083%, .5%, .63MG/3ML, 1.25MG/3ML, 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</i> (DUONEB Equiv)	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</i> (SYMBICORT Equiv)	1	-

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COMBIVENT RESPIMAT INHALER 20MCG/ACT-100MCG/ACT ( <i>ipratropium-albuterol</i> )	2	-
DULERA INHALER 5MCG/ACT-100MCG/ACT, 5MCG/ACT-200MCG/ACT, 5MCG/ACT-50MCG/ACT ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	2	-
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	-
<b>XANTHINES - Drugs to treat asthma and COPD</b>		
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	-
<b>ANTICOAGULANTS - Drugs to thin the blood</b>		
<b>COUMARIN ANTICOAGULANTS - Drugs to thin the blood</b>		
<i>warfarin tab 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG</i> (COUMADIN Equiv)	1	-
<b>DIRECT FACTOR XA INHIBITORS - Drugs to thin the blood</b>		
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	-
<b>HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood</b>		
<i>enoxaparin inj 300MG/3ML</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/4ML, 95000UNIT/3.8ML ( <i>dalteparin sodium</i> )	2	-
<i>heparin inj 10000UNIT/ML, 1000UNIT/ML, 20000UNIT/ML, 5000UNIT/0.5ML, 5000UNIT/ML</i>	1	-
<b>THROMBIN INHIBITORS - Drugs to thin the blood</b>		

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

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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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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 100MG/10ML, 10MG/ML, 50MG/5ML</i> (VIMPAT Equiv)	1	-
<i>lacosamide tab 100MG, 150MG, 200MG, 50MG</i> (VIMPAT Equiv)	1	QL QL= 2 tabs/day
<i>lamotrigine chew tab 25MG, 5MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine ODT 100MG, 200MG, 25MG, 50MG</i> (LAMICTAL Equiv)	1	-
<i>lamotrigine tab 100MG, 150MG, 200MG, 25MG</i> (LAMICTAL Equiv)	1	-
<i>levetiracetam ER tab 500MG, 750MG</i> (KEPPRA XR Equiv)	1	-

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<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	-
ZONISADE SUSP 100MG/5ML ( <i>zonisamide</i> )	2	Covered for members age 12 or younger

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<i>zonisamide cap 100MG, 25MG, 50MG</i> (ZONEGRAN Equiv)	1	-
<b>CARBAMATES - Drugs to treat seizures</b>		
<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
<b>GABA MODULATORS - Drugs to treat seizures</b>		
<i>tiagabine tab 12MG, 16MG, 2MG, 4MG</i> (GABITRIL Equiv)	1	-

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<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
<b>HYDANTOINS - Drugs to treat seizures</b>		
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	-
<b>SUCCINIMIDES - Drugs to treat seizures</b>		
<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	-
<b>VALPROIC ACID - Drugs to treat seizures</b>		

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<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	-
<b>ANTIDEPRESSANTS - Drugs to treat depression disorder</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - Drugs to treat depression</b>		
<i>mirtazapine ODT 15MG, 30MG, 45MG</i> (REMERON Equiv)	1	-
<i>mirtazapine tab 15MG, 30MG, 45MG, 7.5MG</i> (REMERON Equiv)	1	-
<b>ANTIDEPRESSANTS - MISC. - Miscellaneous anti-depressant drugs</b>		
<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	-
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS) - Drugs to treat depression</b>		
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	-
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - Drugs to treat depression</b>		
<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	-
<b>SEROTONIN MODULATORS - Drugs to treat depression</b>		

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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	-
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - Drugs to treat depression</b>		
<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	-
<b>TRICYCLIC AGENTS - Drugs to treat depression</b>		
<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</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	-
<b>ANTIDIABETICS - Drugs to regulate blood sugar</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs to regulate blood sugar</b>		
<i>acarbose tab 100MG, 25MG, 50MG</i> (PRECOSE Equiv)	1	-
<b>ANTIDIABETIC COMBINATIONS - Drugs to regulate blood sugar</b>		
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
<b>BIGUANIDES - Drugs to regulate blood sugar</b>		
<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	-
<b>DIABETIC OTHER - Drugs to regulate blood sugar</b>		

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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
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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
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - Drugs to regulate blood sugar</b>		
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- $\phi$ 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
<b>INCRETIN MIMETIC AGENTS - Drugs to regulate blood sugar</b>		
OZEMPIC INJ 2MG/3ML 2MG/3ML ( <i>semaglutide</i> )	2	QL-RDX QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - Drugs to regulate blood sugar</b>		
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)
<b>INSULIN - Drugs to regulate blood sugar</b>		
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 &amp; aspart (human))</i>	2	-
INSULIN ASPART MIX INJ 30%-70%, 30UNIT/ML-70UNIT/ML (NOVOLOG Equiv) <i>(insulin aspart protamine &amp; 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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LEVEMIR INJ 100UNIT/ML ( <i>insulin detemir</i> )	2	-
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; reg (human)</i> )	1	OTC
NOVOLIN 70/30 INJ 30UNIT/ML-70UNIT/ML ( <i>insulin nph isophane &amp; 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	-
<b>INSULIN SENSITIZING AGENTS - Drugs to regulate blood sugar</b>		
<i>pioglitazone tab 15MG, 30MG, 45MG</i> (ACTOS Equiv)	1	-
<b>MEGLITINIDE ANALOGUES - Drugs to regulate blood sugar</b>		
<i>repaglinide tab .5MG, 1MG, 2MG</i> (PRANDIN Equiv)	1	-
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - Drugs to regulate blood sugar</b>		

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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
<b>SULFONYLUREAS - Drugs to regulate blood sugar</b>		
<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	-
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
DIPHENOXYLATE/ATROPINE LIQUID .025MG/5ML-2.5MG/5ML ( <i>diphenoxylate w/ atropine</i> )	2	-
<b>ANTIDIARRHEALS - Drugs to treat diarrhea</b>		
<b>ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea</b>		
<i>diphenoxylate/atropine tab .025MG-2.5MG</i> (LOMOTIL Equiv)	1	-

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<b>ANTIDOTES - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	2	-
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
<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
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
<b>ANTIDOTES - CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<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
<b>OPIOID ANTAGONISTS - Drugs to treat opioid overdose or toxicity</b>		
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	-
<b>ANTIEMETICS - Drugs to treat nausea and vomiting</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<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	-
<b>ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting</b>		
<i>meclizine hcl tab 12.5MG, 25MG</i> (ANTIVERT Equiv)	1	-
<i>trimethobenzamide cap 300MG</i> (TIGAN Equiv)	1	-
<b>ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics</b>		
<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
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - Drugs to treat nausea and vomiting</b>		
<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
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) - Drugs to treat fungal infections</b>		
BREXAFEMME TAB 150MG ( <i>ibrexafungerp citrate</i> )	2	PA-QL QL= 4 tabs/course
<b>ANTIFUNGALS - Drugs to treat fungal infection</b>		
<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	-
<b>IMIDAZOLE-RELATED ANTIFUNGALS - Drugs to treat fungal infections</b>		
<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
<b>ANTIHISTAMINES - Drugs to treat allergies</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<i>diphenhydramine inj 50MG/ML</i> (BENADRYL Equiv)	1	-
<b>ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms</b>		
<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
<b>ANTIHISTAMINES - PHENOTHIAZINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>promethazine supp 12.5MG, 25MG</i> (PHENERGAN Equiv)	1	-
<i>promethazine syrup 6.25MG/5ML</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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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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<b>ANTIHISTAMINES - PIPERIDINES - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>cyproheptadine syrup 2MG/5ML</i>	1	-
<i>cyproheptadine tab 4MG</i>	1	-
<b>ANTIHYPERLIPIDEMICS - Drugs to treat high cholesterol</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS - Drugs to treat high cholesterol</b>		
NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	2	PA-QL QL=1 tab/day
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS - Drugs to treat high cholesterol</b>		
NEXLIZET TAB 10MG-180MG ( <i>bempedoic acid-ezetimibe</i> )	2	PA-QL QL=1 tab/day
<b>ANTIHYPERLIPIDEMICS - MISC. - Drugs to treat high cholesterol</b>		
<i>omega-3-acid ethyl esters cap 1GM, 1GM-375MG-465MG</i> (LOVAZA Equiv)	1	-
<b>BILE ACID SEQUESTRANTS - Drugs to treat high cholesterol</b>		
<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	-
<b>FIBRIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<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	-
<b>HMG COA REDUCTASE INHIBITORS - Drugs to treat high cholesterol</b>		
<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
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - Drugs to treat high cholesterol</b>		

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<i>ezetimibe tab 10MG</i> (ZETIA Equiv)	1	-
<b>NICOTINIC ACID DERIVATIVES - Drugs to treat high cholesterol</b>		
<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	-
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS - Drugs to treat high cholesterol</b>		
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
<b>ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<b>ACE INHIBITORS - Drugs to treat high blood pressure</b>		
<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	-
<b>AGENTS FOR PHEOCHROMOCYTOMA - Drugs to treat high blood pressure</b>		
<i>phenoxybenzamine cap 10MG</i> (DIBENZYLINE Equiv)	1	-
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs to treat high blood pressure</b>		
<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	-
<b>ANTIADRENERGIC ANTIHYPERTENSIVES - Drugs to treat high blood pressure</b>		
<i>clonidine patch .1MG/24HR, .2MG/24HR, .3MG/24HR</i> (CATAPRES-TTS Equiv)	1	-

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<i>clonidine tab</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	-
<b>ANTIHYPERTENSIVE COMBINATIONS - Drugs to treat high blood pressure</b>		
<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	-
<b>VASODILATORS - Drugs to treat high blood pressure</b>		

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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	-
<b>ANTI-INFECTIVE AGENTS - MISC. - Miscellaneous anti-infective drugs</b>		
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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</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
<b>ANTI-INFECTIVE MISC. - COMBINATIONS - Miscellaneous anti-infective drug combinations</b>		
<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	-
<b>ANTIPROTOZOAL AGENTS - Drugs to treat protozoan infections</b>		
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	-
<b>CARBAPENEMS - Drugs to treat bacterial infections</b>		
<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	-
<b>GLYCOPEPTIDES - Drugs to treat bacterial infections</b>		
<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	-
<b>LEPROSTATICS - Drugs to treat Leprosy (bacterial infections)</b>		
<i>dapsone tab 100MG, 25MG</i>	1	-
<b>LINCOSAMIDES - Drugs to treat bacterial infections</b>		
<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	-
<b>MONOBACTAMS - Drugs to treat bacterial infections</b>		
<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
<b>OXAZOLIDINONES - Drugs to treat bacterial infections</b>		
<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
<b>URINARY ANTI-INFECTIVES - Drugs to treat bladder/kidney infections</b>		
<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	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<b>ANTIMALARIAL COMBINATIONS - Drugs to treat malaria (parasitic infections)</b>		
<i>atovaquone/proguanil tab 100MG-250MG, 25MG-62.5MG</i> (MALARONE Equiv)	1	-
<b>ANTIMALARIALS - Drugs to treat malaria (parasitic infections)</b>		
<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
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - Drugs to treat neurological disorders</b>		
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	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<b>ANTI TB COMBINATIONS - Drugs to treat Tuberculosis (bacterial infections)</b>		
RIFAMATE CAP 150MG-300MG ( <i>isoniazid &amp; rifampin</i> )	2	-
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to treat Tuberculosis (bacterial infections)</b>		
<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	-
<b>ANTINEOPLASTICS - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
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
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<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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<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
<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	-
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>leucovorin tab 10MG, 15MG, 25MG, 5MG</i>	1	ONC
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to treat cancer</b>		
<b>ALKYLATING AGENTS - Drugs to treat cancer</b>		
<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	-
<b>ANTIMETABOLITES - Drugs to treat cancer</b>		
<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
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS - Drugs to treat cancer</b>		
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	-
<b>ANTINEOPLASTIC - ANTIBODIES - Drugs to treat cancer</b>		
RITUXAN INJ 100MG/10ML, 500MG/50ML ( <i>rituximab</i> )	M	-
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS - Drugs to treat cancer</b>		
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
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS - Drugs to treat cancer</b>		
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
<b>ANTINEOPLASTIC - EGFR INHIBITORS - Drugs to treat cancer</b>		
<i>erlotinib tab 100MG, 150MG</i> (TARCEVA Equiv)	1	MSP-ONC-PA-QL-SF QL= 1 tab/day
<i>erlotinib tab 25mg 25MG</i> (TARCEVA Equiv)	1	MSP-ONC-PA-QL-SF 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
TAGRISSEO 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
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS - Drugs to treat cancer</b>		
<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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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
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS- Drugs to treat tumors</b>		
WELIREG TAB 40MG ( <i>belzutifan</i> )	2	LD-ONC-PA-QL QL= 3 tabs/day; Only available through Biologics 800-850-4306
<b>ANTINEOPLASTIC - IMMUNOMODULATORS - Drugs to treat cancer</b>		
POMALYST CAP 1MG, 2MG, 3MG, 4MG ( <i>pomalidomide</i> )	2	ONC
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS - Drugs to treat cancer</b>		
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
<b>ANTINEOPLASTIC - XPO1 INHIBITORS - Drugs to treat cancer</b>		
XPOVIO PAK 20MG, 40MG, 50MG, 60MG ( <i>selinexor</i> )	2	LD-ONC-PA-QL-SF QL= 32 tabs/day; Only available through Onco360 877-662-6633
<b>ANTINEOPLASTIC ANTIBIOTICS - Drugs to treat cancer</b>		

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<i>mitoxantrone inj 2MG/ML</i>	M	-
<b>ANTINEOPLASTIC COMBINATIONS - Drugs to treat cancer</b>		
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
<b>ANTINEOPLASTIC ENZYME INHIBITORS - Drugs to treat cancer</b>		
ALECENSA CAP 150MG <i>(alectinib hcl)</i>	2	MSP-ONC-PA-QL QL= 8 caps/day
ALUNBRIG TAB 30MG 30MG <i>(brigatinib)</i>	2	LD-ONC-PA-QL-SF QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG 180MG, 90MG <i>(brigatinib)</i>	2	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through Biologics 800-850-4306
BALVERSA TAB 3MG 3MG <i>(erdafitinib)</i>	2	LD-ONC-PA-QL-SF QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG 4MG <i>(erdafitinib)</i>	2	LD-ONC-PA-QL-SF QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767

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BALVERSA TAB 5MG 5MG ( <i>erdafitinib</i> )	2	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG ( <i>bortezomib</i> )	M	-
BOSULIF 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-SF QL= 1 tab/day
GAVRETO CAP 100MG ( <i>pralsetinib</i> )	2	LD-ONC-PA-QL-SF QL= 4 caps/day; Only available through Lumicera 855-847-3553
IBRANCE CAP 100MG, 125MG, 75MG ( <i>palbociclib</i> )	2	MSP-ONC-PA-QL QL= 21 caps/28 days
IBRANCE TAB 100MG, 125MG, 75MG ( <i>palbociclib</i> )	2	MSP-ONC-PA-QL QL= 21 caps/28 days
ICLUSIG TAB 10MG, 15MG, 30MG, 45MG ( <i>ponatinib hcl</i> )	2	LD-ONC-PA-QL-SF QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
IDHIFA TAB 100MG, 50MG ( <i>enasidenib mesylate</i> )	2	MSP-ONC-PA-QL QL= 1 tab/day
<i>imatinib tab 100MG, 400MG</i> (GLEEVEC Equiv)	1	MSP-ONC-PA
IMBRUVICA CAP 140MG 140MG ( <i>ibrutinib</i> )	2	LD-ONC-PA-QL QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118

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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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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-SF
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-SF
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-SF
TABRECTA TAB 150MG, 200MG ( <i>capmatinib hcl</i> )	2	MSP-ONC-PA-QL-SF QL= 4 tabs/day
TAFINLAR CAP 50MG, 75MG ( <i>dabrafenib mesylate</i> )	2	MSP-ONC-PA-QL QL= 4 caps/day
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
<b>ANTINEOPLASTICS MISC. - Miscellaneous drugs to treat cancer</b>		
ACTIMMUNE INJ 100MCG/0.5ML ( <i>interferon gamma-1b</i> )	2	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
BESREMI INJ 500MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	2	MSP-PA-QL QL= 2 inj/28 days
<i>bexarotene cap 75MG</i> (TARGRETIN Equiv)	1	MSP-ONC-PA-SF
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS - Drugs to protect against chemotherapy drugs</b>		
<i>amifostine inj</i>	M	-
<i>leucovorin inj 100MG, 200MG, 350MG, 500MG, 50MG</i>	M	-
<b>MITOTIC INHIBITORS - Drugs to treat cancer</b>		
ETOPOSIDE CAP 50MG ( <i>etoposide</i> )	1	MSP-ONC
<b>ANTIPARKINSON AGENTS - Drugs to treat Parkinson's disease</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>benztropine tab .5MG, 1MG, 2MG</i>	1	-

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<i>trihexyphenidyl tab 2MG, 5MG</i> (ARTANE Equiv)	1	-
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		
<i>entacapone tab 200MG</i> (COMTAN Equiv)	1	-
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<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</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	-
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - Drugs to treat parkinson's disease</b>		
<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
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to treat Parkinson's disease</b>		

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<b>ANTIPARKINSON ANTICHOLINERGICS - Drugs to treat parkinson's disease</b>		
<i>trihexyphenidyl elixir .4MG/ML</i> (ARTANE Equiv)	1	-
<b>ANTIPARKINSON COMT INHIBITORS - Drugs to treat parkinson's disease</b>		
ONGENTYS CAP 25MG, 50MG ( <i>opicapone</i> )	2	PA-QL QL= 1 tab/day, 30 tabs/fill
<b>ANTIPARKINSON DOPAMINERGICS - Drugs to treat parkinson's disease</b>		
<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 12.5MG-50MG-200MG, 18.75MG-75MG-200MG, 25MG-100MG-200MG, 31.25MG-125MG-200MG, 37.5MG-150MG-200MG, 50MG-200MG</i>	1	-
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to treat mood disorders</b>		
<b>ANTIMANIC AGENTS - Drugs to treat mental and emotional conditions</b>		
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	-
<b>ANTIPSYCHOTICS - MISC. - Miscellaneous anti-psychotic drugs</b>		

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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	-
<b>BENZISOXAZOLES - Drugs to treat mood disorders</b>		
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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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>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	-
<b>BUTYROPHENONES - Drugs to treat mood disorders</b>		
<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	-
<b>DIBENZAPINES - Drugs to treat mood disorders</b>		
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
<b>PHENOTHIAZINES - Drugs to treat mood disorders</b>		
<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	-
<b>QUINOLINONE DERIVATIVES - Drugs to treat mood disorders</b>		
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
<b>THIOXANTHENES - Drugs to treat mood disorders</b>		
<i>thiothixene cap 10MG, 1MG, 2MG, 5MG</i> (NAVANE Equiv)	1	-
<b>ANTIVIRALS - Drugs to treat viral infection</b>		
<b>ANTIRETROVIRALS - Drugs to treat viral infections</b>		

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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 &amp; 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 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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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 ( <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
<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	-
<b>ANTIVIRAL COMBINATIONS- Drugs to treat viral infections</b>		

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PAXLOVID TAB 150-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	2	QL-RDX QL= 20 tabs/fill; Diagnosis Restricted – COVID-19 (U07.1)
PAXLOVID TAB 300-100MG 100MG-150MG ( <i>nirmatrelvir-ritonavir</i> )	2	QL-RDX QL= 30 tabs/fill; Diagnosis Restricted – COVID-19 (U07.1)
<b>CMV AGENTS - Drugs to treat viral infections</b>		
<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	-
<b>HEPATITIS AGENTS - Drugs to treat viral infections</b>		
<i>adefovir dipivoxil tab 10MG</i> (HEPSERA Equiv)	1	MSP
<i>entecavir tab .5MG, 1MG</i> (BARACLUDE Equiv)	1	-
EPIVIR HBV SOLN 5MG/ML ( <i>lamivudine (hbv)</i> )	2	-
<i>lamivudine tab 100mg 100MG</i> (EPIVIR HBV Equiv)	1	-

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MAVYRET PAK 20MG-50MG <i>(glecaprevir-pibrentasvir)</i>	2	MSP-PA-QL QL= 5 packets/day
MAVYRET TAB 40MG-100MG <i>(glecaprevir-pibrentasvir)</i>	2	MSP-PA-QL QL= 3 tabs/day
PEGASYS INJ 180MCG/0.5ML <i>(peginterferon alfa-2a)</i>	2	MSP
PEG-INTRON INJ 50MCG/0.5ML <i>(peginterferon alfa-2b)</i>	2	MSP
REBETOL SOLN <i>(ribavirin (hepatitis c))</i>	2	MSP
RIBAVIRIN CAP 200MG <i>(ribavirin (hepatitis c))</i>	2	MSP
<i>ribavirin cap 200MG</i> (REBETOL Equiv)	1	MSP
RIBAVIRIN TAB 200MG <i>(ribavirin (hepatitis c))</i>	2	MSP
SOFOSBUVIR/VELPATASVIR TAB 100MG-400MG <i>(sofosbuvir-velpatasvir)</i>	2	MSP-PA-QL QL= 1 tab/day
VOSEVI TAB 100MG-400MG <i>(sofosbuvir-velpatasvir-voxilaprevir)</i>	2	MSP-PA-QL QL= 1 tab/day
<b>HERPES AGENTS - Drugs to treat viral infections</b>		
<i>acyclovir cap 200MG</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir susp 200MG/5ML</i> (ZOVIRAX Equiv)	1	-
<i>acyclovir tab 400MG, 800MG</i> (ZOVIRAX Equiv)	1	-
<i>valacyclovir tab 1000MG, 1GM, 500MG</i> (VALTREX Equiv)	1	-
<b>INFLUENZA AGENTS - Drugs to treat viral infections</b>		

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PAD	Provider Administered Drug	OL	Quantity Limit	RDX	Restricted to Diagnosis
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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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<i>oseltamivir cap 45MG, 75MG</i> (TAMIFLU Equiv)	1	QL QL= 10 caps/fill
<i>oseltamivir cap 30mg 30MG</i> (TAMIFLU Equiv)	1	QL QL= 20 caps/fill
<i>oseltamivir susp 6MG/ML</i> (TAMIFLU Equiv)	1	QL QL= 250ml/fill
RELENZA DISKHALER 5MG/BLISTER ( <i>zanamivir</i> )	2	QL QL= 1 inhaler/fill
RIMANTADINE TAB 100MG ( <i>rimantadine hydrochloride</i> )	2	-
<b>MISC. ANTIVIRALS- Drugs to treat viral infections</b>		
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
<b>ASSORTED CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
D-PENAMINE TAB ( <i>penicillamine</i> )	2	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
THALOMID CAP 100MG, 150MG, 200MG, 50MG ( <i>thalidomide</i> )	2	MSP-ONC-PA
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
<i>azathioprine tab 50MG</i> (IMURAN Equiv)	1	-

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<i>cyclosporine cap 100MG, 25MG</i> (SANDIMMUNE Equiv)	1	-
<i>cyclosporine modified cap 100MG, 25MG, 50MG</i> (NEORAL Equiv)	1	-
<i>cyclosporine modified soln 100MG/ML</i> (NEORAL Equiv)	1	-
<i>mycophenolate DR tab 180MG, 360MG</i> (MYFORTIC Equiv)	1	-
<i>mycophenolate mofetil cap 250MG</i> (CELLCEPT Equiv)	1	-
<i>mycophenolate mofetil susp 200MG/ML</i> (CELLCEPT SUSP Equiv)	1	-
<i>mycophenolate mofetil tab 500MG</i> (CELLCEPT Equiv)	1	-
SANDIMMUNE SOLN 100MG/ML 100MG/ML ( <i>cyclosporine</i> )	2	-
<i>sirolimus tab .5MG, 1MG, 2MG</i> (RAPAMUNE Equiv)	1	-
<i>tacrolimus cap .5MG, 1MG, 5MG</i> (PROGRAF Equiv)	1	-
THYMOGLOBULIN INJ 25MG ( <i>anti-thymocyte globulin (rabbit), lymphocyte immune globulin</i> )	M	-
<b>POTASSIUM REMOVING RESINS - Drugs to manage potassium levels</b>		
<i>sodium polystyrene powder 100%</i> (KAYEXALATE Equiv)	1	-
<i>sodium polystyrene susp 15GM/60ML</i> (SPS Equiv)	1	-
<b>BETA BLOCKERS - Drugs to treat high blood pressure</b>		

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<b>ALPHA-BETA BLOCKERS - Drugs to treat high blood pressure</b>		
<i>carvedilol tab 12.5MG, 25MG, 3.125MG, 6.25MG</i> (COREG Equiv)	1	-
<i>labetalol tab 100MG, 200MG, 300MG</i> (NORMODYNE Equiv)	1	-
<b>BETA BLOCKERS CARDIO-SELECTIVE - Drugs to treat high blood pressure</b>		
<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	-
<b>BETA BLOCKERS NON-SELECTIVE - Drugs to treat high blood pressure</b>		
<i>nadolol tab</i> (CORCARD 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	-

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<i>propranolol tab 10MG, 20MG, 40MG, 60MG, 80MG</i> (INDERAL Equiv)	1	-
<i>sotalol AF tab 120MG, 160MG, 80MG</i> (BETAPACE AF Equiv)	1	-
<i>sotalol tab 120MG, 160MG, 240MG, 80MG</i> (BETAPACE Equiv)	1	-
<i>timolol maleate tab 10MG, 20MG, 5MG</i> (BLOCADREN Equiv)	1	-
<b>BIOLOGICALS MISC - Miscellaneous biological drugs</b>		
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ADAGEN INJ ( <i>pegademase bovine</i> )	M	-
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat high blood pressure</b>		
<b>CALCIUM CHANNEL BLOCKERS - Drugs to treat heart disease</b>		
<i>amlodipine tab 10MG, 2.5MG, 5MG</i> (NORVASC Equiv)	1	-
<i>diltiazem ER cap 120MG, 180MG, 240MG, 300MG, 360MG, 420MG</i> (DILACOR XR Equiv)	1	-
<i>diltiazem ER cap- 120MG, 60MG, 90MG</i> (CARDIZEM SR 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	-

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<i>isradipine cap 2.5MG, 5MG</i> (DYNACIRC Equiv)	1	-
<i>nicardipine cap 20MG, 30MG</i> (CARDENE Equiv)	1	-
<i>nifedipine cap 10MG, 20MG</i> (PROCARDIA Equiv)	1	-
<i>nifedipine ER tab 30MG, 60MG, 90MG</i> (ADALAT CC Equiv)	1	-
<i>nisoldipine ER tab 17MG, 34MG, 8.5MG</i> (SULAR Equiv)	1	-
NISOLDIPINE ER TAB 20MG, 30MG, 40MG 20MG, 30MG, 40MG ( <i>nisoldipine</i> )	1	-
VERAPAMIL CAP ER 100MG, 360MG ( <i>verapamil hcl</i> )	2	-
VERAPAMIL ER CAP 200MG 200MG ( <i>verapamil hcl</i> )	2	-
VERAPAMIL ER CAP 300MG 300MG ( <i>verapamil hcl</i> )	2	-
<i>verapamil SR cap 120MG, 180MG, 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	-
<b>CARDIOTONICS - Drugs to treat heart failure and abnormal heart rhythm</b>		
<b>CARDIAC GLYCOSIDES - Drugs to treat heart failure and abnormal heart rhythm</b>		
<i>digoxin soln .05MG/ML</i> (LANOXIN Equiv)	1	-

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<i>digoxin tab</i> (LANOXIN Equiv)	1	-
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to treat heart and circulation conditions</b>		
<b>CARDIAC MYOSIN INHIBITORS - Drugs to treat cardiomyopathy</b>		
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
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS - Miscellaneous cardiovascular combination drugs</b>		
<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
<b>IMPOTENCE AGENTS - Drugs to treat erectile dysfunction</b>		
CAVERJECT INJ 20MCG, 40MCG <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

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<i>sildenafil tab 100MG, 25MG, 50MG (VIAGRA Equiv)</i>	1	QL QL= 6 tabs/30 days
<b>PERIPHERAL VASODILATORS - Drugs to treat heart and circulation conditions</b>		
ISOXSUPRINE TAB 10MG, 20MG ( <i>isoxsuprine hcl</i> )	2	-
<i>isoxsuprine tab 10MG, 20MG</i>	1	-
<b>PROSTAGLANDIN VASODILATORS - Drugs to treat pulmonary hypertension</b>		
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

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<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs to treat pulmonary hypertension</b>		
<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
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - Drugs to treat pulmonary hypertension</b>		
<i>sildenafil tab 20mg 20MG</i> (REVATIO Equiv)	1	-
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST - Drugs to treat pulmonary hypertension</b>		
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
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - Drugs to treat heart failure</b>		

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VERQUVO TAB 10MG, 2.5MG, 5MG ( <i>vericiguat</i> )	2	QL-RS QL= 1 tab/day; Restricted to Cardiology Specialist
<b>CEPHALOSPORINS - Drugs to treat bacterial infections</b>		
<b>CEPHALOSPORINS - 1ST GENERATION - Drugs to treat bacterial infections</b>		
<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	-
<b>CEPHALOSPORINS - 2ND GENERATION - Drugs to treat bacterial infections</b>		
<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	-
<b>CEPHALOSPORINS - 3RD GENERATION - Drugs to treat bacterial infections</b>		
<i>cefdinir cap 300MG</i> (OMNICEF Equiv)	1	-

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<i>cefdinir susp 125MG/5ML, 250MG/5ML</i> (OMNICEF Equiv)	1	-
<i>cefixime susp 100MG/5ML, 200MG/5ML</i> (SUPRAX Equiv)	1	-
<i>cefotaxime inj</i> (CLAFORAN Equiv)	M	-
<i>ceftazidime inj 1GM, 500MG, 6GM</i> (FORTAZ Equiv) <i>(ceftazidime)</i>	M	-
<i>ceftazidime inj 1GM, 2GM, 6GM</i> (FORTAZ Equiv)	M	-
<i>ceftriaxone inj 10GM, 1GM, 250MG, 2GM, 500MG</i> (ROCEPHIN Equiv)	M	-
<b>CEPHALOSPORINS - 4TH GENERATION - Drugs to treat bacterial infections</b>		
<i>cefepime inj 1GM, 2GM</i> (MAXIPIME Equiv)	M	-
<b>CONTRACEPTIVES - Drugs to prevent pregnancy</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL - Drugs to prevent pregnancy</b>		
<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</i> (DESOGEN Equiv)	\$0	-

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<i>kelnor tab 1MG-35MCG, 1MG-50MCG</i> (DEMULEN Equiv)	\$0	-
<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	-

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<i>nortrel tab .4MG-35MCG, .5MG-35MCG, 1MG-35MCG</i> (OVCON 35 Equiv)	\$0	-
<i>sprintec 28 tab .25MG-35MCG</i> (ORTHO-CYCLEN Equiv)	\$0	-
<i>tri-sprintec tab</i> (ORTHO TRI-CYCLEN (LO) Equiv)	\$0	-
TYBLUME TAB .1MG-20MCG ( <i>levonorgestrel &amp; 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	-
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL - Drugs to prevent pregnancy</b>		
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	-
<b>COMBINATION CONTRACEPTIVES - VAGINAL - Drugs to prevent pregnancy</b>		
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	-
<b>EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy</b>		

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ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	\$0	-
<i>levonorgestrel tab 1.5MG</i> (PLAN B Equiv)	\$0	OTC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE - Drugs to replace female hormones</b>		
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
<b>PROGESTIN CONTRACEPTIVES - ORAL - Drugs to replace female hormones</b>		
<i>norethindrone tab .35MG</i> (NORA-QD Equiv)	\$0	-
OPILL TAB .075MG ( <i>norgestrel</i> )	\$0	OTC-QL QL= 12 months/365 days
SLYND TAB 4MG ( <i>drospirenone</i> )	\$0	-
<b>CORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<b>GLUCOCORTICOSTEROIDS - Drugs to treat systemic swelling conditions</b>		
<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</i> (DECADRON Equiv)	1	-

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<i>hydrocortisone tab 10MG, 20MG, 5MG</i> (CORTEF Equiv)	1	-
<i>methylprednisolone dose pack 4MG</i> (MEDROL Equiv)	1	-
<i>methylprednisolone tab 16MG, 32MG, 4MG, 8MG</i> (MEDROL Equiv)	1	-
<i>prednisolone ODT 10MG, 15MG, 30MG</i> (ORAPRED Equiv)	1	-
PREDNISOLONE ODT TAB 10MG, 15MG, 30MG ( <i>prednisolone sodium phosphate</i> )	2	-
PREDNISOLONE SOLN ( <i>prednisolone</i> )	2	-
<i>prednisolone soln 10MG/5ML, 15MG/5ML, 20MG/5ML, 25MG/5ML, 5MG/5ML, 6.7MG/5ML</i> (PREDNISOLONE Equiv)	1	-
PREDNISONONE SOLN 5MG/5ML ( <i>prednisone</i> )	2	-
<i>prednisone tab 10MG, 1MG, 2.5MG, 20MG, 50MG, 5MG</i> (DELTASONE Equiv)	1	-
<b>MINERALOCORTICOIDS - Drugs to treat systemic swelling conditions</b>		
<i>fludrocortisone tab .1MG</i> (FLORINEF Equiv)	1	-
<b>COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<b>ANTITUSSIVES - Drugs to treat cough</b>		
<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	-

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<b>COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms</b>		
GUAIFENESIN/CODEINE SYRUP 6.33MG/5ML-100MG/5ML ( <i>guaifenesin-codeine</i> )	2	OTC-QL QL= 120ml/fill
<i>guaifenesin/codeine syrup 10MG/5ML-100MG/5ML, 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 &amp; phenylephrine</i> )	2	-
<i>promethazine VC syrup 5MG/5ML-6.25MG/5ML</i> (PHENERGAN VC Equiv)	1	-
<b>EXPECTORANTS - Drugs to thin and loosen mucus in the chest</b>		
<i>potassium iodide oral soln 1GM/ML</i> (SSKI Equiv)	1	-
<b>MISC. RESPIRATORY INHALANTS - Miscellaneous respiratory inhalants</b>		
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	-
<b>MUCOLYTICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>acetylcysteine soln 10%, 20%</i> (MUCOMYST Equiv)	1	-
<b>DERMATOLOGICALS - Drugs to treat skin conditions</b>		
<b>ACNE PRODUCTS - Drugs to treat skin conditions</b>		

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

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ERY PAD 2% ( <i>erythromycin (acne aid)</i> )	2	-
<i>erythromycin gel 2%</i>	1	-
<i>erythromycin pad</i>	1	-
<i>erythromycin soln 2%</i>	1	-
PRASCION RA CREAM ( <i>sulfacetamide sodium-sulfur-sunscreen</i> )	2	-
SODIUM SULFACETAMIDE/SULFUR EMULSION 4%-10%, 5%-10% (ROSAC WASH Equiv) ( <i>sulfacetamide sodium-sulfur in urea vehicle</i> )	1	-
<i>sodium sulfacetamide/sulfur emulsion 1%-10%</i> (ROSAC WASH Equiv)	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	-
<b>SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4.5% 4.5%-9%</b>	1	-
<i>sulfacetamide sodium/sulfur cream 10-2% 2%-10%</i> (AVAR-E LS Equiv)	1	-

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

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

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<b>ANTIPSORIATICS - Drugs to treat psoriasis</b>		
<i>acitretin cap 10MG, 17.5MG, 25MG</i> (SORIATANE Equiv)	1	-
<i>calcipotriene cream .005%</i> (DOVONEX CREAM Equiv)	1	-
<i>calcipotriene oint .005%</i>	1	-
<i>calcipotriene soln .005%</i> (DOVONEX SOLN Equiv)	1	-
CALCITRIOL OINT 3MCG/GM ( <i>calcitriol (topical)</i> )	2	-
METHOXSALEN CAP 10MG ( <i>methoxsalen rapid</i> )	2	-
<i>methoxsalen cap 10MG</i> (OXSORALEN ULTRA Equiv)	1	-
SKYRIZI INJ 150MG/ML 150MG/ML ( <i>risankizumab-rzaa</i> )	2	MSP-PA-QL QL= 1 inj/84 days
SKYRIZI INJ 75MG/0.83ML 75MG/0.83ML ( <i>risankizumab-rzaa</i> )	2	MSP-PA-QL QL= 2 inj/84 days
STELARA INJ 90MG/ML ( <i>ustekinumab</i> )	2	MSP-PA-QL QL= 1 inj/84 days
STELARA INJ 45MG/0.5ML 45MG/0.5ML ( <i>ustekinumab</i> )	2	MSP-PA-QL QL= 1 inj/84 days
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	2	MSP-PA-QL QL= 1 inj/28 days
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

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<b>ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions</b>		
<i>selenium sulfide lotion 1%, 2.5%</i>	1	-
<i>selenium sulfide shampoo 2.25%</i> (SELSEB Equiv)	1	-
<i>sodium sulfacetamide gel 10%</i> (OVACE PLUS Equiv)	1	-
<i>sodium sulfacetamide wash 10%</i> (OVACE WASH Equiv)	1	-
<b>ANTIVIRALS - TOPICAL - Drugs to treat viral infections</b>		
<i>acyclovir oint 5%</i> (ZOVIRAX OINT Equiv)	1	-
DENAVIR CREAM ( <i>penciclovir</i> )	2	-
<i>penciclovir cream 1%</i> (DENAVIR Equiv)	1	-
<b>BURN PRODUCTS - Drugs to treat burns</b>		
<i>silver sulfadiazine cream 1%</i> (SILVADENE CREAM Equiv)	1	-
SULFAMYLON CREAM 85MG/GM ( <i>mafenide acetate</i> )	2	-
<b>CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation</b>		
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	-

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

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<i>clobetasol propionate oint .05%</i> (TEMOVATE Equiv)	1	-
<i>clobetasol propionate soln .05%</i> (TEMOVATE Equiv)	1	-
<i>desonide cream .05%</i> (DESOWEN Equiv)	1	-
<i>desonide gel .05%</i>	1	-
<i>desonide oint .05%</i> (DESOWEN Equiv)	1	-
<i>desoximetasone cream .25%</i> (TOPICORT CREAM Equiv)	1	-
<i>desoximetasone cream 0.05% .05%</i> (TOPICORT Equiv)	1	-
<i>desoximetasone gel .05%</i> (TOPICORT Equiv)	1	-
<i>desoximetasone oint .25%</i> (TOPICORT Equiv)	1	-
<i>desoximetasone oint 0.05% .05%</i> (TOPICORT Equiv)	1	-
DIFLORASONE CREAM, PSORCON CREAM .05% ( <i>diflorasone diacetate</i> )	2	-
<i>diflorasone oint .05%</i>	1	-
EPIFOAM AEROSOL 1% ( <i>pramoxine-hc</i> )	2	-
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	-

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<i>fluocinonide gel .05%</i>	1	-
<i>fluocinonide oint .05%</i>	1	-
<i>fluocinonide soln .05%</i>	1	-
<i>flurandrenolide cream .05%</i> (CORDRAN Equiv)	1	-
<i>flurandrenolide oint .05%</i> (CORDRAN Equiv)	1	-
<i>fluticasone propionate cream .05%</i> (CUTIVATE Equiv)	1	-
<i>fluticasone propionate oint .005%</i> (CUTIVATE Equiv)	1	-
<i>halcinonide cream .1%</i> (HALOG Equiv)	1	-
<i>halobetasol propionate cream .05%</i> (ULTRAVATE Equiv)	1	-
<i>halobetasol propionate oint .05%</i> (ULTRAVATE Equiv)	1	-
<i>hydrocortisone butyrate cream .1%</i> (LOCOID Equiv)	1	-
<i>HYDROCORTISONE BUTYRATE LIPO CREAM .1%</i> ( <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	-

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

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DUPIXENT PEN INJ 300MG/2ML ( <i>dupilumab</i> )	2	MSP-PA-QL QL= 2 inj/28 days
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
<b>EMOLLIENT/KERATOLYTIC AGENTS - Drugs to treat rough skin</b>		
<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	-
<b>EMOLLIENTS - Drugs to treat skin conditions</b>		
<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	-
<b>ENZYMES - TOPICAL - Drugs to treat skin conditions</b>		
SANTYL OINT 250UNIT/GM ( <i>collagenase</i> )	2	-
<b>HAIR GROWTH AGENTS - Drugs to grow hair</b>		
<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
<b>HAIR REDUCTION AGENTS - Drugs to remove hair</b>		
VANIQA CREAM 13.9% ( <i>eflornithine hcl</i> )	EXC	-
<b>IMMUNOMODULATING AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
<i>imiquimod cream 5%</i> (ALDARA Equiv)	1	-
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL - Drugs to treat disorders of the immune system</b>		
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	-
<b>KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions</b>		
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	-
<b>LOCAL ANESTHETICS - TOPICAL - Drugs for numbing</b>		
<i>lidocaine cream 3% 3%, 4%</i> (LIDAMANTLE Equiv)	1	-
LIDOCAINE GEL 2% ( <i>lidocaine hcl</i> )	2	-
<i>lidocaine gel 2%</i> (XYLOCAINE Equiv)	1	-
<i>lidocaine oint</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	-
<b>MISC. TOPICAL - Miscellaneous topical products</b>		
DRYSOL SOLN 20% ( <i>aluminum chloride</i> )	2	-
<b>PIGMENTING-DEPIGMENTING AGENTS - Drugs to treat skin discoloration</b>		
<i>hydroquinone cream 4%</i> (LUSTRA Equiv)	EXC	-
TRI-LUMA CREAM .01%-.05%-4% ( <i>fluocinolone-hydroquinone-tretinoin</i> )	EXC	-
<b>ROSACEA AGENTS - Drugs to treat skin conditions</b>		
<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	-
<b>SCABICIDES &amp; PEDICULICIDES - Drugs to treat skin conditions</b>		
<i>permethrin cream 5%</i> (ELIMITE CREAM Equiv)	1	-
SPINOSAD SUSP .9% ( <i>spinosad</i> )	2	QL QL= 1 bottle/fill
<b>WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers</b>		

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REGRANEX GEL .01% ( <i>becaplermin</i> )	2	QL QL= 30gm/fill
<b>DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products</b>		
<b>DIAGNOSTIC DRUGS - Drugs to diagnose or monitor conditions</b>		
GLUCAGEN INJ 1MG ( <i>glucagon hcl rdna (diagnostic)</i> )	2	-
<b>DIAGNOSTIC TESTS - Miscellaneous diagnostic test products</b>		
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
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition</b>		
<b>DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutritional deficiency</b>		
ASTAMED MYO CAP ( <i>astaxanthin-tocotrienol-zinc-cholecalciferol</i> )	EXC	-
DEPLIN CAP ( <i>l-methylfolate-algae</i> )	EXC	-

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS



**Employer Formulary**  
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ELIGEN B12 TAB ( <i>cyanocobalamin-salcaprozate sodium</i> )	EXC	-
FALESSA TAB ( <i>levomefolate glucosamine</i> )	EXC	-
GLYGEST PAK ( <i>2-fucosyllactose &amp; 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 &amp; 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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<b>DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs to treat high blood pressure</b>		
<i>acetazolamide ER cap 500MG</i> (DIAMOX SEQUEL Equiv)	1	-
<i>acetazolamide tab 125MG, 250MG</i>	1	-
<i>methazolamide tab 25MG, 50MG</i> (NEPTAZANE Equiv)	1	-
<b>DIURETIC COMBINATIONS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<i>AMILORIDE/HCTZ TAB 5MG-50MG (amiloride &amp; 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	-
<b>LOOP DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<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 (furosemide)</i>	1	-
<i>furosemide soln 10MG/ML</i>	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	-
<b>POTASSIUM SPARING DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
<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	-
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS - Drugs to treat heart, circulation conditions, and blood pressure</b>		
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	-
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to treat bone disease and regulate hormones</b>		
<b>ADRENAL STEROID INHIBITORS - Drugs to treat Cushing disease</b>		

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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
<b>BONE DENSITY REGULATORS - Drugs to treat bone disease</b>		
<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	-
<b>FERTILITY REGULATORS - Drugs to regulate fertility</b>		
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
<b>GNRH/LHRH ANTAGONISTS - Drugs to treat endometriosis</b>		
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
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS - Drugs to regulate hormones</b>		
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
<b>GROWTH HORMONE RELEASING HORMONES (GHRH) - Drugs to treat abnormal fat distribution</b>		
EGRIFTA INJ 1MG, 2MG ( <i>tesamorelin acetate</i> )	EXC	-
<b>GROWTH HORMONES - Drugs to regulate hormones</b>		
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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<b>HORMONE RECEPTOR MODULATORS - Drugs to regulate hormones</b>		
<i>raltaxifene tab 60MG</i> (EVISTA Equiv)	\$0	Covered at \$0 for women 35 years or older; All other members covered at generic copay
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) - Drugs to regulate hormones</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	2	LD Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - Drugs to regulate hormones</b>		
SYNAREL NASAL SOLN 2MG/ML ( <i>nafarelin acetate</i> )	2	-
<b>MENOPAUSAL SYMPTOMS SUPPRESSANTS ***</b>		
VEOZAH TAB 45MG ( <i>fezolinetant</i> )	2	PA-QL QL=1 tab/day
<b>METABOLIC MODIFIERS - Drugs to regulate metabolism or hormones</b>		
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
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS -Drugs to treat chronic kidney disease</b>		

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KERENDIA TAB 10MG, 20MG ( <i>finerenone</i> )	2	PA-QL QL= 1 tab/day
<b>NATRIURETIC PEPTIDES ***</b>		
VOXZOGO INJ .4MG, .56MG, 1.2MG ( <i>vosoritide</i> )	2	LD-PA-QL QL= 1 vial/day; Only available through Accredo 800-803-2523
<b>POSTERIOR PITUITARY HORMONES - Drugs to regulate hormones</b>		
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	-
<b>PROGESTERONE RECEPTOR ANTAGONISTS ***</b>		
<i>mifepristone tab 200MG</i> (MIFIPREX Equiv)	\$0	-
MIFIPREX TAB 200MG ( <i>mifepristone</i> )	\$0	-
<b>PROLACTIN INHIBITORS - Drugs to regulate hormones</b>		
<i>cabergoline tab .5MG</i> (DOSTINEX Equiv)	1	-
<b>SOMATOSTATIC AGENTS - Drugs to regulate hormones</b>		
<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
<b>ESTROGENS - Drugs to replace female hormones</b>		
<b>ESTROGEN COMBINATIONS - Drugs to replace female hormones</b>		
COMBIPATCH .05MG/DAY-.14MG/DAY, .05MG/DAY-.25MG/DAY ( <i>estradiol &amp; 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	-
<b>ESTROGENS - Drugs used for contraception</b>		
<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	-
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
<b>FLUOROQUINOLONES - Drugs to treat bacterial infections</b>		
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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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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<i>moxifloxacin tab 400MG</i> (AVELOX Equiv)	1	-
<i>ofloxacin tab 400MG</i> (FLOXIN Equiv)	1	-
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs</b>		
<b>FARNESOID X RECEPTOR (FXR) AGONISTS - Drugs to treat primary biliary cholangitis</b>		
OCALIVA TAB 10MG, 5MG ( <i>obeticholic acid</i> )	2	LD-PA-QL-SF- $\phi$ Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
<b>GALLSTONE SOLUBILIZING AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>ursodiol cap 300MG</i> (ACTIGALL Equiv)	1	-
<i>ursodiol tab 250MG, 500MG</i> (URSO (FORTE) Equiv)	1	-
<b>GASTROINTESTINAL ANTIALLERGY AGENTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>cromolyn conc 100MG/5ML</i> (GASTROCROM Equiv)	1	-
<b>GASTROINTESTINAL STIMULANTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>metoclopramide soln 10MG/10ML, 5MG/5ML</i> (REGLAN Equiv)	1	-
<i>metoclopramide tab 10MG, 5MG</i> (REGLAN Equiv)	1	-
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS - Drugs to treat itching due to liver conditions</b>		
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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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
<b>INFLAMMATORY BOWEL AGENTS - Drugs to treat disorders of the immune system</b>		
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 .375GM</i> (PENTASA 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</i> ( <i>crohn's</i> ))	2	MSP-PA-QL QL= 1 inj/56 days
SKYRIZI INJ 180MG/1.2ML 180MG/1.2ML ( <i>risankizumab-rzaa</i> ( <i>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	-
<b>INTESTINAL ACIDIFIERS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>lactulose soln 10GM/15ML</i>	1	-
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - Drugs to treat disorders of the immune system</b>		
LINZESS CAP 145MCG, 290MCG, 72MCG ( <i>linaclotide</i> )	2	PA
<b>LIVE FECAL MICROBIOTA- Drugs to treat bacterial infections</b>		
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
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - Drugs to treat overdose or toxicity</b>		
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
<b>PHOSPHATE BINDER AGENTS - Drugs to regulate calcium and phosphorus levels</b>		
<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
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs</b>		
<b>ALKALINIZERS - Drugs to treat low pH</b>		
CYTRA K CRYSTALS 1002MG-3300MG ( <i>potassium citrate-citric acid</i> )	2	-
CYTRA-3 SYRUP 334MG/5ML-500MG/5ML-550MG/5ML ( <i>pot &amp; sod citrates w/citric ac</i> )	1	-
ORACIT SOLN 490MG/5ML-640MG/5ML ( <i>sodium citrate &amp; 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	-
<b>CYSTINOSIS AGENTS - Drugs to treat enzyme deficiencies</b>		
CYSTAGON CAP 150MG, 50MG ( <i>cysteamine bitartrate</i> )	2	LD Only available through CVS Specialty 800-238-7828
<b>GENITOURINARY IRRIGANTS - Drugs to treat the urinary system</b>		
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	-
<b>IGA NEPHROPATHY (IGAN) AGENTS- Drugs to treat kidney disease</b>		
FILSPARI TAB 200MG, 400MG ( <i>sparsentan</i> )	2	LD-PA-QL QL= 1 tab/day; Only available through Accredo 800-803-2523
<b>INTERSTITIAL CYSTITIS AGENTS - Drugs to treat urinary incontinence</b>		

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ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	2	-
<b>PROSTATIC HYPERTROPHY AGENTS - Drugs to treat enlarged prostate</b>		
<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	-
<b>URINARY ANALGESICS - Drugs to treat urinary pain</b>		
<i>phenazopyridine tab 100MG, 200MG</i> (PYRIDIUM Equiv)	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<b>GOUT AGENT COMBINATIONS - Drugs to treat gout</b>		
<i>colchicine/probenecid tab .5MG-500MG</i> (COL-BENEMID Equiv)	1	-
<b>GOUT AGENTS - Drugs to treat gout</b>		
<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- $\phi$ Step Therapy requires trial of allopurinol
<b>URICOSURICS - Drugs to treat gout</b>		

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<i>probenecid tab 500MG</i> (BENEMID Equiv)	1	-
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders</b>		
<b>ANTIHEMOPHILIC PRODUCTS - Drugs to treat hemophilia</b>		
HEMLIBRA INJ 105MG/0.7ML, 12MG/0.4ML, 150MG/ML, 300MG/2ML, 30MG/ML, 60MG/0.4ML <i>(emicizumab-kxwh)</i>	2	MSP-PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS - Drugs to treat systemic swelling conditions</b>		
<i>icatibant inj 30MG/3ML</i> (FIRAZYR Equiv)	1	MSP-PA
<b>COMPLEMENT INHIBITORS - Drugs to treat blood disorders</b>		
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
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS - Drugs to treat blood disorders</b>		

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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
<b>HEMATORHEOLOGIC AGENTS - Drugs to treat circulation disorders</b>		
<i>pentoxifylline ER tab 400MG</i> (TRENTAL Equiv)	1	-
<b>PLASMA KALLIKREIN INHIBITORS - Drugs to treat systemic swelling conditions</b>		
TAKHZYRO INJ 300MG/2ML ( <i>lanadelumab-flyo</i> )	2	LD-PA-QL QL= 2 inj/28 days; Only available through Accredo 800-803-2523
<b>PLATELET AGGREGATION INHIBITORS - Drugs to thin the blood</b>		
<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	-
<b>HEMATOLOGICAL AGENTS - MISC.- PYRUVATE KINASE ACTIVATORS- Drugs to treat pyruvate kinase deficiency</b>		
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
<b>HEMATOPOIETIC AGENTS - Drugs to treat blood disorders</b>		
<b>AGENTS FOR GAUCHER DISEASE - Drugs to treat blood disorders</b>		
CEREZYME INJ 400UNIT ( <i>imiglucerase</i> )	M	-
<i>miglustat cap 100MG</i> (ZAVESCA Equiv)	1	LD-PA Only available through Accredo 800-803-2523
<b>AGENTS FOR SICKLE CELL ANEMIA - Drugs to treat blood disorders</b>		
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
<b>AGENTS FOR SICKLE CELL DISEASE-Drugs to treat blood disorders</b>		
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
<b>COBALAMINS - Drugs to treat vitamin deficiency</b>		
<i>cyanocobalamin inj 1000MCG/ML</i>	1	-
<b>FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency</b>		

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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
<b>HEMATOPOIETIC GROWTH FACTORS - Drugs to treat blood disorders</b>		
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/ML, 480MCG/1.6ML ( <i>tbo-filgrastim</i> )	2	MSP
LEUKINE INJ 250MCG ( <i>sargramostim</i> )	2	MSP
MULPLETA TAB 3MG ( <i>lusutrombopag</i> )	2	MSP-PA-QL QL= 7 tabs/fill
NIVESTYM INJ 300MCG/ML, 480MCG/1.6ML ( <i>filgrastim-aafi</i> )	2	MSP
NYVEPRIA INJ 6MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	2	MSP
PROMACTA POWDER 12.5MG, 25MG ( <i>eltrombopag olamine</i> )	2	MSP-PA-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
<b>HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders</b>		
<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	-
<b>HEMOSTATICS - Drugs to stop bleeding/treat blood disorders</b>		
<b>HEMOSTATICS - SYSTEMIC - Drugs to thin the blood</b>		
<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	-
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia</b>		
<b>ANTIHISTAMINE HYPNOTICS - Drugs to treat insomnia</b>		

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<i>diphenhydramine cap 50mg 50MG</i> (BENADRYL Equiv)	1	Only 50mg covered
<b>BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<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	-
<b>NON-BARBITURATE HYPNOTICS - Drugs to treat insomnia</b>		
<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
<b>LAXATIVES - Drugs to treat constipation</b>		
<b>LAXATIVE COMBINATIONS - Drugs to treat constipation</b>		
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 sulfate</i> )	\$0	Covered at \$0 for members 45-75 years old. All other members covered at Tier 2, QL= 3 per year.
NULYTELY SOLN 1.48GM-5.72GM-11.2GM-420GM ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	\$0	Covered at \$0 for members 45-75 years old. All other members covered at Tier 2, QL= 3 per year.
<i>peg 3350/electrolytes soln</i> 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
<b>LAXATIVES - MISCELLANEOUS - Drugs to treat constipation</b>		
<i>lactulose soln</i>	1	-
<b>MACROLIDES - Drugs to treat bacterial infections</b>		
<b>AZITHROMYCIN - Drugs to treat bacterial infections</b>		
<i>azithromycin susp 100MG/5ML, 200MG/5ML</i> (ZITHROMAX Equiv)	1	-
<i>azithromycin tab 250MG, 500MG, 600MG</i> (ZITHROMAX Equiv)	1	-
<b>CLARITHROMYCIN - Drugs to treat bacterial infections</b>		
CLARITHROMYC SUSP 125MG/5ML, 250MG/5ML ( <i>clarithromycin</i> )	2	-

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<i>clarithromycin tab 250MG, 500MG</i> (BLAXIN Equiv)	1	-
<b>ERYTHROMYCINS - Drugs to treat bacterial infections</b>		
<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
<b>FIDAXOMICIN - Drugs to treat infections</b>		
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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<b>MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use</b>		
<b>CONTRACEPTIVES - Devices to prevent pregnancy</b>		
CERVICAL CAP ( <i>cervical caps</i> )	\$0	QL QL= 1 cap/365 days
DIAPHRAGM ( <i>diaphragms</i> )	\$0	QL QL= 1 diaphragm/365 days
FEMALE CONDOMS ( <i>condoms - female</i> )	\$0	OTC-QL QL= 24 condoms/30 days
MALE CONDOMS ( <i>condoms non-latex lubricated - male</i> )	\$0	OTC-QL QL= 24 condoms/30 days
<b>DIABETIC SUPPLIES - Devices to assist with diabetes</b>		
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
<b>PARENTERAL THERAPY SUPPLIES - Miscellaneous supplies</b>		
B-D INSULIN SYRINGE ( <i>insulin syringe/needle u-100</i> )	1	--OTC
B-D INSULIN SYRINGE SAFETY-LOK ( <i>insulin syringe/needle u-100</i> )	1	OTC
B-D PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
INSULIN SYRINGE ( <i>insulin syringe/needle u-100 1/2 ml</i> )	2	OTC
NOVOFINE PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
NOVOPEN JR (GREEN) ( <i>injection device for insulin</i> )	2	OTC
NOVOPEN JR (YELLOW) ( <i>injection device for insulin</i> )	2	OTC
NOVOTWIST PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
NOVOTWIST/NOVOFINE PEN NEEDLE ( <i>insulin pen needle</i> )	1	OTC
SYRINGE ( <i>syringe/needle (disp) 3 ml</i> )	2	OTC

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TB SYRINGE ( <i>tuberculin/allergy syringes</i> )	2	OTC
<b>RESPIRATORY THERAPY SUPPLIES - Devices to assist with lung disorders</b>		
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	-
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG - Drugs to treat migraine or other types of headache</b>		
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
<b>MIGRAINE COMBINATIONS - Drugs to treat migraine headaches</b>		
<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
<b>MIGRAINE PRODUCTS - Drugs to treat migraine headaches</b>		

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

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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

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<i>electrolyte-a solution</i> <b>3MEQ/L-5MEQ/L-23MEQ/L-27MEQ/L-98MEQ/L-140MEQ/L</b> (PLASMA-LYTE Equiv)	M	-
PLASMA-LYTE INJ ( <i>electrolyte-56</i> )	M	-
<b>FLUORIDE - Drugs to treat mineral deficiency</b>		
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
<b>MAGNESIUM - Drugs to treat electrolyte disorders</b>		
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	-
<b>PHOSPHATE - Drugs to treat electrolyte deficiency</b>		
<i>phospha 250 neutral tab 130MG-155MG-852MG</i> (K-PHOS NEUTRAL Equiv)	1	-

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<i>potassium phosphate monobasic tab 500MG</i> (K-PHOS Equiv)	1	-
<b>POTASSIUM - Drugs to treat electrolyte disorders</b>		
K-TAB 8MEQ ( <i>potassium chloride</i> )	2	-
POT/CHLORIDE EFFER TAB ( <i>potassium bicarb &amp; 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 ( <i>potassium chloride</i> )	M	-
potassium chloride inj 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML ( <i>potassium chloride</i> )	M	-
<i>potassium chloride inj 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 2MEQ/ML, 40MEQ/100ML</i>	M	-
<i>potassium chloride micro tab 10MEQ, 20MEQ</i> (K-DUR Equiv)	1	-
<i>potassium chloride powder packet 20MEQ</i> (KLOR-CON Equiv)	1	-

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<i>potassium chloride soln 10%, 20%</i>	1	-
POTASSIUM CHLORIDE TAB ER 8MEQ ( <i>potassium chloride</i> )	2	-
<b>SODIUM - Drugs to treat electrolyte disorders</b>		
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	-
<b>ZINC - Drugs to treat mineral deficiency</b>		
GALZIN CAP 25MG, 50MG ( <i>zinc acetate (oral)</i> )	2	-
<b><i>ORAZINC CAP 220MG 220MG</i></b>	1	OTC
<b><i>ZINC CAP 220MG 220MG</i></b>	1	OTC
<b><i>ZINC SULFATE CAP 220MG 220MG</i></b>	1	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES - Drugs to treat assorted conditions</b>		
<b>CHELATING AGENTS - Drugs to treat overdose or toxicity</b>		
<i>penicillamine tab 250MG</i> (DEPEN TITRATAB Equiv)	1	-
<b>IMMUNOMODULATORS - Drugs to treat rheumatoid arthritis, multiple sclerosis, etc.</b>		
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

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REZUROCK TAB 200MG ( <i>belumosudil mesylate</i> )	2	LD-PA-QL QL= 1 tab/day; Only available through Lumicera 855-847-3553
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs to treat disorders of the immune system</b>		
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	-
<b>POTASSIUM REMOVING AGENTS - Drugs to manage potassium levels</b>		
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
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - Drugs to treat disorders of the immune system</b>		
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
<b>MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth</b>		

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<b>ANESTHETICS TOPICAL ORAL - Drugs for numbing</b>		
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	-
<b>ANTI-INFECTIVES - THROAT - Drugs to treat throat infections</b>		
<i>clotrimazole troches 10MG</i> (MYCELEX TROCHES Equiv)	1	-
<i>nystatin susp 100000UNIT/ML</i>	1	-
<b>ANTISEPTICS - MOUTH/THROAT - Drugs to treat bacterial infections in the mouth and throat</b>		
<i>chlorhexidine gluconate soln</i> (PERIDEX Equiv)	1	-
<b>DENTAL PRODUCTS - Drugs to prevent cavities</b>		
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	-

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

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<i>pediatric multiple vitamins/fluoride/iron soln</i>	1	-
<b>PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency</b>		
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 0.25MG ( <i>pediatric multivitamins w/fl</i> )	2	-
MULTIVITAMIN/FLUORIDE CHEW 0.5MG ( <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	-
MULTI-VIT-FLOR CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	2	-
MULTI-VIT-FLOR CHEW 0.5MG ( <i>pediatric multivitamins w/fl</i> )	2	-
MULTI-VIT-FLOR CHEW 1MG ( <i>pediatric multivitamins w/fl</i> )	2	-
<i>pediatric multiple vitamins/fluoride soln</i>	1	-

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POLY-VI-FLOR CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	2	-
POLY-VI-FLOR CHEW 0.5MG ( <i>pediatric multivitamins w/fl</i> )	2	-
POLY-VI-FLOR CHEW 1MG ( <i>pediatric multivitamins w/fl</i> )	2	-
QUFLORA PEDIATRIC CHEW 0.25MG ( <i>pediatric multivitamins w/fl</i> )	2	-
QUFLORA PEDIATRIC CHEW 0.5MG ( <i>pediatric multivitamins w/fl</i> )	2	-
QUFLORA PEDIATRIC CHEW 1MG ( <i>pediatric multivitamins w/fl</i> )	2	-
<b>PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency</b>		
MYNATAL-Z TAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	OTC
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to treat spasms</b>		
<b>CENTRAL MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<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	-

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<i>methocarbamol tab 500MG, 750MG</i> (ROBAXIN Equiv)	1	-
<i>orphenadrine citrate ER tab 100MG</i> (NORFLEX Equiv)	1	-
<i>orphenadrine citrate inj 30MG/ML, 60MG/2ML</i>	M	-
<i>tizanidine tab 2MG, 4MG</i> (ZANAFLEX Equiv)	1	-
<b>DIRECT MUSCLE RELAXANTS - Drugs to treat muscle spasms</b>		
<i>dantrolene cap 100MG, 25MG, 50MG</i> (DANTRIUM Equiv)	1	-
<b>VISCOSUPPLEMENTS ***</b>		
DUROLANE INJ 60MG/3ML 60MG/3ML ( <i>sodium hyaluronate (viscosupplement)</i> )	M	-
EUFLEXXA INJ 20MG/2ML ( <i>sodium hyaluronate (viscosupplement)</i> )	M	-
GEL-ONE INJ 30MG/3ML ( <i>cross-linked hyaluronate</i> )	M	-
GELSYN-3 INJ 16.8MG/2ML ( <i>sodium hyaluronate (viscosupplement)</i> )	M	-
GENVISC-850 INJ, SUPARTZ FX INJ, TRIVISC INJ, VISCO-3 INJ 25MG/2.5ML ( <i>sodium hyaluronate (viscosupplement)</i> )	M	-
HYALGAN INJ ( <i>missing</i> )	M	-
HYMOVIS INJ 24MG/3ML ( <i>hyaluronan</i> )	M	-
MONOVISC INJ 88MG/4ML ( <i>hyaluronan</i> )	M	-
ORTHOVISC INJ 30MG/2ML ( <i>hyaluronan</i> )	M	-

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SYNVISC INJ ( <i>hylan</i> )	M	-
SYNVISC ONE INJ ( <i>hylan</i> )	M	-
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus</b>		
<b>NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms</b>		
<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	-
<b>NASAL ANTICHOLINERGICS - Drugs to treat cough, cold, and allergy symptoms</b>		
<i>ipratropium nasal spray .03%, .06%</i> (ATROVENT Equiv)	1	-
<b>NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms</b>		
<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
<b>NEUROMUSCULAR AGENTS - Drugs to relax/paralyze muscles</b>		
<b>ALS AGENTS - Drugs to treat ALS</b>		
RADICAVA INJ 30MG/100ML ( <i>edaravone</i> )	M	-
RADICAVA ORS STARTER KIT 105MG/5ML ( <i>edaravone</i> )	2	LD-PA-QL QL= 70 mL/365 days; Only available through Accredo 800-803-2523

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

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<i>dextran 70-hypromellose ophth soln .1%-.3%</i>	1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln .2%-1%</i>	1	OTC
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
<b>BETA-BLOCKERS - OPHTHALMIC - Drugs to treat glaucoma</b>		
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	-

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<i>carteolol ophth soln</i> (OCUPRESS Equiv)	1	-
<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	-
<b>CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions</b>		
<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	-

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<i>tropicamide ophth soln .5%, 1%</i> (MYDRIACYL Equiv)	1	-
<b>MIOTICS - Drugs to treat eye conditions</b>		
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	-
<b>OPHTHALMIC ADRENERGIC AGENTS - Drugs to treat eye conditions</b>		
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	-
<b>OPHTHALMIC ANTI-INFECTIVES - Drugs to treat eye infections</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	2	-
BACITRACIN OPHTH OINT 500UNIT/GM ( <i>bacitracin (ophthalmic)</i> )	2	-

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

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NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN .025MG/ML-1.75MG/ML-10000UNIT/ML <i>(neomycin-polymyxin-gramicidin)</i>	2	-
<i>ofloxacin ophth soln .3%</i> (OCUFLOX Equiv)	1	-
<i>polymyxin b/trimethoprim ophth soln .1%-10000UNIT/ML</i> (POLYTRIM Equiv)	1	-
<i>sulfacetamide sodium ophth soln 10%</i> (BLEPH-10 Equiv)	1	-
<i>tobramycin ophth soln</i> (TOBREX Equiv)	1	-
TRIFLURIDINE OPHTH SOLN 1% <i>(trifluridine)</i>	2	-
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	-
<b>OPHTHALMIC IMMUNOMODULATORS - Drugs to treat dry eyes</b>		
<i>cyclosporine ophth emulsion .05%</i> (RESTASIS Equiv)	1	PA-QL QL= 2 vials/day
<b>OPHTHALMIC LOCAL ANESTHETICS - Drugs for numbing</b>		
<i>proparacaine ophth soln .5%</i> (ALCAINE Equiv)	1	-
<b>OPHTHALMIC NERVE GROWTH FACTORS - Drugs to treat eye conditions</b>		
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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<b>OPHTHALMIC STEROIDS - Drugs to treat inflammation</b>		
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 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, ALREX 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)
<b>OPHTHALMICS - MISC. - Miscellaneous eye agents</b>		
<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	-
<b>PROSTAGLANDINS - OPHTHALMIC - Drugs to treat glaucoma</b>		

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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
<b>OTIC AGENTS - Drugs to treat ear infection</b>		
<b>OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents</b>		
<i>acetic acid otic soln 2%</i> (VOSOL Equiv)	1	-
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN ( <i>acetic acid-aluminum acetate</i> )	1	-
<b>OTIC ANTI-INFECTIVES - Drugs to treat ear infections</b>		
<i>ofloxacin otic soln .3%</i> (FLOXIN Equiv)	1	-
<b>OTIC COMBINATIONS - Drugs to treat ear conditions</b>		
<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	-
<b>OTIC STEROIDS - Drugs to treat ear swelling</b>		
<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	-
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<b>OXYTOCICS - Drugs to prevent/control uterine bleeding</b>		
<i>methylergonovine tab .2MG (METHERGINE Equiv)</i>	1	QL QL= 28 tabs/fill, 1 fill/365 days
<b>PASSIVE IMMUNIZING AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
<i>GAMASTAN S/D INJ (immune globulin (human))</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	-
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS - Drugs to treat immune deficiency</b>		

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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	-
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody drugs to treat low immune system</b>		
<b>IMMUNE SERUMS - Antibody drugs to treat low immune system</b>		
HIZENTRA INJ 10GM/50ML, 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	-
<b>PENICILLINS - Drugs to treat bacterial infections</b>		
<b>AMINOPENICILLINS - Drugs to treat infections</b>		
<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	-
<b>NATURAL PENICILLINS - Drugs to treat bacterial infections</b>		

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penicillin G potassium inj 20000000UNIT, 5000000UNIT ( <i>penicillin g potassium</i> )	1	-
<i>penicillin G potassium inj 20000000UNIT, 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	-
<b>PENICILLIN COMBINATIONS - Drugs to treat bacterial infections</b>		
<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 &amp; 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	-
<b>PENICILLINASE-RESISTANT PENICILLINS - Drugs to treat bacterial infections</b>		
<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	-
<b>PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects</b>		
<b>SEMI SOLID VEHICLES - Miscellaneous compounding ingredients</b>		
<i>POLYETHYLENE GLYCOL 8000 GRANULES</i> ( <i>polyethylene glycol 8000</i> )	2	-
<b>PROGESTINS - Drugs to replace female hormones</b>		
<b>PROGESTINS - Drugs used for contraception</b>		
<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	-
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY - Drugs to treat chemical dependency</b>		

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<i>acamprosate calcium DR tab 333MG</i> (CAMPRAL Equiv)	1	-
DISULFIRAM TAB ( <i>disulfiram tab</i> )	2	-
<i>disulfiram tab 250MG, 500MG</i> (ANTABUSE Equiv)	1	-
LUCEMYRA TAB .18MG ( <i>lofexidine hcl</i> )	2	PA-QL QL= 96 tabs/7 days
<b>ANTI-CATAPLECTIC AGENTS - Drugs to treat sleep disorders</b>		
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
<b>ANTIDEMENTIA AGENTS - Drugs to treat dementia and memory loss</b>		
<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	-

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GALANTAMINE SOLN 4MG/ML ( <i>galantamine hydrobromide</i> )	2	-
<i>galantamine tab 12MG, 4MG, 8MG</i> (RAZADYNE Equiv)	1	-
<i>memantine soln 10MG/5ML, 2MG/ML</i> (NAMENDA Equiv)	1	-
<i>memantine tab 10MG, 5MG</i> (NAMENDA Equiv)	1	-
<i>rivastigmine cap 1.5MG, 3MG, 4.5MG, 6MG</i> (EXELON Equiv)	1	-
<i>rivastigmine patch 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR</i> (EXELON Equiv)	1	-
<b>COMBINATION PSYCHOTHERAPEUTICS - Drugs to treat psychoses</b>		
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	-
<b>FIBROMYALGIA AGENTS - Drugs to treat widespread muscle pain</b>		
SAVELLA PAK ( <i>milnacipran hcl</i> )	2	-

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SAVELLA TAB 100MG, 12.5MG, 25MG, 50MG <i>(milnacipran hcl)</i>	2	QL QL= 2 tabs/day
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS - Drugs to treat lack of sexual desire</b>		
VYLEESI INJ 1.75MG/0.3ML <i>(bremelanotide acetate)</i>	2	MSP-PA-QL QL= 8 injections/28 days
<b>MOVEMENT DISORDER DRUG THERAPY - Drugs to treat movement disorders</b>		
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
<b>MULTIPLE SCLEROSIS AGENTS - Drugs to treat multiple sclerosis (MS)</b>		

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AVONEX INJ 30MCG/0.5ML ( <i>interferon beta-1a</i> )	2	MSP
<i>dalfampridine ER tab 10MG</i> (AMPYRA Equiv)	1	MSP-PA-QL QL= 2 tabs/day
<i>dimethyl fumarate DR cap 120MG, 240MG</i> (TECFIDERA Equiv)	1	MSP
<i>dimethyl fumarate DR starter pack</i> (TECFIDERA STARTER PACK Equiv)	1	MSP
EXTAVIA INJ .3MG ( <i>interferon beta-1b</i> )	2	MSP
<i>fingolimod hcl cap 0.5mg .5MG</i> (GILENYA Equiv)	1	MSP-QL QL= 1 cap/day
GILENYA CAP 0.25MG .25MG ( <i>fingolimod hcl</i> )	2	MSP-QL QL= 1 cap/day
<i>glatiramer inj 20MG/ML, 40MG/ML</i> (COPAXONE Equiv)	1	MSP
KESIMPTA INJ 20MG/0.4ML ( <i>ofatumumab (ms)</i> )	2	MSP
MAVENCLAD THERAPY PAK 10MG ( <i>cladribine (multiple sclerosis)</i> )	2	LD Only available through Walgreens 888-347-3416
MAYZENT TAB .25MG, 1MG, 2MG ( <i>siponimod fumarate</i> )	2	MSP
MAYZENT TAB STARTER PACK .25MG ( <i>siponimod fumarate</i> )	2	MSP
PLEGRIDY INJ 125MCG/0.5ML ( <i>peginterferon beta-1a</i> )	2	MSP

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

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<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	\$0	OTC-SMKG
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	\$0	OTC-SMKG
NICOTROL INHALER 10MG ( <i>nicotine</i> )	\$0	SMKG
NICOTROL NASAL SPRAY 10MG/ML ( <i>nicotine</i> )	\$0	SMKG
VARENICLINE 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
<b>RESPIRATORY AGENTS - MISC. - Drugs to treat lung conditions</b>		
<b>CYSTIC FIBROSIS AGENTS - Drugs to treat cystic fibrosis conditions</b>		
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

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

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<b>GLYCYLCYCLINES - Drugs to treat bacterial infections</b>		
<i>tigecycline inj 50MG</i>	M	-
<b>TETRACYCLINES - Drugs to treat infections</b>		
<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	-
<b>THYROID AGENTS - Drugs to regulate thyroid hormones</b>		
<b>ANTITHYROID AGENTS - Drugs to treat high thyroid level</b>		

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<i>methimazole tab</i> (TAPAZOLE Equiv)	1	-
<i>propylthiouracil tab 50MG</i>	1	-
<b>THYROID HORMONES - Drugs to regulate thyroid hormones</b>		
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	-
<b>TOXOIDS - Drugs to prevent infection</b>		
<b>TOXOID COMBINATIONS - Drugs to prevent infection</b>		
ADACEL/BOOSTRIX INJ 2.5LF/0.5ML-5LF/0.5ML-18.5MCG/0.5ML ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	\$0	VAC

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

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QUADRACEL PREF SYRINGE, KINRIX PREF SYRINGE 10LFU/0.5ML-25LFU/0.5ML-58MCG/0.5ML, 5LFU/0.5ML-15LFU/0.5ML-48MCG/0.5ML ( <i>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</i> )	\$0	VAC
TETANUS/DIPHThERIA TOXOID INJ 2LFU-5LFU ( <i>tetanus-diphtheria toxoids (td)</i> )	\$0	VAC
VAXELIS INJ ( <i>diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb</i> )	\$0	VAC
<b>ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
ATROPINE SUL INJ .25MG/5ML, .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 &amp; opium</i> )	2	-
<i>chlordiazepoxide/clidinium cap 2.5MG-5MG</i> (LIBRAX Equiv)	1	-

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<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> (LEVBID Equiv)	1	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	1	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine sulfate soln .125MG/ML</i> (LEVSIN Equiv)	1	-
<i>hyoscyamine tab .125MG</i> (LEVSIN Equiv)	1	-
PROPANTHELINE TAB 15MG ( <i>propantheline bromide</i> )	2	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
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	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate tab 1GM</i> (CARAFATE Equiv)	1	-
<b>PROTON PUMP INHIBITORS - Drugs to treat acid reflux</b>		
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	1	OTC

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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	-
<b>ULCER DRUGS - PROSTAGLANDINS - Drugs to treat bowel, intestine, and stomach conditions</b>		
<i>misoprostol tab 100MCG, 200MCG</i> (CYTOTEC Equiv)	1	-
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - Drugs to treat ulcers</b>		
<b>ANTISPASMODICS - Drugs to treat diarrhea</b>		
ATROPINE SULFATE INJ .5MG/5ML, 1MG/10ML ( <i>atropine sulfate</i> )	M	-
<b>H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions</b>		
NIZATIDINE CAP 150MG, 300MG ( <i>nizatidine</i> )	2	-
<b>MISC. ANTI-ULCER - Miscellaneous anti-ulcer drugs</b>		
<i>sucralfate susp 1GM/10ML</i> (CARAFATE Equiv)	1	-
<b>URINARY ANTISPASMODICS - Drugs to treat miscellaneous bladder spasms</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) - Drugs to treat miscellaneous bladder spasms</b>		
<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	-

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

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PEDVAXHIB INJ 7.5MCG/0.5ML ( <i>haemophilus b polysac conj vac</i> )	\$0	VAC
PNEUMOVAX INJ 25MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	\$0	VAC
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	\$0	VAC
PREVNAR 20 INJ ( <i>pneumococcal 20-valent conjugate vaccine</i> )	\$0	VAC
TRUMENBA INJ ( <i>meningococcal group b vaccine (recombinant)</i> )	\$0	VAC
TYPHIM VI INJ 25MCG/0.5ML ( <i>typhoid vi polysaccharide vaccine</i> )	\$0	VAC
VAXNEUVANCE INJ ( <i>pneumococcal 15-valent conjugate vaccine</i> )	\$0	VAC
VIVOTIF CAP ( <i>typhoid vaccine</i> )	\$0	QL-VAC QL= 4 caps/fill
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
ABRYSVO INJ 120MCG/0.5ML ( <i>rsv pre-fusion f a&amp;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

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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
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

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS



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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
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
DENG VAXIA 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 &amp; b surface antigen adjuvant)</i>	\$0	VAC
FLUAD QUAD INJ .5ML <i>(influenza virus vacc types a &amp; b surf antigen adjuvant quad)</i>	\$0	VAC
FLUBLOK QUAD PF INJ <i>(influenza virus vac recomb hemagglutinin (ha) quadrivalent)</i>	\$0	VAC

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FLUCELVAX QUAD INJ ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	\$0	VAC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC
FLUMIST QUADRIVALENT NASAL SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	\$0	VAC
FLUZONE HD PF INJ ( <i>influenza virus vac split high-dose quad preservative free</i> )	\$0	VAC
FLUZONE HIGH DOSE PF INJ ( <i>influenza virus vaccine split high-dose preservative free</i> )	\$0	VAC
FLUZONE SPLIT QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC
FLUZONE/FLUARIX QUAD INJ ( <i>influenza virus vaccine split quadrivalent</i> )	\$0	VAC
GARDASIL 9 INJ ( <i>human papillomavirus (hpv) 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

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IPOL INACTIVATED IPV ( <i>poliovirus vaccine, ipv</i> )	\$0	VAC
IXIARO INJ ( <i>japanese encephalitis vaccine inactivated adsorbed</i> )	\$0	VAC
M-M-R II INJ ( <i>measles, mumps &amp; rubella virus vaccines</i> )	\$0	VAC
PREHEVBRIO SUSP 10MCG/ML ( <i>hepatitis b vaccine 3-antigen recombinant</i> )	\$0	VAC
PRIORIX INJ ( <i>measles, mumps &amp; 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

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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
<b>VAGINAL AND RELATED PRODUCTS - Drugs to treat vaginal infections</b>		
<b>VAGINAL AND RELATED PRODUCTS - VAGINAL CONTRACEPTIVE - PH MODULATORS - Drugs that prevent pregnancy</b>		
PHEXXI GEL .4%-1%-1.8% ( <i>lactic acid-citric acid-potassium bitartrate</i> )	\$0	QL QL= 1 box/fill
<b>VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones</b>		
<b>SPERMICIDES - Drugs to prevent pregnancy</b>		
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
<b>VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections</b>		
<i>clindamycin vaginal cream 2%</i> (CLEOCIN Equiv)	1	-

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<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	-
<b>VAGINAL ESTROGENS - Drugs to treat low hormones</b>		
<i>estradiol cream .1MG/GM</i> (ESTRACE Equiv)	1	-
ESTRING 2MG, 7.5MCG/24HR ( <i>estradiol vaginal</i> )	2	3 copays per Rx
<b>VAGINAL PROGESTINS - Drugs to treat low hormones</b>		
CRINONE GEL 4%, 8% ( <i>progesterone (vaginal)</i> )	2	PA
ENDOMETRIN INSERT 100MG ( <i>progesterone (vaginal)</i> )	2	PA
<b>VASOPRESSORS - Drugs to treat heart and circulation conditions</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - Drugs to treat systemic swelling conditions</b>		
<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
<b>VIRAL VACCINES - Drugs to prevent infection</b>		
<i>midodrine tab 10MG, 2.5MG, 5MG</i> (PROAMATINE Equiv)	1	-
<b>VITAMINS - Drugs to treat vitamin deficiency</b>		
<b>MISC. NUTRITIONAL FACTORS - Drugs to treat vitamin deficiency</b>		

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PRENATAL VITAMIN ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	OTC
<b>OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
<i>cholecalciferol cap 50000 unit 1.25MG, 50000UNIT</i>	1	OTC
<i>phytonadione tab 100MCG, 5MG (MEPHYTON Equiv)</i>	1	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	1	RX strength only
<b>WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency</b>		
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

<b>A</b>					
abacavir tab	81	acetic acid otic soln	168	ADALIMU-ADBAM KIT	6
abacavir/lamivudine tab	81	ACETIC	168	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	169	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	107	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	187	ACTHIB INJ, HIBERIX	186	ADALIMUMAB-FKJP	6
acamprosate calcium DR	173	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	103
acetaminophen/codeine tab	13	ADACEL/BOOSTRIX INJ	181	adapalene gel	103
acetaminophen/isometheptene/dichloral cap	146	ADAGEN INJ	91	ADAPALENE LOTION	103
ACETASOL HC OTIC	169	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	187	ALOGLIPTIN/PIOGLITAZ	35	amlodipine/valsartan/hydro	52
AFLURIA INJ, FLUZONE	187	ONE TAB		chlorothiazide tab	
INJ		alprazolam tab	18	ammonium lactate cream	113
AIMOVIG INJ	147	ALREX OPHTH SUSP	165	ammonium lactate lotion	113
ALA SCALP LOTION	108	ALUNBRIG TAB 30MG	65	amnesteem cap, claravis	103
albuterol HFA inhaler	23	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	170
albuterol sulfate syrup	23	ambrisentan tab	95	AMOXICILLIN CHEW	170
albuterol sulfate tab	23	AMCINONIDE LOTION	108	TAB	
albuterol/ipratropium neb	23	amcinonide oint	108	amoxicillin susp	170
soln		AMCINONIDE	108	amoxicillin tab	170
alclometasone cream	108	OINTMENT		amoxicillin/clavulanate	171
alclometasone oint	108	amifostine inj	74	susp	
ALDURAZYME INJ	123	amikacin inj	4	amoxicillin/clavulanate tab	171
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	170
alfuzosin SR tab	133	aminocaproic acid tab	139	ampicillin/sulbactam inj	171
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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ANORO ELLIPTA INHALER	23	ASMANEX HFA INHALER	21	atropine sulfate inj	183
APAP/CODEINE SOLN	13	ASMANEX INHALER	22	0.25mg/5ml, 0.5mg/5ml, 1mg/10ml	
APEXICON E CREAM	108	aspirin chew tab 81mg	11	ATROVENT HFA	21
apomorphine inj	76	aspirin ec tab 325mg	11	INHALER	
APRACLONIDINE	162	aspirin ec tab 81mg	11	AUSTEDO TAB	175
OPHTH SOLN		aspirin tab 325mg	11	AUSTEDO TITRATION PACK	175
aprepitant cap	45	aspirin/dipyridamole cap	135	AUSTEDO XR TAB	175
aprepitant pak	46	ASTAMED MYO CAP	116	AUSTEDO XR TAB 6MG	175
APRETUDE SUSP	81	atazanavir cap	81	AUSTEDO XR TAB	175
APTIVUS CAP	81	atenolol tab	90	TITRATION KIT	
APTIVUS SOLN	81	atenolol/chlorthalidone tab	52	AVAR GEL	103
ARANESP INJ	137	ATGAM INJ	152	AVONEX INJ	176
ARCALYST INJ	7	atomoxetine cap	2	AVSOLA INJ	129
AREXVY INJ	188	atorvastatin tab	49	AYVAKIT TAB	64
ARIKAYCE SUSP	4	atorvastatin tab 10mg	49	AZASITE SOLN	162
aripiprazole tab	80	atorvastatin tab 20mg	49	azathioprine tab	88
ARISTADA INJ	80	atovaquone susp	54	azelaic acid gel	115
armodafinil tab	3	atovaquone/proguanil tab	56	azelastine nasal spray 0.1%	158
ARMOUR THYROID TAB, NATURE THROID TAB	181	atropine ophth oint	161	azelastine nasal spray 0.15%	158
ARNUITY ELLIPTA INHALER	21	atropine ophth soln	161	azithromycin susp	141
ARTIFICIAL TEARS DROP	159	ATROPINE SUL INJ	183	azithromycin tab	141
artificial tears ophth soln	159	ATROPINE SUL OPHTH OINT 1%	161	aztreonam inj	55
ashlyna tab, daysee tab	97	ATROPINE SULFATE INJ	185		
		atropine sulfate inj	183	<b>B</b>	
		0.1mg/ml, 0.4mg/ml, 1mg/ml, 8mg/20ml		BACITRACIN OPHTH OINT	162

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ALPHABETICAL LISTING OF DRUGS

bacitracin/neomycin/poly myxin b ophth oint	163	BENLYSTA INJ	152	bexarotene cap	74
bacitracin/polymyxin b ophth oint	163	benzonatate cap	101	BEXSERO INJ	186
bacitracin/polymyxin/neo mycin/hydrocortisone ophth oint	165	benztropine tab	74	bicalutamide tab	62
baclofen tab	156	BESREMI INJ	74	BIKTARVY TAB	81
BACLOFEN TAB 5MG	156	betamethasone augmented cream	109	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	165
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	159
B-D PEN NEEDLE	145	betamethasone valerate oint	109	BRAFTOVI CAP 75MG	66
BELLADONNA ALKALOID/OPIUM SUPP	183	BETAXOLOL OPHTH SOLN	160	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	186	BREXAFEMME TAB	46
BENLYSTA AUTO-INJECTOR	152			BRILINTA TAB	135
				brimonidine ophth soln 0.15%	162
				brimonidine ophth soln 0.2%	162
				brimonidine tartrate gel	115

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## ALPHABETICAL LISTING OF DRUGS

brimonidine tartrate ophth soln 0.1%	162	buspirone tab	18	<b>C</b>	
brimonidine tartrate-timolol maleate ophth soln	160	busulfan inj	59	CABENUVA IM SUSP	81
brinzolamide ophth susp	167	BUSULFEX INJ	59	cabergoline tab	125
bromfenac ophth soln	167	butalbital/acetaminophen tab	10	CABOMETYX TAB	66
bromfenac sodium ophth soln 0.07%	167	butalbital/acetaminophen/caffeine cap	10	caffeine citrate soln	2
bromocriptine cap	75	butalbital/acetaminophen/caffeine tab	10	calcipotriene cream	107
bromocriptine tab	75	butalbital/acetaminophen/caffeine/codeine cap	13	calcipotriene oint	107
BRUKINSA CAP	66	butalbital/acetaminophen/caffeine/codeine cap	10	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	14	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	177	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	97	chlorthalidone tab	119
carbidopa/levodopa ER tab	75	cefotaxime inj	97	chlorzoxazone tab 375mg	156
CARBIDOPA/LEVODOPA ODT	75	cefoxitin inj	96	chlorzoxazone tab 750mg	156
carbidopa/levodopa tab	75	cefprozil susp	96	cholecalciferol cap 50000 unit	194
carbidopa-levodopa-entacapone tab	76	cefprozil tab	96	cholestyramine lite powder	48
carboxymethylcellulose sodium ophth gel	159	ceftazidime inj	97	cholestyramine lite powder pack	48
carboxymethylcellulose sodium ophth soln	159	ceftriaxone inj	97	cholestyramine powder	48
carboxymethylcellulose-glycerin ophth soln	159	cefuroxime tab	96	cholestyramine powder pack	48
CARETOUCH UNIVERSAL CPAP	146	celecoxib cap	7	CIBINQO TAB	112
CARTEOLOL OPHTH SOLN	160	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	184
cefadroxil cap	96	cetirizine syrup	47	cimetidine tab	184
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	177	cinacalcet tab	123
CEFAZOLIN INJ	96	CHEMET CAP	44	CINRYZE INJ	134
cefdinir cap	96	chlordiazepoxide cap	18	CIPROFLOXACIN 100MG TAB	127
cefdinir susp	97	CHLORDIAZEPOXIDE/MITRIPTYLINE TAB	174	ciprofloxacin ophth soln	163
cefepime inj	97	chlordiazepoxide/clidiniu m cap	183	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	168	clopidogrel tab 75mg	135	CONTRACEPTIVE FILM	192
citalopram soln	33	clorazepate tab	18	CONTRACEPTIVE FOAM	192
citalopram tab	33	clotrimazole troches	153	CONTRACEPTIVE GEL	192
CLARITHROMYCIN SUSP	141	clotrimazole/betamethasone cream	105	CONTRACEPTIVE SUPP	192
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)	188
clindamycin soln	55	clozapine tab	78	COVID-19 VACCINE BIVALENT BOOSTER INJ. (PFIZER)	188
clindamycin topical soln	103	CODEINE SULFATE TAB	11	COVID-19 VACCINE BIVALENT BOOSTER INJ. 5-11Y (PFIZER)	188
clindamycin vaginal cream	192	colchicine tab	133	COVID-19 VACCINE BIVALENT BOOSTER INJ. 6M-4Y (PFIZER)	188
CLINISTIX TEST STRIP	116	colchicine/probenecid tab	133	COVID-19 VACCINE BIVALENT BOOSTER INJ. 6M-5Y (MODERNA)	188
clobazam tab	27	colesevelam pack	48	COVID-19 VACCINE BIVALENT BOOSTER INJ. (JANSSEN)	188
clobetasol propionate cream	109	colesevelam tab	48	COVID-19 VACCINE BIVALENT BOOSTER INJ. (NOVAVAX)	189
clobetasol propionate emollient cream	109	colestipol tab	49		
clobetasol propionate gel	109	COLY-MYCIN S OTIC SUSP	168		
clobetasol propionate oint	110	COMBIPATCH	126		
clobetasol propionate soln	110	COMBIVENT RESPIMAT INHALER	24		
CLOMID TAB	121	COMETRIQ KIT	66		
clomipramine cap	34	COMIRNATY INJ	188		
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 189 5-11Y (PFIZER)	cyclosporine modified cap 89	DEPO-PROVERA SC INJ 100 104MG
COVID-19 VACCINE INJ 189 6M-11Y (MODERNA)	cyclosporine modified 89 soln	DESCOVY TAB 82
COVID-19 VACCINE INJ 189 6M-4Y (PFIZER)	cyclosporine ophth 164 emulsion	desipramine tab 34
CREON CAP 117	cyproheptadine syrup 48	desmopressin acetate inj 125
CRINONE GEL 193	cyproheptadine tab 48	desmopressin acetate nasal 125 spray
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 167	<b>D</b>	desonide oint 110
CROMOLYN SODIUM 167	dabigatran etexilate 27	desoximetasone cream 110
OPHTH SOLN	mesylate cap	desoximetasone cream 110 0.05%
cryselle tab 97	dalfampridine ER tab 176	desoximetasone gel 110
CUE COVID-19 TEST 116	danazol cap 15	desoximetasone oint 110
CARTRIDGE	dantrolene cap 157	desoximetasone oint 110 0.05%
CUE HEALTH MONITOR 116	dapsone tab 55	desvenlafaxine ER tab 34
cyanocobalamin inj 136	DAPTACEL INJ, 182	DEXAMETHASONE 100 CONC
cyclobenzaprine tab 156	INFANRIX INJ	dexamethasone elixir 100
CYCLOMYDRIL OPHTH 161	darunavir tab 81	DEXAMETHASONE 165 OPHTH SOLN
SOLN	DDAVP NASAL SOLN 125	DEXAMETHASONE 100 SOLN
cyclopentolate ophth soln 161	deferasirox tab 44	dexamethasone tab 100
cyclophosphamide cap 59	deferiprone tab 44	DEXCOM G6 RECEIVER 143
CYCLOPHOSPHAMIDE 59	DELSTRIGO TAB 82	
TAB	DENAVIR CREAM 108	
cycloserine cap 57	DENG VAXIA SUSP 189	
cyclosporine cap 89	DEPLIN CAP 116	

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ALPHABETICAL LISTING OF DRUGS

DEXCOM G6 SENSOR	143	diclofenac potassium tab	7	diltiazem ER tab	91
DEXCOM G6	143	diclofenac sodium EC tab	7	diltiazem tab	91
TRANSMITTER		diclofenac sodium ophth	167	dimethyl fumarate DR cap	176
dexmethylphenidate ER	3	soln		dimethyl fumarate DR	176
cap		diclofenac sodium XR tab	7	starter pack	
dexmethylphenidate tab	3	dicloxacillin cap	172	diphenhydramine cap	47
dextran 70-hypromellose	160	dicyclomine cap	184	50mg	
ophth soln		dicyclomine tab	184	diphenhydramine inj	47
dextroamphetamine ER	1	didanosine DR cap	82	DIPHENOXYLATE/ATRO	43
cap		DIDANOSINE DR CAP,	82	PINE LIQUID	
dextroamphetamine soln	1	VIDEX EC CAP		diphenoxylate/atropine tab	43
dextroamphetamine sulfate	1	DIFFERIN LOTION	103	DIPHThERIA-TETANUS	182
tab 15mg		DIFFERIN OTC GEL 0.1%	103	PED INJ	
dextroamphetamine sulfate	1	DIFICID SUSP	142	dipyridamole tab	135
tab 20mg		DIFICID TAB	142	disopyramide cap	19
dextroamphetamine sulfate	1	DIFLORASONE CREAM,	110	DISULFIRAM TAB	173
tab 30mg		PSORCON CREAM		DIURIL SUSP	119
dextroamphetamine tab	1	diflorasone oint	110	divalproex ER tab	32
DIACOMIT CAP	27	diflunisal tab	11	divalproex sodium DR tab	32
DIACOMIT POWDER	27	difluprednate ophth	165	divalproex sprinkle cap	32
PACK		emulsion		dofetilide cap	20
dialyvite tab	154	digoxin soln	92	donepezil ODT	173
DIALYVITE/ZINC TAB	154	digoxin tab	93	donepezil tab	173
DIAPHRAGM	143	dihydroergotamine	147	donepezil tab 23mg	173
diazepam conc	18	mesylate inj		dorzolamide ophth soln	167
diazepam oral soln	19	DILANTIN CAP 30MG	31	dorzolamide/timolol ophth	161
diazepam tab	19	diltiazem ER cap	91	soln	
diclofenac gel 1%	106	diltiazem ER cap-	91	DOVATO TAB	82

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ALPHABETICAL LISTING OF DRUGS

doxazosin tab	52	duloxetine EC cap 20mg,	34	EMGALITY INJ	147
doxepin cap	34	30mg, 60mg		EMGALITY INJ	147
doxepin conc	34	DUPIXENT INJ	112	100MG/ML	
doxercalciferol cap	123	DUPIXENT PEN INJ	113	EMPAVELI INJ	134
doxycycline hyclate cap	180	DUPIXENT PEN INJ	113	emtricitabine cap	82
doxycycline hyclate tab	180	DUROLANE INJ	157	emtricitabine/tenofovir	82
doxycycline monohydrate	180	60MG/3ML		disoproxil fumarate tab	
cap 100mg		dutasteride cap	133	EMTRIVA SOLN	82
doxycycline monohydrate	180	dutasteride/tamsulosin cap	133	enalapril maleate oral soln	50
cap 50mg				enalapril tab	50
doxycycline monohydrate	180	<b>E</b>		enalapril/hydrochlorothiazide tab	53
tab 100mg		EDEX INJ	93	ENBREL INJ 25MG	10
doxycycline monohydrate	180	EDURANT TAB	82	ENBREL INJ 50MG	10
tab 50mg		EFAVIRENZ CAP	82	ENBREL MINI INJ	10
doxycycline monohydrate	180	efavirenz tab	82	ENBREL SURECLICK	10
tab 75mg		efavirenz/lamivudine/tenofovir df (lo) tab	82	INJ 50MG	
doxycycline susp	180	EGRIFTA INJ	122	ENDARI POWDER PACK	136
doxylamine/pyridoxine dr	45	electrolyte-148 solution	148	ENDOMETRIN INSERT	193
tab		electrolyte-a solution	149	ENGERIX-B INJ,	189
D-PENAMINE TAB	88	eletriptan tab	147	RECOMBIVAX-HB INJ	
dronabinol cap	45	ELIGEN B12 TAB	117	enoxaparin inj	26
drospirenone/ethinyl	97	ELIQUIS TAB, ELIQUIS	26	enpresse tab	97
estradiol/levomefolate tab		STARTER PACK		ENSPRYNG INJ	152
DROXIA CAP	136	ELIXOPHYLLIN ELIXIR	25	entacapone tab	75
DRYSOL SOLN	115	ELLA TAB	100	entecavir tab	86
DUAVEE TAB	126	ELMIRON CAP	133	ENTRESTO TAB	93
DULERA INHALER	24	eluryng vaginal ring	99	EPIDIOLEX SOLN	28
		EMCYT CAP	62		

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ALPHABETICAL LISTING OF DRUGS

EPIFOAM AEROSOL	110	esterified	126	FABRAZYME INJ	124
epinephrine pen inj	193	estrogens/methyltestoster		FALESSA TAB	117
0.15mg, 0.3mg		one tab		famotidine susp	184
EPIVIR HBV SOLN	86	estradiol cream	193	famotidine tab	184
EQUETRO CAP	77	estradiol patch	127	FARXIGA TAB	43
ERGOLOID MESYLATES	177	estradiol tab	127	febuxostat tab	133
TAB		estradiol/norethindrone tab	126	felbamate susp	30
ERGOMAR SL TAB	147	ESTRING	193	felbamate tab	30
erlotinib tab	61	ethacrynic tab	118	FEMALE CONDOMS	143
erlotinib tab 25mg	61	ethambutol tab	57	fenofibrate cap 67mg,	49
ertapenem inj	55	ethosuximide cap	31	134mg, 200mg	
ERY PAD	104	ethosuximide soln	31	fenofibrate tab 48mg,	49
erythromycin DR cap	142	etodolac cap	7	54mg, 145mg, 160mg	
erythromycin DR tab	142	etodolac tab	7	fenofibric acid DR cap	49
ERYTHROMYCIN EC	142	ETOPOSIDE CAP	74	fenopropfen calcium tab	7
CAP		etravirine tab	82	FENOPROFEN TAB	8
erythromycin	142	EUFLEXXA INJ	157	fentanyl patch	12
ethylsuccinate susp		EULEXIN CAP	62	ferrex 150 forte cap	138
ERYTHROMYCIN	142	everolimus tab	67	FILSPARI TAB	132
ETHYLSUCCINATE TAB		everolimus tab	152	finasteride tab	113
erythromycin gel	104	(ZORTRESS equiv)		fingolimod hcl cap 0.5mg	176
erythromycin ophth oint	163	everolimus tab for oral	67	FINTEPLA SOLN	28
erythromycin pad	104	susp		FIRDAPSE TAB	57
erythromycin soln	104	EVRYSDI SOLN	159	FIRST	54
erythromycin tab	142	exemestane tab	63	METRONIDAZOLE SUSP	
escitalopram soln	33	EXTAVIA INJ	176	FIRST MOUTHWASH	153
escitalopram tab	33	ezetimibe tab	50	BLM	
estazolam tab	140			flecainide tab	19

**F**

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## ALPHABETICAL LISTING OF DRUGS

FLORIVA PLUS DROPS	155	fluocinonide emollient	110	FLUTICASONE DISKUS	22
FLUAD INJ	189	cream		INHALER	
FLUAD QUAD INJ	189	fluocinonide gel	111	FLUTICASONE HFA	22
FLUBLOK QUAD PF INJ	189	fluocinonide oint	111	INHALER	
FLUCELVAX QUAD INJ	190	fluocinonide soln	111	fluticasone nasal spray	158
fluconazole susp	46	FLUORABON SOLN	149	fluticasone propionate	111
fluconazole tab	46	FLUORIDEX	153	cream	
flucytosine cap	46	SENSITIVITY PASTE		FLUTICASONE	22
fludarabine inj	60	fluorometholone ophth	165	PROPIONATE DISKUS	
fludrocortisone tab	101	soln		INHALER 100 MCG/ACT	
FLULAVAL QUAD INJ,	190	FLUOROPLEX CREAM	106	FLUTICASONE	22
FLUZONE QUAD INJ		fluorouracil cream	106	PROPIONATE DISKUS	
FLUMIST	190	FLUOROURACIL	106	INHALER 250 MCG/ACT	
QUADRIVALENT NASAL		CREAM 0.5%		FLUTICASONE	22
SUSP		fluorouracil soln	106	PROPIONATE DISKUS	
flunisolide nasal soln	158	fluoxetine cap	33	INHALER 50 MCG/ACT	
FLUOCINOLONE ACET	110	fluoxetine soln	33	fluticasone propionate oint	111
CREAM		fluoxetine tab	33	fluticasone/salmeterol	24
fluocinolone acetonide	110	fluphenazine decanoate inj	79	inhaler, wixela inhaler	
cream		fluphenazine tab	79	FLUTICASONE-SALMET	24
fluocinolone acetonide	110	flurandrenolide cream	111	EROL INHALER 113-14	
ointment		flurandrenolide oint	111	MCG/ACT	
fluocinolone acetonide	110	FLURAZEPAM CAP	140	FLUTICASONE-SALMET	24
soln		FLURBIPROFEN OPHTH	167	EROL INHALER	
fluocinolone otic oil	169	SOLN		115-21MCG/ACT	
fluocinonide cream 0.05%	110	flurbiprofen tab	8	FLUTICASONE-SALMET	24
fluocinonide cream 0.1%	110	flutamide cap	63	EROL INHALER	
				230-21MCG/ACT	

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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 173
MCG/ACT	fosinopril/hydrochlorothia 53	GALANTAMINE SOLN 174
FLUTICASONE-SALMET 25	zide tab	galantamine tab 174
EROL INHALER	FRAGMIN INJ 26	GALZIN CAP 151
45-21MCG/ACT	FREESTYLE LIBRE 2 143	GAMASTAN S/D INJ 169
FLUTICASONE-SALMET 25	RECEIVER	GAMMAGARD S/D INJ 169
EROL INHALER 55-14	FREESTYLE LIBRE 2 143	GARDASIL 9 INJ 190
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 157
fluvoxamine tab 33	SENSOR	GELSYN-3 INJ 157
FLUZONE HD PF INJ 190	FREESTYLE LIBRE 144	gemfibrozil tab 49
FLUZONE HIGH DOSE 190	RECEIVER	GENOTROPIN INJ 122
PF INJ	FREESTYLE LIBRE 144	GENTAK OPHTH OINT 163
FLUZONE SPLIT QUAD 190	SENSOR (14-DAY)	gentamicin ophth soln 163
INJ	frovatriptan tab 147	gentamicin sulfate cream 105
FLUZONE/FLUARIX 190	FULL KIT NEBULIZER 146	gentamicin sulfate oint 105
QUAD INJ	SET	GENVISC-850 INJ, 157
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	<b>G</b>	gianvi tab, ocella tab 97
fondaparinux inj 26	gabapentin cap 28	GILENYA CAP 0.25MG 176
fosamprenavir tab 82	gabapentin soln 28	GILOTRIF TAB 62
foscarnet sodium inj 86	gabapentin tab 28	glatiramer inj 176

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ALPHABETICAL LISTING OF DRUGS

GLEOSTINE/LOMUSTIN	59	griseofulvin tab	46	heparin inj	26
E CAP		GUAIFENESIN/CODEINE	102	HEPLISAV-B INJ	190
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	169
glipizide/metformin tab	35	GUANIDINE TAB	57	HOMATROPINE OPHTH	161
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	<b>H</b>		KWIKPEN INJ	
GLYBURID MCR TAB	43	HADLIMA INJ	6	HYALGAN INJ	157
glyburide tab	43	HADLIMA INJ	6	HYCAMTIN CAP	58
glyburide/metformin tab	35	40MG/0.8ML		hydralazine tab	54
glycerin-hypromellose-pe	160	HADLIMA PUSH INJ	6	hydrochlorothiazide cap	119
g 400 ophth soln		HADLIMA PUSH INJ	6	hydrochlorothiazide tab	119
glycopyrrolate tab	184	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	160	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	190	syrup	
griseofulvin micro tab	46	HAVRIX/VAQTA INJ	190		
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	157	imiquimod cream	114
BUTYRATE LIPO CREAM		hyoscyamine sulfate CR	184	IMITREX INJ	147
hydrocortisone butyrate	111	tab		IMOVAX INJ	190
lipocream		hyoscyamine sulfate elixir	184	INCRELEX INJ	123
hydrocortisone butyrate	111	hyoscyamine sulfate ODT	184	INCRUSE ELLIPTA	21
ointment		hyoscyamine sulfate SL tab	184	INHALER	
hydrocortisone cream	111	hyoscyamine sulfate soln	184	indapamide tab	119
hydrocortisone enema	16	hyoscyamine tab	184	indomethacin cap	8
hydrocortisone lotion 2%	111	hypromellose ophth soln	160	indomethacin CR cap	8
hydrocortisone oint	111	HYQVIA INJ	170	INFLECTRA INJ	129
hydrocortisone pramoxine	111			INGREZZA CAP	175
cream		<b>I</b>		INGREZZA PACK	175
hydrocortisone supp	16	IBRANCE CAP	67	40-80MG	
hydrocortisone tab	101	IBRANCE TAB	67	INLYTA TAB	60
hydrocortisone valerate	112	ibuprofen susp (Rx ONLY)	8	INQOVI TAB	65
cream		ibuprofen tab	8	INSULIN ASPART	41
hydrocortisone valerate	112	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	<b>K</b>	
(SEMGLEE Equiv)		isoniazid tab	58	KALETRA TAB	83
INSULIN SYRINGE	145	ISOPTO CARBACHOL	162	KALYDECO PAK	178
INTELENCE TAB	83	OPHTH SOLN		KALYDECO TAB	178
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	98
INVEGA SUSTENNA INJ,	77	isosorbide mononitrate tab	17	KERENDIA TAB	125
INVEGA TRINZA INJ		ISOXSUPRINE TAB	94	KESIMPTA INJ	176
INVIRASE CAP	83	isradipine cap	92	ketoconazole cream	105
INVIRASE TAB	83	ISTURISA TAB 10MG	120	ketoconazole shampoo	106
IOPIDINE OPTH SOLN	162	ISTURISA TAB 1MG	120	ketoconazole tab	46
IPOL INACTIVATED IPV	191	ISTURISA TAB 5MG	120	KETO-DIASTIX TEST	116
ipratropium nasal spray	158	itraconazole cap	46	STRIP	
ipratropium neb soln	21	ivermectin tab	17	ketorolac ophth soln	167
irbesartan tab	51	IXIARO INJ	191	ketorolac tab	8
irbesartan/hydrochlorothia	53			KETOSTIX	116
zide tab		<b>J</b>		ketotifen ophth soln	167
		JAKAFI TAB	68	KEVZARA INJ	7
		JANUMET TAB	36		

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ALPHABETICAL LISTING OF DRUGS

KINRIX INJ,	182	LAMPIT TAB	55	levocarnitine tab	124
QUADRACEL INJ		LANCET KIT	144	levofloxacin ophth soln	163
KISQALI PAK	65	LANCETS	144	LEVOFLOXACIN SOLN	127
KISQALI TAB	68	lansoprazole cap	184	levofloxacin tab	127
KLOXXADO NASAL	44	LANSOPRAZOLE SUSP	185	levonorgestrel tab	100
SPRAY		lanthanum carbonate chew	131	levonorgestrel-ethinyl	98
KOSELUGO CAP	68	tab		estradiol-fe tab	
KOSELUGO CAP 10MG	68	LANTUS INJ, INSULIN	41	levothyroxine tab	181
KRAZATI TAB	68	GLARGINE INJ		LEXIVA SUSP	83
KRINTAFEL TAB	57	lapatinib ditosylate tab	68	lidocaine cream 3%	114
K-TAB	150	latanoprost ophth soln	168	LIDOCAINE GEL	114
<hr/>					
<b>L</b>		leflunomide tab	9	lidocaine oint	114
labetalol tab	90	lenalidomide cap	151	LIDOCAINE ORAL SOLN	153
lacosamide oral solution	28	LENVIMA CAP	60	4%	
lacosamide tab	28	letrozole tab	63	lidocaine patch	115
LACRISERT OPHTH	160	leucovorin inj	74	lidocaine soln	115
INSERT		leucovorin tab	59	lidocaine viscous soln	153
LACTIC ACID LOTION	113	LEUKERAN TAB	58	lidocaine/hydrocortisone	16
lactulose soln	130	LEUKINE INJ	137	cream	
LAGEVRIO 200MG CAP	88	levaltbuterol neb soln	25	lidocaine/prilocaine cream	115
LAGEVRIO CAP (EUA)	88	LEVEMIR FLEXTOUCH	41	lincomycin inj	55
lamivudine soln	83	INJ		linezolid susp	56
lamivudine tab	83	LEVEMIR INJ	42	linezolid tab	56
lamivudine tab 100mg	86	levetiracetam ER tab	28	LINZESS CAP	130
lamivudine/zidovudine tab	83	levetiracetam soln	29	liothyronine tab	181
lamotrigine chew tab	28	levetiracetam tab	29	lisdexamphetamine	1
lamotrigine ODT	28	levobunolol ophth soln	161	dimesylate cap	
lamotrigine tab	28	levocarnitine soln	124		

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ALPHABETICAL LISTING OF DRUGS

lisdexamfetamine	2	losartan/hydrochlorothiazide tab	53	MAVENCLAD THERAPY PAK	176	
lisinopril tab	51	LOTEMAX OPHTH OINT	165	MAVYRET PAK	87	
lisinopril/hydrochlorothiazide tab	53	loteprednol etabonate ophth gel	165	MAVYRET TAB	87	
LITFULO CAP	114	loteprednol ophth susp	165	MAYZENT TAB	176	
LITHIUM CARBONATE CAP	76	lovastatin tab	49	MAYZENT TAB STARTEI PACK	176	
lithium carbonate ER tab	76	loxapine cap	78	meclizine hcl tab	45	
lithium carbonate tab	76	LUBRICANT GEL DROP	160	MECLOFENAMATE CAP	8	
LIVMARLI SOLN	129	LUCEMYRA TAB	173	medroxyprogesterone inj	100	
LIVTENCITY TAB	86	LUMAKRAS TAB	69	medroxyprogesterone tab	172	
L-METHYLFOLATE TAB	117	LUMAKRAS TAB 230MG	69	mefloquine tab	57	
LO LOESTRIN TAB	98	LUMIGAN OPHTH SOLN	168	megestrol susp	63	
loestrin 21 tab	98	LUMRYZ PACK	173	megestrol tab	63	
LOKELMA PAK	152	lurasidone hcl tab	77	MEKINIST SOLN	69	
LONSURF TAB	65	LUVIRA CAP	117	MEKINIST TAB 0.5MG	69	
lopinavir/ritonavir soln	83	LYSODREN TAB	63	MEKINIST TAB 2MG	69	
lopinavir-ritonavir tab	83	LYTGOBI THERAPY PACK	69	MEKTOVI TAB	69	
loratadine ODT	47	<hr/>			meloxicam tab	8
loratadine syrup	47	<b>M</b>		melphalan inj	59	
loratadine tab	47	MAGNESIUM SULFATE INJ	149	MELPHALAN TAB	59	
lorazepam conc	19	MALE CONDOMS	143	memantine soln	174	
lorazepam tab	19	MAPROTILINE TAB	32	memantine tab	174	
LORBRENA TAB 100MG	69	maraviroc tab	84	MENACTRA INJ	186	
LORBRENA TAB 25MG	69	MARPLAN TAB	32	MENOPUR INJ	121	
losartan tab	51	MATULANE CAP	59	MENQUADFI INJ	186	
				MENVEO INJ	186	
				MENVEO SOLN	186	

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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	180
mesalamine DR tab	129	methylphenidate soln	3	minocycline tab	180
mesalamine enema	129	methylphenidate tab	4	minoxidil tab	54
mesalamine ER cap	129	methylprednisolone dose	101	mirtazapine ODT	32
mesalamine supp	130	pack		mirtazapine tab	32
MESNEX TAB	58	methylprednisolone tab	101	MIRVASO GEL	115
METANX CAP	117	METIPRANOLOL OPHTH	161	misoprostol tab	185
metformin ER tab 500mg	37	SOLN		mitoxantrone inj	65
metformin tab	37	metoclopramide soln	128	M-M-R II INJ	191
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	157
methenamine mandelate	56	metronidazole cap	54	montelukast chew tab	21
tab		metronidazole cream	115	montelukast granule pack	21
methimazole tab	181	metronidazole gel	115	montelukast tab	21
methocarbamol tab	157	metronidazole lotion	115	MORPHINE SULF SOLN	12
methotrexate inj	60	metronidazole tab	54	morphine sulfate ER tab	12
methotrexate tab	58	metronidazole vaginal gel	193	morphine sulfate soln	12
METHOXSALLEN CAP	107	mexiletine hcl cap	19	MORPHINE SULFATE	12
methsuximide cap	31	mibelas chew tab	98	SOLN 20MG/5ML	
methyl dopa tab	52	midodrine tab	193	MORPHINE SULFATE	12
methylergonovine tab	169	mifepristone tab	38	SUPP	

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morphine sulfate tab	12	MULTI-VIT-FLOR CHEW	155	NALOXONE PREFILLED	44
MOUNJARO INJ	39	0.25MG		INJ	
MOVANTIK TAB	130	MULTI-VIT-FLOR CHEW	155	naltrexone tab	44
MOXEZA	163	0.5MG		naproxen DR tab 500mg	8
INTRAOCULAR SOLN		MULTI-VIT-FLOR CHEW	155	naproxen EC tab	8
5MG/ML		1MG		naproxen sodium tab	8
MOXEZA OPHTH SOLN	163	mupirocin cream	105	naproxen susp	8
moxifloxacin ophth soln	163	mupirocin oint	105	naproxen tab	8
moxifloxacin tab	128	MUSE SUPP	93	naratriptan tab	147
MULPLETA TAB	137	MVASI INJ	60	NARCAN NASAL SPRAY	45
MULTAQ TAB	20	mycophenolate DR tab	89	NATACYN OPHTH SUSP	163
MULTIGEN FOLIC TAB	138	mycophenolate mofetil	89	NATAZIA TAB	98
MULTIGEN PLUS TAB	139	cap		NEBUSAL NEB SOLN	102
MULTIGEN TAB	139	mycophenolate mofetil	89	NEFAZODONE TAB	34
MULTIVITAMIN/FLOURI	155	susp		nefazodone tab 50mg,	34
DE CHEW 0.25MG		mycophenolate mofetil tab	89	250mg	
MULTIVITAMIN/FLOURI	155	MYFEMBREE TAB	126	neomycin tab	4
DE CHEW 1MG		MYLERAN TAB	59	NEOMYCIN/POLYMIXIN	164
MULTIVITAMIN/FLUORI	155	MYNATAL-Z TAB	156	/GRAMICIDIN OPHTH	
DE CHEW 0.25MG		MYRBETRIQ TAB	186	SOLN	
MULTIVITAMIN/FLUORI	155			neomycin/polymixin/hydro	168
DE CHEW 0.5MG		<b>N</b>		coritisono otic soln	
MULTIVITAMIN/FLUORI	155	nabumetone tab	8	neomycin/polymixin/hydro	169
DE CHEW 1MG		nadolol tab	90	coritisono otic susp	
MULTIVITAMIN/FLUORI	155	nafeillin inj	172	NEOMYCIN/POLYMYXI	132
DE CHEW TAB		nalbuphine inj	15	N B GU IRRIGATION	
multivitamin/minerals tab	154	naloxone hcl nasal spray	44	SOLN	
		naloxone inj	44		

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## ALPHABETICAL LISTING OF DRUGS

neomycin/polymyxin/dexa 165	NINLARO CAP 70	nortrel 7/7/7 tab, pirmella 98
methasone ophth oint	nisoldipine ER tab 92	7/7/7 tab
neomycin/polymyxin/dexa 165	NISOLDIPINE ER TAB 92	nortrel tab 99
methasone ophth soln	20MG, 30MG, 40MG	nortriptyline cap 35
NEOMYCIN/POLYMYXI 166	nitazoxanide tab 55	nortriptyline oral soln 35
N/HYDROCORTISONE	nitisinone cap 124	NORVIR CAP 84
OPHTH SOLN	NITRO-BID OINT 17	NORVIR POWDER PACK 84
NEPHRON FA TAB 139	NITRO-DUR PATCH 17	NORVIR SOLN 84
NERLYNX TAB 69	0.3MG/HR, 0.8MG/HR	NOVOFINE PEN 145
NEVANAC OPHTH SUSP 167	nitrofurantoin 56	NEEDLE
NEVIRAPINE SUSP 84	macrocrystals cap	NOVOLIN 70/30 42
nevirapine tab 84	nitrofurantoin 56	FLEXPEN INJ
NEXLETOL TAB 48	monohydrate cap	NOVOLIN 70/30 INJ 42
NEXLIZET TAB 48	nitrofurantoin susp 56	NOVOLIN N FLEXPEN 42
NEXTSTELLIS TAB 98	nitroglycerin lingual spray 18	INJ
niacin ER tab 50	nitroglycerin patch 18	NOVOLIN N INJ 42
NIACOR TAB 50	nitroglycerin SL tab 18	NOVOLIN R FLEXPEN 42
nicardipine cap 92	NIVESTYM INJ 137	INJ
nicotine gum 177	NIZATIDINE CAP 184	NOVOLIN R INJ 42
NICOTINE KIT 177	norethindrone ace-ethinyl 98	NOVOPEN JR (GREEN) 145
nicotine lozenge 178	estradiol-fe cap	NOVOPEN JR 145
nicotine patch 178	norethindrone 98	(YELLOW)
NICOTROL INHALER 178	acetate/ethinyl estradiol	NOVOTWIST PEN 145
NICOTROL NASAL 178	tab	NEEDLE
SPRAY	norethindrone tab 100	NOVOTWIST/NOVOFINE 145
nifedipine cap 92	norethindrone/ethinyl 98	PEN NEEDLE
nifedipine ER tab 92	estradiol FE tab	np thyroid tab 181
nilutamide tab 63	NORPACE CR CAP 19	NUBEQA TAB 63

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ALPHABETICAL LISTING OF DRUGS

NUCALA INJ	20	OLLIZAC POWDER	117	ONETOUCH VERIO	145
NUEDEXTA CAP	177	olopatadine nasal spray	158	FLEX METER	
NULYTELY SOLN	141	OLUMIANT TAB	5	ONETOUCH VERIO IQ	145
NURTEC ODT	146	OLUMIANT TAB 4MG	5	METER	
nystatin cream	106	omega-3-acid ethyl esters	48	ONETOUCH VERIO	145
nystatin oint	106	cap		METER	
nystatin powder	46	omeprazole DR cap	185	ONETOUCH VERIO	145
nystatin susp	153	OMNIPOD 5 G6 MIS	144	REFLECT METER	
nystatin tab	46	PODS		ONETOUCH VERIO TEST	116
nystatin topical powder	106	OMNIPOD 5 G7 KIT	144	STRIP	
nystatin/triamcinolone	106	INTRO		ONGENTYS CAP	76
cream		OMNIPOD 5 G7 MIS	144	ONTRUZANT INJ	61
nystatin/triamcinolone oint	106	PODS		ONUREG TAB	60
NYVEPRIA INJ	137	OMNIPOD DASH INTRO	144	OPILL TAB	100
<b>O</b>		KIT		OPSUMIT TAB	95
OCALIVA TAB	128	OMNIPOD GO KIT	144	OPZELURA CREAM	113
octreotide inj	125	ondansetron ODT	45	ORACIT SOLN	131
OCTREOTIDE INJ	126	ondansetron soln	45	ORAZINC CAP 220MG	151
100MCG		ONDANSETRON TAB	45	ORENCIA CLICK INJ	9
ODEFSEY TAB	84	ONETOUCH DELICA	144	ORENCIA IV INJ	9
OFEV CAP	179	LANCETS		ORENCIA SC INJ	9
ofloxacin ophth soln	164	ONETOUCH DELICA	144	125MG/ML	
ofloxacin otic soln	168	PLUS LANCETS		ORENCIA SC INJ	9
ofloxacin tab	128	ONETOUCH METER	144	50MG/0.4ML	
OGIVRI INJ	61	ONETOUCH ULTRA TEST	116	ORENCIA SC INJ	9
olanzapine ODT	79	STRIP		87.5MG/0.7ML	
olanzapine tab	79	ONETOUCH ULTRASOFT	144	ORGOVYX TAB	63
olanzapine/fluoxetine cap	174	LANCETS		ORIAHNN CAP	126

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ALPHABETICAL LISTING OF DRUGS

ORILISSA TAB 150MG	122	oxybutynin tab	185	PAXLOVID TAB	86
ORILISSA TAB 200MG	122	oxycodone conc	12	150-100MG	
ORKAMBI GRANULES	178	OXYCODONE ER TAB,	13	PAXLOVID TAB	86
PACKET		OXYCONTIN CR TAB		300-100MG	
ORKAMBI TAB	179	oxycodone soln	13	pazopanib hcl tab	70
orphenadrine citrate ER	157	oxycodone tab	13	PEAK FLOW METER	146
tab		OXYCODONE/ACETAMI	14	PEDIARIX INJ	182
orphenadrine citrate inj	157	NOPHEN SOLN		pediatric multiple	155
ORSERDU TAB	63	oxycodone/acetaminophen	14	vitamins/fluoride soln	
ORSERDU TAB 345MG	64	tab		pediatric multiple	155
ORTHOVISC INJ	157	OXYCODONE/ASPIRIN	14	vitamins/fluoride/iron soln	
oseltamivir cap	88	TAB		PEDVAXHIB INJ	187
oseltamivir cap 30mg	88	OZEMPIC INJ	39	peg 3350/electrolytes soln	141
oseltamivir susp	88	2MG/1.5ML		PEGANONE TAB	31
OTEZLA STARTER PACK	9	OZEMPIC INJ 2MG/3ML	39	PEGASYS INJ	87
OTEZLA TAB	9	OZEMPIC INJ 4MG/3ML	40	PEG-INTRON INJ	87
oxacillin inj	172	OZEMPIC INJ 8MG/3ML	40	PEMAZYRE TAB	70
oxaprozin tab	8			penciclovir cream	108
oxazepam cap	19	<b>P</b>		penicillamine tab	151
OXBRYTA TAB	136	PALFORZIA POWDER	4	penicillin G potassium inj	171
OXBRYTA TAB FOR	136	PACK		PENICILLIN G	171
ORAL SUSP		PALFORZIA SPRINKLE	4	PROCAINE INJ	
oxcarbazepine susp	29	CAP		PENICILLIN G SODIUM	171
oxcarbazepine tab	29	paliperidone ER tab	77	INJ	
OXERVATE OPHTH	164	pantoprazole EC tab	185	PENICILLIN VK SOLN	171
SOLN		paramox hc gel	112	penicillin vk tab	171
oxybutynin ER tab	185	paricalcitol cap	124	PENTACEL INJ	182
oxybutynin syrup	185	paroxetine ER tab	33		
		paroxetine tab	33		

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ALPHABETICAL LISTING OF DRUGS

PENTAMIDINE	54	PHOSPHOLINE OPHTH	162	POLY-VI-FLOR CHEW	156
ISETHIONATE INJ		SOLN		0.25MG	
pentamidine neb soln	54	phytonadione tab	194	POLY-VI-FLOR CHEW	156
PENTASA CAP	130	PIFELTRO TAB	84	0.5MG	
pentoxifylline ER tab	135	pilocarpine ophth soln	162	POLY-VI-FLOR CHEW	156
PERINDOPRIL TAB	51	pilocarpine tab	154	1MG	
permethrin cream	115	pimecrolimus cream	114	polyvinyl alcohol ophth	160
perphenazine tab	79	PIMOZIDE TAB	177	soln	
PERPHENAZINE/ AMITRIPTYLINE TAB	174	pindolol tab	90	polyvinyl	160
PERSERIS INJ	77	pioglitazone tab	42	alcohol-povidone ophth	
phenazopyridine tab	133	piperacillin/tazobactam inj	172	soln	
PHENELZINE SULFATE	33	PIQRAY TAB	70	POMALYST CAP	64
TAB		piroxicam cap	9	POT/CHLORIDE EFFER	150
phenelzine tab	33	PLASMA-LYTE INJ	149	TAB	
phenobarbital elixir	140	PLEGRIDY INJ	176	POTABA POWDER	194
phenobarbital tab	140	PLEGRIDY PEN INJ	177	PACKET	
phenoxybenzamine cap	51	PNEUMOVAX INJ	187	potassium bicarbonate	150
phentermine cap	2	PODIAPN CAP	117	effer tab	
phentermine tab	2	PODOCON SOLN	114	potassium chloride effer	150
phenylephrine ophth soln	161	podofilox soln	114	tab	
phenytoin cap	31	POLYETHYLENE	172	potassium chloride ER cap	150
phenytoin chew tab	31	GLYCOL 8000		potassium chloride ER tab	150
phenytoin susp	31	GRANULES		potassium chloride inj	150
PHEXXI GEL	192	polyethylene	160	potassium chloride micro	150
PHOSLYRA SOLN	131	glycol-propylene glycol		tab	
phospha 250 neutral tab	149	ophth soln		potassium chloride powder	150
		polymyxin b/trimethoprim	164	packet	
		ophth soln		potassium chloride soln	151

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ALPHABETICAL LISTING OF DRUGS

POTASSIUM CHLORIDE TAB ER	151	PRED MILD OPHTH SOLN	166	PREZCOBIX TAB	84
potassium citrate CR tab	131	PRED-G OPHTH SOLN	166	PREZISTA SUSP	84
potassium citrate/citric acid powder pack	132	PREDNICARBATE CREAM	112	PREZISTA TAB	84
potassium citrate/citric acid soln	132	PREDNICARBATE OIN	112	PRIFTIN TAB	58
potassium iodide oral soln	102	prednisolone ODT	101	primaquine tab	57
potassium phosphate monobasic tab	150	PREDNISOLONE ODT TAB	101	primidone tab	29
POTIGA TAB	29	PREDNISOLONE OPHTH SUSP	166	PRIORIX INJ	191
POTIGA TAB 50MG	29	PREDNISOLONE	166	probenecid tab	134
PRALUENT INJ	50	SODIUM PHOSPHATE OPHTH SOLN		prochlorperazine supp	79
pramipexole tab	75	prednisolone soln	101	prochlorperazine tab	79
PRAMOSONE CREAM 1-1%	112	PREDNISONE SOLN	101	PROCTOFOAM HC FOAM	16
PRAMOSONE E CREAM	112	prednisone tab	101	proctosol HC cream	16
PRAMOSONE OINT	112	pregabalin cap	29	progesterone cap	172
pramoxine/hydrocortisone cream	16	pregabalin soln	29	progesterone oil inj	172
PRASCION RA CREAM	104	PREGNYL INJ	122	PROLEUKIN INJ	59
prasugrel tab	135	PREHEVBRIO SUSP	191	PROLIA INJ	120
pravastatin tab	49	PREMARIN TAB	127	PROMACTA POWDER	137
praziquantel tab	17	PREMPHASE TAB,	127	PROMACTA TAB	137
prazosin cap	52	PREMPRO TAB		12.5MG, 25MG	
PRED FORTE OPHTH SUSP	166	PRENATAL VITAMIN	194	PROMACTA TAB 50MG	138
		PREVNAR 13 INJ	187	PROMACTA TAB 75MG	138
		PREVNAR 20 INJ	187	promethazine supp	47
		PREVYMIS TAB	86	promethazine syrup	47
				promethazine tab	47
				promethazine VC syrup	102
				PROMETHEGAN SUPP	47
				propafenone ER cap	19

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ALPHABETICAL LISTING OF DRUGS

propafenone tab	19	quetiapine tab	79	REGRANEX GEL	116
PROPANTHELINE TAB	184	quetiapine XR tab	79	RELENZA DISKHALER	88
proparacaine ophth soln	164	QUFLORA PEDIATRIC	156	RELYVRIO PAK	159
propranolol ER cap	90	CHEW 0.25MG		renaphro cap	154
propranolol oral soln	90	QUFLORA PEDIATRIC	156	RENFLEXIS INJ	130
20mg/5ml		CHEW 0.5MG		RENOVA CREAM	105
PROPRANOLOL SOLN	90	QUFLORA PEDIATRIC	156	repaglinide tab	42
propranolol tab	91	CHEW 1MG		REPATHA INJ	50
propylene glycol ophth	160	quinapril tab	51	REPATHA PUSHTRONEX	50
soln		quinapril/hydrochlorothiaz	53	INJ	
propylene glycol-glycerin	160	ide tab		RESCRIPTOR TAB	84
ophth soln		quinidine gluconate CR tab	19	RETACRIT INJ	138
propylthiouracil tab	181	QUINIDINE SULFATE	19	RETEVMO CAP	70
PROQUAD INJ	191	TAB		REYATAZ POWDER	84
PULMOZYME INH SOLN	179			PACK	
pyrazinamide tab	58	<b>R</b>		REYVOW TAB	147
pyridostigmine CR tab	57	RABAVERT INJ	191	REZLIDHIA CAP	70
pyridostigmine tab	57	RADICAVA INJ	158	REZUROCK TAB	152
pyrimethamine tab	57	RADICAVA ORS	158	REZVOGLAR INJ	42
PYRUKYND TAB	135	STARTER KIT		RHOFADE CREAM	115
PYRUKYND THERAPY	136	RADICAVA ORS SUSP	159	ribavirin cap	87
PACK		raloxifene tab	123	RIBAVIRIN TAB	87
		ramipril cap	51	RIDAURA CAP	7
<b>Q</b>		ranolazine tab	17	rifabutin cap	58
QINLOCK TAB	70	rasagiline tab	75	RIFAMATE CAP	57
QSYMIA CAP	2	RASUVO INJ	5	rifampin cap	58
QUADRACEL PREF	183	REBETOL SOLN	87	riluzole tab	159
SYRINGE, KINRIX PREF		REBIF INJ	177	RIMANTADINE TAB	88
SYRINGE		RECOMBIVAX-HB INJ	191		

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RINVOQ ER TAB	5	SANDIMMUNE SOLN	89	sildenafil tab 20mg	95
risedronate tab	120	100MG/ML		silodosin cap	133
risperidone microspheres	77	SANTYL OINT	113	silver sulfadiazine cream	108
inj		sapropterin	124	SIMBRINZA OPHTH	162
risperidone ODT	77	dihydrochloride powder		SUSP	
risperidone soln	78	packet		SIMPONI	6
risperidone tab	78	sapropterin	124	AUTO-INJECTOR 100MG	
ritonavir tab	84	dihydrochloride soluble		SIMPONI INJ 100MG	6
RITUXAN INJ	60	tab		simvastatin tab	49
rivastigmine cap	174	SAVELLA PAK	174	sirolimus soln	152
rivastigmine patch	174	SAVELLA TAB	175	sirolimus tab	89
RIVIVE SPRAY	45	SCSEMBLIX TAB	71	SIVEXTRO TAB	56
rizatriptan ODT	148	SECONAL CAP	140	SKYRIZI INJ	130
rizatriptan tab	148	selegiline cap	75	SKYRIZI INJ 150MG/ML	107
ropinirole tab	75	selegiline tab	75	SKYRIZI INJ	130
rosuvastatin tab	49	selenium sulfide lotion	108	180MG/1.2ML	
ROTARIX SUSP	191	selenium sulfide shampoo	108	SKYRIZI INJ	107
ROTATEQ INJ	191	SELZENTRY SOLN	84	75MG/0.83ML	
ROZLYTREK CAP	70	SELZENTRY TAB	84	SKYTROFA INJ	122
ROZLYTREK PAK	70	SEREVENT DISKUS	25	SLYND TAB	100
RUBRACA TAB	70	INHALER		smz/tmp (DS) tab	54
rufinamide susp	29	sertraline conc	33	smz/tmp susp	54
rufinamide tab	29	sertraline tab	33	SOD CHLORIDE INJ	151
RYBELSUS TAB	40	sevelamer powder pak	131	sodium chloride 0.9% irr	132
RYDAPT CAP	71	sevelamer tab	131	soln	
<b>S</b>		SHINGRIX INJ	191	sodium chloride	167
salicylic acid shampoo	114	SIGNIFOR INJ	126	hypertonic ophth soln	
salsalate tab	11	sildenafil tab	94	sodium chloride inj	151

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ALPHABETICAL LISTING OF DRUGS

sodium chloride inj 0.9%	151	sodium	104	STELARA INJ	107
sodium chloride neb soln	102	sulfacetamide/sulfur lotion		STELARA INJ	107
sodium citrate/citric acid soln	132	sodium	104	45MG/0.5ML	
sodium fluoride chew tab	149	sulfacetamide/sulfur pad		STIMATE NASAL SOLN	125
sodium fluoride cream	153	sodium	104	STIOLTO INHALER	25
sodium fluoride gel	153	sulfacetamide/sulfur wash		STIVARGA TAB	71
sodium fluoride paste	154	sodium/potassium/magnesi	141	STRENSIQ INJ	124
sodium fluoride rinse	154	um soln		STREPTOMYCIN INJ	4
sodium fluoride soln	149	SOFOSBUVIR/VELPATAS	87	STRIBILD TAB	85
sodium fluoride/potassium nitrate paste	154	VIR TAB		sucralfate susp	185
SODIUM OXYBATE	173	solifenacin tab	185	sucralfate tab	184
SOLN, XYREM SOLN		SOMAVERT INJ	122	sulfacetamide sodium	164
sodium phenylbutyrate powder	124	sorafenib tosylate tab	71	ophth soln	
sodium phenylbutyrate tab	124	sotalol AF tab	91	SULFACETAMIDE	104
sodium polystyrene powder	89	sotalol tab	91	SODIUM W/ SULFUR	
sodium polystyrene susp	89	SPIKEVAX INJ	191	CLEANSER 9-4.5%	
sodium sulfacetamide gel	108	SPINOSAD SUSP	115	sulfacetamide	166
sodium sulfacetamide wash	108	SPIRIVA RESPIMAT	21	sodium/prednisolone	
sodium	104	INHALER 1.25MCG/ACT		ophth soln	
sulfacetamide/sulfur emulsion		SPIRIVA RESPIMAT	21	sulfacetamide	104
sodium	104	INHALER 2.5MCG/ACT		sodium/sulfur cream	
sulfacetamide/sulfur gel		spironolactone tab	119	10-2%	
		spironolactone/hydrochlor	118	sulfacetamide	105
		othiazide tab		sodium/sulfur cream	
		sprintec 28 tab	99	10-5%	
		SPRYCEL TAB	71	sulfacetamide	105
		SPS SUSP	152	sodium/sulfur cream	
		stavudine cap	84	9.8-4.8%	

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SULFACETAMIDE/PRED 166	SYRINGE	145	terbinafine cream	106
NISOLONE OPHTH SOLN	<b>T</b>		terbinafine tab	46
SULFADIAZINE TAB 179	TABLOID TAB	58	terbutaline sulfate tab	25
SULFAMYLON CREAM 108	TABRECTA TAB	71	terconazole cream	193
sulfasalazine EC tab 130	tacrolimus cap	89	TERCONAZOLE CREAM 193	
sulfasalazine tab 130	tacrolimus oint	114	0.8%	
sulindac tab 9	TAFINLAR CAP	71	terconazole supp	193
SUMATRIPTAN INJ 148	TAFINLAR TAB	71	teriflunomide tab	177
sumatriptan nasal spray 148	TAGRISSE TAB	62	testosterone cypionate inj	15
sumatriptan tab 148	TAKHZYRO INJ	135	TESTOSTERONE GEL 1% 15	
sumatriptan vial inj 148	TALTZ INJ	107	25MG	
sumatriptan/naproxen tab 146	TALZENNA CAP 0.25MG	71	testosterone gel 1% 50mg	15
85-500mg	TALZENNA CAP 0.5MG,	71	testosterone gel 1% pump	15
sunitinib malate cap 71	0.75MG, 1MG		testosterone gel 1.62%	16
SUNOSI TAB 3	tamoxifen tab	64	1.25gm	
SYMDEKO TAB 179	tamsulosin cap	133	testosterone gel 1.62%	16
SYMPROIC TAB 130	TASIGNA CAP	71	2.5gm	
SYMTUZA TAB 85	TAVALISSE TAB	135	TESTOSTERONE GEL 16	
SYNAREL NASAL SOLN 123	TAVNEOS CAP	134	PUMP	
SYNJARDY TAB 36	TAZVERIK TAB	72	testosterone gel pump	16
SYNJARDY XR TAB 36	TB SYRINGE	146	1.62%	
10-1000MG, 25-1000MG	temazepam cap 15mg	140	TETANUS/DIPHThERIA 183	
SYNJARDY XR TAB 36	temazepam cap 30mg	140	TOXOID INJ	
5-1000MG,	temozolomide cap	59	tetrabenazine tab	175
12.5-1000MG	tenofovir disoproxil	85	tetracycline cap	180
SYNVISC INJ 158	fumarate tab 300mg		THALOMID CAP	88
SYNVISC ONE INJ 158	TEPMETKO TAB	72		
	terazosin cap	52		

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ALPHABETICAL LISTING OF DRUGS

theophylline ER tab 100MG, 200MG, 300MG, 450MG	25	tobramycin/dexamethason e ophth soln	166	TRESIBA FLEXTOUCH INJ	42
theophylline ER tab 400mg, 600mg	25	TODAY SPONGE	192	TRESIBA INJ	42
theophylline soln	26	TOLAZAMIDE TAB	43	tretinoin cap	58
THEOPHYLLINE TAB ER	26	TOLBUTAMIDE TAB	43	tretinoin cream	105
thioridazine tab	80	tolmetin cap	9	tretinoin gel	105
thiothixene cap	80	TOLMETIN TAB	9	triamcinolone acetone oint	112
THYMOGLOBULIN INJ	89	tolterodine SR cap	185	triamcinolone cream	112
THYROLAR TAB	181	tolterodine tab	186	triamcinolone in orabase	154
tiagabine tab	30	topiramate sprinkle cap	29	paste	
TIBSOVO TAB	72	topiramate tab	29	triamcinolone lotion	112
TICOVAC INJ	191	toremifene tab	64	triamcinolone oint	112
tigecycline inj	180	torsemide tab	119	triamterene cap	119
timolol maleate ophth gel	161	TRACLEER TAB 32MG	95	triamterene/hydrochloroth iazide cap	118
timolol maleate ophth soln	161	TRADJENTA TAB	39	triamterene/hydrochloroth iazide tab	118
timolol maleate tab	91	tramadol hcl tab 100mg	13	triazolam tab	140
tiotropium bromide cap inhaler	21	tramadol tab	13	tricitrates soln	132
TIVICAY PD TAB	85	trandolapril tab	51	tricon cap	139
TIVICAY TAB	85	tranexamic acid inj	139	trifluoperazine tab	80
tizanidine tab	157	tranexamic acid tab	139	TRIFLURIDINE OPHTH SOLN	164
TOBRADEX OPHTH OINT	166	tranylcypramine tab	33	trihexyphenidyl elixir	76
tobramycin neb soln	4	travoprost ophth soln	168	trihexyphenidyl tab	75
tobramycin ophth soln	164	TRAZIMERA INJ	61		
		trazodone tab	34		
		TRECTOR TAB	58		
		TRELEGY ELLIPTA INHALER	25		
		TREMFYA INJ	107		

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ALPHABETICAL LISTING OF DRUGS

TRIJARDY XR TAB	37	TYVASO DPI POWDER	94	valproic acid cap	32
10-5-1000MG,		TYVASO DPI POWDER	94	valproic acid syrup	32
25-5-1000MG		MAINTENANCE KIT		valsartan tab	51
TRIJARDY XR TAB	37	32-48MCG		valsartan/hydrochlorothiazide tab	53
5-25-1000MG,		TYVASO DPI POWDER	94	vancomycin cap	55
12.5-2.5-1000MG		TITRATION KIT		vancomycin hcl soln	55
TRIKAFTA TAB	179	16-32-48MCG		VANFLYTA TAB	72
TRIKAFTA THERAPY	179	TYVASO DPI POWDER	94	VANFLYTA TAB 26.5MG	72
PACK		TITRATION KIT		VANIQA CREAM	114
TRI-LUMA CREAM	115	16-32MCG		VARENICLINE TAB	178
trimethobenzamide cap	45	TYVASO INH SOLN 0.6	94	0.5MG,	
trimethoprim tab	54	MG/ML		varenicline tartrate tab	178
tri-sprintec tab	99	<b>U</b>		varenicline tartrate tab	178
TRIUMEQ PD TAB	85	UPNEEQ SOLN	167	start pack	
TRIUMEQ TAB	85	UPTRAVI TAB	95	VARIVAX INJ	192
tropicamide ophth soln	162	urea cream 40%	113	VAXELIS INJ	183
tropium tab	186	urea cream 50%	113	VAXNEUVANCE INJ	187
TRULICITY INJ	40	urea gel	113	VELIVET PAK	99
TRUMENBA INJ	187	urea lotion	113	velivet tab	99
TUKYSA TAB	61	urea susp 40%	113	VELTASSA POWDER	152
TURALIO CAP	72	ursodiol cap	128	VENCLEXTA STARTER	61
tussigon tab	101	ursodiol tab	128	PACK	
TWINRIX INJ	192	<b>V</b>		VENCLEXTA TAB	61
TWIRLA PATCH	99	valacyclovir tab	87	venlafaxine ER cap	34
TYBLUME TAB	99	VALCHLOR GEL	106	venlafaxine tab	34
TYMLOS INJ	121	valganciclovir soln	86	VEOZAH TAB	123
TYPHIM VI INJ	187	valganciclovir tab	86	VERAPAMIL CAP ER	92
TYSABRI INJ	177				

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ALPHABETICAL LISTING OF DRUGS

VERAPAMIL ER CAP 200MG	92	VITRAKVI CAP 100MG	72	XCOPRI PAK 100-150MG	30
VERAPAMIL ER CAP 300MG	92	VITRAKVI CAP 25MG	73	XCOPRI PAK 150-200MG	30
verapamil SR cap	92	VITRAKVI SOLN	73	XCOPRI PAK 50-200MG	30
VERAPAMIL SR CAP 360mg	92	VIVITROL INJ	44	XCOPRI TAB 150MG, 200MG	30
verapamil SR tab	92	VIVOTIF CAP	187	XCOPRI TAB 50MG, 100MG	30
verapamil tab	92	VIZIMPRO TAB	62	XCOPRI TITRATION PAK 12.5-25MG	30
VERELAN PM ER CAP 100MG, 300MG	92	VONJO CAP	73	XCOPRI TITRATION PAK 150-200MG	30
VERQUVO TAB	96	voriconazole susp	47	XCOPRI TITRATION PAK 50-100MG	30
VERZENIO TAB	72	voriconazole tab	47	XDEMVIY DROP	164
VIBATIV INJ	54	VOSEVI TAB	87	XELJANZ SOLN	5
VICTOZA INJ	40	VOWST CAP	130	XELJANZ TAB	5
VIDEX SOLN	85	VOXZOGO INJ	125	XELJANZ XR TAB	5
vienva tab, lessina tab, kurvelo tab	99	VYLEESI INJ	175	XEMBIFY INJ	170
vigabatrin powder pack	31	<b>W</b>		XGEVA INJ	121
vigabatrin tab	31	WAKIX TAB	3	XIFAXAN TAB 550MG	54
vigadrone powder pack	31	warfarin tab	26	XIGDUO XR TAB 10-1000MG	37
viorele tab, kariva tab	99	WELIREG TAB	64	XIGDUO XR TAB 2.5-1000MG, 5-1000MG	37
VIRACEPT TAB	85	<b>X</b>			
VIREAD TAB 150MG, 200MG, 250MG	85	XADAGO TAB	75		
vitamin b-6 tab 25mg	194	XALKORI CAP	73		
vitamin b-6 tab 50mg	194	XALKORI SPRINKLE CAP	73		
vitamin D cap	194	XAQUIL XR TAB	117		
		XARELTO STARTER PACK	26		
		XARELTO SUSP	26		
		XARELTO TAB	26		

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XIGDUO XR TAB	37	ZEJULA CAP	73	ZYPREXA RELPREVV	79
5-500MG, 10-500MG, 10-1000MG		ZEJULA TAB	73	INJ	
XOLAIR INJ	20	ZELBORAF TAB	73		
XOLAIR INJ 150MG/ML	20	ZEPOSIA CAP	177		
XOLAIR INJ	20	ZEPOSIA STARTER PACK	177		
300MG/2ML		zidovudine cap	85		
XOLAIR SYRINGE	20	zidovudine syrup	85		
XOLAIR SYRINGE	20	zidovudine tab	85		
150MG/ML		ZIEXTENZO INJ	138		
XOLAIR SYRINGE	20	ZIMHI SOLN	45		
300MG/2ML		ZINC CAP 220MG	151		
XOSPATA TAB	73	ZINC SULFATE CAP	151		
XPOVIO PAK	64	220MG			
XTAMPZA ER CAP	13	ziprasidone cap	77		
XULTOPHY INJ	37	ZIRABEV INJ	60		
XYZBAC TAB	117	ZIRGAN OPHTH GEL	164		
<hr/>		ZOLINZA CAP	58		
<b>Y</b>		zolmitriptan ODT	148		
YF-VAX INJ	192	zolmitriptan tab	148		
<hr/>		zolpidem tab 10mg	140		
<b>Z</b>		zolpidem tab 5mg	140		
zafemy patch	99	ZONISADE SUSP	29		
zaleplon cap	140	zonisamide cap	30		
ZANOSAR INJ	59	ZORYVE CREAM	107		
ZARXIO INJ	138	ZYDELIG TAB	74		
ZAVZPRET NASAL	146	ZYKADIA CAP	74		
SPRAY		ZYKADIA TAB	74		
ZEGALOGUE INJ	38	ZYLET OPHTH SUSP	167		

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