



Blue Cross and Blue Shield of Kansas Formulary for BlueCareSM Standardized Products

April 2024 (Plan Year 2023)

The Blue Cross and Blue Shield of Kansas Formulary for BlueCare Standardized Products is regularly updated. Please visit www.bcbsks.com or Prime Therapeutics website at www.MyPrime.com for the most up-to-date information.

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

The attached Formulary for BlueCare Standardized Products shows covered drugs for a broad range of diseases.

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand.

Brand prescription drugs are shown in capital letters followed by the generic name.

The Formulary for BlueCare Standardized Products is organized into broad categories (e.g. Anti-Infective Agents). Within most categories, drugs are sub-grouped by drug class (e.g. Penicillins) or by use for a specific medical condition (e.g. Diabetes).

Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.

The current version of the Formulary for BlueCare Standardized Products is available at the BCBSKS website at www.bcbsks.com or by calling BCBSKS customer service at 1.800.432.3990. **Online pharmacy tools** are available through the Prime Therapeutics website at www.MyPrime.com. You can find drug cost estimates or check if a particular drug is on the Formulary for BlueCare Standardized Products.

How Formulary Drugs Are Selected for BlueCare Standardized Products

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country.

Both drugs that are newly approved by the U.S. Food and Drug Administration (FDA) as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list.

Formulary Tiers

This prescription benefit is multi-tiered, placing prescription drugs into one of four copay/coinsurance levels:

- Generic Drugs (Tier 1)
- Preferred Brand Drugs (Tier 2)
- Non-Preferred Brand Drugs (Tier 3)
- Specialty Drugs (Tier 4)
- Drugs that may be covered if criteria for \$0 copay under the Affordable Care Act are met (A)

Affordable Care Act (ACA) Preventive

Drugs marked in the ACA column are covered at \$0 cost share when meeting the conditions outlined under the Affordable Care Act. Examples of categories of drugs that may be subject to \$0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, HIV pre-exposure prophylaxis, iron supplements, tobacco cessation, statins, and FDA approved contraceptive methods. If you do not find the drug you are searching for, contact BCBSKS to find out if the drug is available over the counter or is covered under your medical benefit.

Specialty Prescription Drugs

Certain medical conditions may require the use of a "Specialty Drug." These drugs typically meet one or more of the following characteristics:

- High cost due to treatment of complex conditions
- Self-injected, inhaled or taken orally
- Special handling or storage
- Strict compliance and patient support
- Additional education and support required from a health care professional
- Usually not stocked at retail pharmacies
- May only be available through limited distribution arrangements

Your prescription drug benefit may require you to use a designated specialty pharmacy to be eligible for benefits. The designated specialty pharmacy is Accredo.

Specialty drugs are noted next to the medication with a dot under the Specialty Column. The specialty dot indicates that the medication is subject to any designated specialty pharmacy requirements of your prescription drug benefits. Cost share of medications marked with a dot in the specialty column are determined by the tier listed on the formulary. You may also find the Specialty Drug List under the Forms section of myprime.com.

Through the designated specialty pharmacy, medications and supplies will be delivered to you or to your doctor's office.

To order specialty medications:

- Have your prescriber call or fax your prescription to Accredo at 833-721-1620 or fax to 888-302-1028.
- A coordinator will contact you to arrange delivery of your medication.

If you have questions about your specialty pharmacy benefit, please call the phone number on the back of your ID card.

Oral oncology drugs subject to the medical benefit are noted next to the medication with an M under the Oral Oncology column.

Step Therapy

Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. If a step therapy is required for a medication listed in this document, it will be noted next to the medication with a dot under the step therapy column.

Prior Authorization

Your benefit plan may require prior authorization for certain drugs that are high-cost or have the potential for misuse. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication will be covered under your plan. If a prior authorization is required for a medication listed in this document, it will be noted next to the medication with a dot under the prior authorization column.

Quantity Limits

Drug quantity limits help encourage medication use as intended by the FDA. Quantity limits are placed on medications in certain drug categories. For the medications listed in this document, if a quantity limit applies, it will be noted next to the medication with a dot under the quantity limits column.

A list of medications subject to quantity limits may be found at [Quantity Limit List](#). Limits may include: quantity of covered medication per prescription and/or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the quantity limit allows, you can still get the medication. However, you will be responsible for the full cost of the prescription beyond what your coverage allows.

There may also be limits for members within a certain age range.

Excluded Drugs

Drugs not found listed in this Formulary may be excluded from coverage. Drugs excluded from coverage will be allowed if certain exception criteria are met.

The criteria may be found at [Exception Criteria](#).

Abbreviation Key

aer	aerosol	nebu	nebulizer
cap	capsules	odt	orally disintegrating tabs
chew	chewable	oint	ointment
conc	concentrate	ophth	ophthalmic
cr	controlled release	osm	osmotic release
dr	delayed release	pack	packets
ec	enteric coated	powd	powder
equiv	equivalent	pttw	twice-weekly patch
er	extended release	sl	sublingual
gm	gram	soln	solution
inhal	inhaler	suppos	suppositories
inj	injection	susp	suspension
liqd	liquid	tab	tablets
mg	milligram	td	transdermal
ml	milliliter	w/	with

This information is being furnished in compliance with applicable federal regulations.

This Notice has important information. This notice has important information about your application or coverage through Blue Cross and Blue Shield of Kansas. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Please call 1-800-432-3990.

Discrimination is against the law.

Blue Cross and Blue Shield of Kansas (BCBSKS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSKS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas:

- 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 Holly Graves.

If you believe that BCBSKS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Holly Graves, Director, Internal Sales and Customer Service, 1133 S.W. Topeka Blvd., Topeka, KS 66629-0001, 785-291-4375, TTY: 1-800-430-1270, Fax: 785-290-0785, CSC.SpecServ@bcbsks.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Holly Graves 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/portal/lobby.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>.

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Cruz Azul y Escudo Azul de Kansas. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-800-432-3990.

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Blue Cross và Blue Shield ở Kansas. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ túp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Vui lòng gọi đến số 1-800-432-3990.

本通知有重要的訊息。本通知有關於您透過堪薩斯州的 Blue Cross 和 Blue Shield 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥打 1-800-432-3990。

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Blaues Kreuz und Blaues Schild von Kansas. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-800-432-3990.

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 캔스اس의 Blue Cross와 Blue Shield를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1-800-432-3990으로 전화하십시오.

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໜັກ ຫຼື ອວາມຄຸນຄອງປະກັນໄພຂອງທ່ານຜ່ານ Blue Cross ແລະ Blue Shield ລັດ Kansas. ຈຶ່ງກວດເບິ່ງວັນທີສໍາຄັນຕ່າງໆໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕົວດຳເນີນການຕາມກໍານົດເວລາສະເພາະຕ່າງໆ ເພື່ອຮັກສາຄວາມຄຸນຄອງປະກັນສຸຂະພາບຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຕ່າງໆ. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ອວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ້າ. ກະລຸນາໄທໜາ 1-800-432-3990.

يحيى هذا الاشعار معلومات هامة. يحيى هذا الاشعار معلومات مهمة بخصوص طلب للحصول على التغطية من خلال بلو كروس آند بلو شيلد أوف كانساس. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تاريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 1-800-432-3990.

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Asul na Krus at Asul na Kalasag ng Kansas. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Mangyaring tumawag sa 1-800-432-3990.

ဤသတိပေးချက်တွင် အရေးကြီးသော အချက်အလက်များ ပါရှိပါသည်။ ဤသတိပေးချက်တွင် သင့် အပလိုက်ရှင်း သို့မဟုတ် ဘဏ္ဍာ ခရောစ် (Blue Cross) နှင့် ကန်ဆတ်(Kansas) ပြည်နယ်၏ ဘဏ္ဍာရှိုး၏(Blue Shield) မှ အခွင့်အရေးအကြောင်း အရေးကြီးသည် အချက်အလက်များ ပါရှိပါသည်။ ဤအသိပေးချက်တွင် အမိကနေ့ရှုံးရှုံးများကို ရှာဖွေပါ။ သင့်ကျွန်းမာရေး စောင့်ရောက်မှု အခွင့်အရေးကို ရရှိနိုင် သို့မဟုတ် ငွေကျေနဲ့ကျော်၍ ကူညီမှုကို ရရှိနိုင်ရန် သတ်မှတ်ရှုပ်အတိုင်း လုပ်ဆောင်ရန် လိအပ်ပါသည်။ သင့်တွင် ဤအချက်အလက်များကို ရရှိရန် နှင့် သင့်ဘာသာစကားဖြင့် ကုန်ကျွန်းမာရိုင်ခွင့် ရှိပါသည်။ ကျေးဇူးပြော 1-800-432-3990 ကို ခေါ်ဆိုပါ။

Cet avis fournit des informations importantes. Cet avis fournit des informations importantes sur votre demande ou sur votre assurance auprès de Croix bleue et bouclier bleu du Kansas. Recherchez les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures avant une certaine échéance pour conserver votre assurance santé, faute de quoi vous devrez financer les coûts. Vous êtes autorisé à bénéficier gratuitement de ces informations et de cette aide dans votre langue. Veuillez appeler le 1-800-432-3990.

この通知には重要な情報が含まれています。この通知には、カンザス州の健康保険組合および医療保険組合の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1-800-432-3990 までお電話ください。

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Синий крест и Синий щит Канзаса. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помочь с расходами. Вы имеете право на бесплатное получение этой информации и помочь на вашем языке. Звоните по номеру 1-800-432-3990.

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Blue Cross thiab Blue Shield ntawm Kansas. Saib cov caij nyooog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyooog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Thov hu rau tus xov tooj 1-800-432-3990.

این اطلاعیه حاوی اطلاعات مهمی است. این اطلاعیه حاوی اطلاعات پوششی به این شما توسط صلیب آبی و سپر آبی کانزاس می باشد. به تاریخ های مهم در این اطلاعیه توجه نمایید. ممکن است نیاز داشته باشید تا قبل از تاریخ خاصی اقدامی انجام دهید تا پوشش سلامت خود را نگه دارید یا در مورد هزینه ها کمک دریافت کنید. این حق شماست تا این اطلاعات و کمک را برای زبان خود و به رایگان دریافت کنید. لطفاً با شماره تلفن 1-800-432-3990-1 ممکن باگیرید.

Ilani hii ina Taarifa Muhimu. Ilani hii ina taarifa muhimu kuhusu maombi yako au chanjo kupitia Msalaba wa Samawati na Ngao ya Samawati ya Kansas. Angalia kwa ajili ya tarehe muhimu katika ilani hii. Waweza pia hitajika kuchukua hatua katika muda ulio pangwa fulani ili uweze ku hifadhi bima yako ya afya au msaada wa gharama zake. Una haki ya kupata habari hii na msaada kwa lugha yako bila gharama. Tafadhali piga nambari kwa 1-800-432-3990.

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ANTI-INFECTIVE AGENTS							
PENICILLINS							
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	3						
amoxicillin (trihydrate) cap 250 mg, 500 mg	1						
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1						
amoxicillin (trihydrate) tab 500 mg, 875 mg	1						
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1						
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1						
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	1						
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	1						
AMOXICILLIN/ CLAVULANATE P - amoxicillin & k clavulanate chew tab 200-28.5 mg, 400-57 mg	3						
AMOXICILLIN/ CLAVULANATE P - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3						
ampicillin cap 500 mg	1						
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
dicloxacillin sodium cap 250 mg, 500 mg							
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml							
penicillin v potassium tab 250 mg, 500 mg	1						
CEPHALOSPORINS							
CEFACLOR - cefaclor cap 250 mg, 500 mg	3						
CEFADROXIL - cefadroxil tab 1 gm	3						
cefadroxil cap 500 mg	1						
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1						
cefdinir cap 300 mg	1						
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1						
cefixime for susp 100 mg/5ml	1						
cefixime for susp 200 mg/5ml (Suprax)	1						
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	1						
cefpodoxime proxetil tab 100 mg, 200 mg	1						
ceprozil for susp 125 mg/5ml, 250 mg/5ml	1						
ceprozil tab 250 mg, 500 mg	1						
cefuroxime axetil tab 250 mg, 500 mg	1						
cephalexin cap 250 mg, 500 mg, 750 mg	1						
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1						
MACROLIDES							

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3							ERYTHROMYCIN STEARATE - erythromycin stearate tab 250 mg	2						
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1							erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1						
azithromycin tab 250 mg, 500 mg (Zithromax)	1							erythromycin tab 250 mg, 500 mg	1						
azithromycin tab 600 mg	1							ZITHROMAX - azithromycin powd pack for susp 1 gm	3						
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	3							TETRACYCLINES							
clarithromycin tab er 24hr 500 mg	1							demeclocycline hcl tab 150 mg, 300 mg	1						
clarithromycin tab 250 mg, 500 mg	1							doxycycline hyclate cap 50 mg	1						
DIFICID - fidaxomicin for susp 40 mg/ml	2							doxycycline hyclate cap 100 mg (Vibramycin)	1						
DIFICID - fidaxomicin tab 200 mg	2							doxycycline hyclate tab 20 mg, 100 mg	1						
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	3							doxycycline monohydrate cap 50 mg, 100 mg	1						
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	2							doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg	1						
ERYTHROMYCIN - erythromycin w/ delayed release particles cap 250 mg	3							minocycline hcl cap 50 mg, 75 mg, 100 mg	1						
ERYTHROMYCIN ETHYLSUCCINA - erythromycin ethylsuccinate tab 400 mg	3							NUZYRA - omadacycline tosylate tab 150 mg (base equivalent)	3						
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1							tetracycline hcl cap 250 mg, 500 mg	1						
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	1							FLUOROQUINOLONES							
								BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	3						
								ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1						
								ciprofloxacin hcl tab 750 mg (base equiv)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology							
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	3							isoniazid tab 300 mg	1													
levofloxacin tab 250 mg, 500 mg, 750 mg	1							PRETOMANID - pretomanid tab 200 mg	3													
moxifloxacin hcl tab 400 mg (base equiv)	1							PRIFTIN - rifapentine tab 150 mg	2													
OFLOXACIN - ofloxacin tab 300 mg	3							pyrazinamide tab 500 mg	1													
ofloxacin tab 400 mg	1							rifabutin cap 150 mg (Mycobutin)	1													
AMINOGLYCOSIDES																						
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	4	•		•		•		SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	4						•							
HUMATIN - paromomycin sulfate cap 250 mg	2							TRECATOR - ethionamide tab 250 mg	3													
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	4					•		ANTIFUNGALS														
neomycin sulfate tab 500 mg	1							CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg), 186 mg (isavuconazole 100 mg)	3	•												
TOBI PODHALER - tobramycin inhal cap 28 mg	4					•		fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1													
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	4					•		fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1													
tobramycin nebu soln 300 mg/5ml (Tobi)	1					•		flucytosine cap 250 mg, 500 mg (Ancobon)	1													
tobramycin nebu soln 300 mg/4ml (Bethkis)	1					•		griseofulvin microsize susp 125 mg/5ml	1													
SULFONAMIDES																						
SULFADIAZINE - sulfadiazine tab 500 mg	3							griseofulvin microsize tab 500 mg	1													
ANTIMYCOBACTERIAL AGENTS																						
cycloserine cap 250 mg	1							griseofulvin ultramicrosize tab 125 mg, 250 mg	1													
ethambutol hcl tab 100 mg	1							itraconazole cap 100 mg (Sporanox)	1													
ethambutol hcl tab 400 mg (Myambutol)	1							itraconazole oral soln 10 mg/ml (Sporanox)	1													
ISONIAZID - isoniazid tab 100 mg	3																					
isoniazid syrup 50 mg/5ml	1																					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ketoconazole tab 200 mg	1						
NOXAFILE - posaconazole for delayed release susp packet 300 mg	2	•					
nystatin tab 500000 unit	1						
posaconazole susp 40 mg/ml (Noxafil)	1	•					
posaconazole tab delayed release 100 mg (Noxafil)	1	•					
terbinafine hcl tab 250 mg	1						
voriconazole for susp 40 mg/ml (Vfend)	1	•					
voriconazole tab 50 mg, 200 mg (Vfend)	1	•					
ANTIVIRALS							
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1						
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1						
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1						
acyclovir cap 200 mg	1						
acyclovir susp 200 mg/5ml (Zovirax)	1						
acyclovir tab 400 mg, 800 mg	1						
adefovir dipivoxil tab 10 mg (Hepsera)	1						
APTIVUS - tipranavir cap 250 mg	3						
atazanavir sulfate cap 150 mg (base equiv)	1						
atazanavir sulfate cap 200 mg (base equiv), 300 mg (base equiv) (Reyataz)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
BARACLUDE - entecavir oral soln 0.05 mg/ml	2						
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2						
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2						
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2						
darunavir tab 600 mg, 800 mg (Prezista)	1						
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2						
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	2						
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2					•	
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2						
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	3						
efavirenz tab 600 mg (Sustiva)	1						
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1						
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	1						
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1						
emtricitabine caps 200 mg (Emtriva)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	1							ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2						
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1				•			ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2						
EMTRIVA - emtricitabine soln 10 mg/ml	3							ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2						
entecavir tab 0.5 mg, 1 mg (Baraclude)	1							JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2						
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	4	•		•		•		LAGEVRIO - molnupiravir cap 200 mg	3						
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	4	•		•		•		lamivudine oral soln 10 mg/ml (Epivir)	1						
etravirine tab 100 mg, 200 mg (Intelence)	1							lamivudine tab 100 mg (hbv) (Epivir hbv)	1						
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2							lamivudine tab 150 mg, 300 mg (Epivir)	1						
famciclovir tab 125 mg, 250 mg, 500 mg	1							lamivudine-zidovudine tab 150-300 mg (Combivir)	1						
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	1							LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	4	•		•		•	
FUZEON - enfuvirtide for inj 90 mg	4					•		LIVTENCITY - maribavir tab 200 mg	4						•
GENVOYA - elvitegrav-cobic-emtricitab-tenofof af tab 150-150-200-10 mg	2							lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1						
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	4	•		•		•		lopinavir-ritonavir tab 100-25 mg, 200-50 mg (Kaletra)	1						
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	4	•		•		•		maraviroc tab 150 mg, 300 mg (Selzentry)	1						
INTELENCE - etravirine tab 25 mg	2							MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	4	•		•		•	
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2							MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
NEVIRAPINE - nevirapine susp 50 mg/5ml	3						
nevirapine tab er 24hr 400 mg	1						
nevirapine tab 200 mg	1						
NORVIR - ritonavir powder packet 100 mg	3						
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2						
oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1						
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1						
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2						
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2						
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	4	•				•	
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	4	•				•	
PREVYMIS - letermovir tab 240 mg, 480 mg	3						
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2						
PREZISTA - darunavir oral susp 100 mg/ml	2						
PREZISTA - darunavir tab 75 mg, 150 mg	2						
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	3						
RIBAVIRIN - ribavirin cap 200 mg	4					•	
RIBAVIRIN - ribavirin tab 200 mg	4					•	
ritonavir tab 100 mg (Norvir)	1						
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	3						
SELZENTRY - maraviroc oral soln 20 mg/ml	3						
SOFOSBUVIR/ VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	4	•			•		•
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	4	•			•		
SOVALDI - sofosbuvir tab 200 mg, 400 mg	4	•			•		•
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2						
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg, 5 x 300 mg	4						•
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2						
tenofovir disoproxil fumarate tab 300 mg (Viread)	1						
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2						
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2							ARAKODA - tafenoquine succinate tab 100 mg (base equivalent)	3						
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2							atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1						
TYBOST - cobicistat tab 150 mg	3							chloroquine phosphate tab 250 mg, 500 mg	1						
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1							COARTEM - artemether-lumefantrine tab 20-120 mg	3						
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1							hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1						
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1							hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1						
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2							KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	3						
VIRACEPT - nelfinavir mesylate tab 250 mg, 625 mg	3							mefloquine hcl tab 250 mg	1						
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2							primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1						
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2							pyrimethamine tab 25 mg (Daraprim)	1						
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	•	•	•	•			quinine sulfate cap 324 mg (Qualaquin)	1						
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	3							ANTHELMINTICS							
zidovudine cap 100 mg (Retrovir)	1							albendazole tab 200 mg	1						
zidovudine syrup 10 mg/ml (Retrovir)	1							BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2						
zidovudine tab 300 mg	1							ivermectin tab 3 mg (Stromectol)	1						
ANTIMALARIALS								praziquantel tab 600 mg (Biltricide)	1						
ANTI-INFECTIVE AGENTS - MISC.								ALINIA - nitazoxanide for susp 100 mg/5ml	2						

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atovaquone susp 750 mg/5ml (Mepron)	1							nitrofurantoin susp 25 mg/5ml	1						
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	4					•		pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1						
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1							SIVEXTRO - tedizolid phosphate tab 200 mg	3						
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1							sulfamethoxazole- trimethoprim susp 200-40 mg/5ml	1						
dapsone tab 25 mg, 100 mg	1							sulfamethoxazole- trimethoprim tab 400-80 mg (Bactrim)	1						
fosfomycin tromethamine powd pack 3 gm (base equivalent) (Monurol)	1							sulfamethoxazole- trimethoprim tab 800-160 mg (Bactrim ds)	1						
IMPAVIDO - miltefosine cap 50 mg	2							tinidazole tab 250 mg, 500 mg	1						
LAMPIT - nifurtimox tab 30 mg, 120 mg	3							trimethoprim tab 100 mg	1						
linezolid for susp 100 mg/5ml (Zyvox)	1							vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin)	1						
linezolid tab 600 mg (Zyvox)	1							vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ ml (base equivalent) (Firvanq)	1						
methenamine hippurate tab 1 gm (Hiprex)	1							XIFAXAN - rifaximin tab 200 mg	3						
metronidazole cap 375 mg (Flagyl)	1							XIFAXAN - rifaximin tab 550 mg	2						
metronidazole tab 250 mg, 500 mg	1														
nitazoxanide tab 500 mg (Alinia)	1														
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	1														
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1														

BIOLOGICALS**VACCINES**ABRYSVO - rsv pre-fusion
f a&b vac recomb for im
soln 120 mcg/0.5mlACTHIB - haemophilus b
polysaccharide conjugate
vaccine for inj

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Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
AFLURIA QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•			FLUCELVAX QUADRIVALENT 20 - influenza vac tiss-cult subunit quad susp pref syr 0.5 ml	A				•		
AFLURIA QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	A				•			FLUCELVAX QUADRIVALENT 20 - influenza vac tissue-cultured subunit quadrivalent im susp	A				•		
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	A				•			FLULAVAL QUADRIVALENT 202 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•		
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	A				•			FLUMIST QUADRIVALENT - influenza virus vaccine live quadrivalent intranasal susp	A				•		
COMIRNATY 2023-24 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	2							FLUZONE HIGH-DOSE PF 2023 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	A				•		
COMIRNATY 2023-24 - covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3ml	2							FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•		
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	A				•			FLUZONE QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•		
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	A				•			FLUZONE QUADRIVALENT 2023 - influenza virus vaccine split quadrivalent im inj	A				•		
FLUAD QUADRIVALENT 2023-2 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	A				•			GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	A				•		
FLUARIX QUADRIVALENT 2023 - influenza virus vac split quadrivalent susp pref syr 0.5ml	A				•			GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	A				•		
FLUBLOK QUADRIVALENT 2023 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	A				•			HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	A				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	A				•		
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	A				•		
IMOVOX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	2					•	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	A				•		
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	A				•		
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	A				•		
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	A				•		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	A				•		
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	A				•		
MODERNA COVID-19 VACCINE - covid-19 mrna vaccine 6mo-11yr-moderna im susp 25 mcg/0.25ml	2						
NOVAVAX COVID-19 VACCINE/- covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5ml	2						
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	A				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	A					•	
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	2						
PFIZER-BIONTECH COVID-19 - covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml	2						
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	A				•		
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	A				•		
PREHEVBRIOP - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	A				•		
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	A				•		
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	A				•		
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	A				•		
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	A				•		
RABAVERT - rabies vaccine, pccp for inj	2						
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	A				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	A				•			BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	A				•		
ROTARIX - rotavirus vaccine, live oral susp	A				•			BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	A				•		
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	A				•			DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	A				•		
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	A				•			INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	A				•		
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	2							KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	A				•		
SPIKEVAX COVID-19 VACCINE - covid-19 (sars-cov-2)mrna vacc-moderna im susp 50 mcg/0.5ml	2							PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	A				•		
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	A				•			PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	A				•		
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	A				•			QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	A				•		
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	A				•			QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	A				•		
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	A				•			TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	A				•		
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	A				•			TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	A				•		
TOXOIDS								VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	A				•		
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	A				•			VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	A				•		
PASSIVE IMMUNIZING AGENTS															

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BEYFORTUS - nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	4					•		PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	4	•				•									
BIOLOGICALS MISC																							
PALFORZIA INITIAL DOSE ES - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	4	•		•		•		PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	4	•		•		•									
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	4	•		•		•		PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	4	•		•		•									
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	4	•		•		•		PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	4	•		•		•									
PALFORZIA LEVEL 11 (MAINT - peanut allergen powder-dnfp maintenance packet 300 mg	4	•		•		•		ANTINEOPLASTIC AGENTS															
PALFORZIA LEVEL 11 (TITRA - peanut allergen powder-dnfp titration packet 300 mg	4	•		•		•		ANTINEOPLASTICS															
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	4	•		•		•		abiraterone acetate tab 250 mg, 500 mg (Zytiga)	4	•				•	M								
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	4	•		•		•		ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4					•									
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	4	•		•		•		AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	4	•				•	M								
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	4	•		•		•		ALECENSA - alectinib hcl cap 150 mg (base equivalent)	4	•				•	M								
								ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	4	•				•	M								
								ALUNBRIG - brigatinib tab 30 mg, 90 mg, 180 mg	4	•				•	M								
								anastrozole tab 1 mg (Arimidex)	4						M								
								AUGTYRO - repotrectinib cap 40 mg	4	•				•	M								
								AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	•				•	M								

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BALVERSA - erdafitinib tab 3 mg, 4 mg, 5 mg	4	•				•	M	COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	4	•				•	M
BESREMI - ropeginterferon alfa-2b-njt soln prefilled syr 500 mcg/ml	4	•				•		CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	4					•	M
bexarotene cap 75 mg (Targretin)	4	•				•	M	cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	4					•	M
bicalutamide tab 50 mg (Casodex)	4					•	M	DAURISMO - glasdegib maleate tab 25 mg (base equivalent), 100 mg (base equivalent)	4	•				•	M
BOSULIF - bosutinib cap 50 mg, 100 mg	4	•				•	M	ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4					•	
BOSULIF - bosutinib tab 100 mg, 400 mg, 500 mg	4	•				•	M	ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4					•	
BRAFTOVI - encorafenib cap 75 mg	4	•				•	M	ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4					•	
BRUKINSA - zanubrutinib cap 80 mg	4	•				•	M	ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4					•	
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	4	•				•	M	EMCYT - estramustine phosphate sodium cap 140 mg	4					•	M
CALQUENCE - acalabrutinib maleate tab 100 mg	4	•				•	M	ERIVEDGE - vismodegib cap 150 mg	4	•				•	M
capecitabine tab 150 mg, 500 mg (Xeloda)	4	•				•	M	ERLEADA - apalutamide tab 60 mg, 240 mg	4	•				•	M
CAPRELSA - vandetanib tab 100 mg, 300 mg	4	•				•	M	erlotinib hcl tab 25 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	4	•				•	M
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	•				•	M	ETOPOSIDE - etoposide cap 50 mg	4						M
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	•				•	M								
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	•				•	M								
COPIKTRA - duvelisib cap 15 mg, 25 mg	4	•				•	M								

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everolimus tab for oral susp 2 mg, 3 mg, 5 mg (Afinitor disperz)	4	•				•	M	IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	4	•				•	M
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	4	•				•	M	imatinib mesylate tab 100 mg (base equivalent), 400 mg (base equivalent) (Gleevec)	4	•				•	M
exemestane tab 25 mg (Aromasin)	4						M	IMBRUVICA - ibrutinib cap 70 mg, 140 mg	4	•				•	M
EXKIVITY - mobocertinib succinate cap 40 mg	4	•				•	M	IMBRUVICA - ibrutinib oral susp 70 mg/ml	4	•				•	M
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	4	•				•	M	IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	4	•				•	M
FRUZAQLA - fruquintinib cap 1 mg, 5 mg	4	•				•	M	INLYTA - axitinib tab 1 mg, 5 mg	4	•				•	M
GAVRETO - pralsetinib cap 100 mg	4	•				•	M	INQOVI - decitabine-cedazuridine tab 35-100 mg	4	•				•	M
gefitinib tab 250 mg (Iressa)	4	•				•	M	INREBIC - fedratinib hcl cap 100 mg	4	•				•	M
GILOTrif - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	4	•				•	M	IWILFIN - eflornithine hcl tab 192 mg	4	•				•	M
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	4					•	M	JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	4	•				•	M
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	4	•				•	M	JAYPIRCA - pirtobrutinib tab 50 mg, 100 mg	4	•				•	M
hydroxyurea cap 500 mg (Hydrea)	4					•	M	JYLAMVO - methotrexate oral soln 2 mg/ml	4					•	M
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	4	•				•	M	KISQALI - ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	4	•				•	M
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	4	•				•	M								
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	4	•				•	M								

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KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	•				•	M	LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	•				•	M
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	•				•	M	LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	•				•	M
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	•				•	M	letrozole tab 2.5 mg (Femara)	4						M
KOSELUGO - selumetinib sulfate cap 10 mg, 25 mg	4	•				•	M	LEUKERAN - chlorambucil tab 2 mg	4					•	M
KRAZATI - adagrasib tab 200 mg	4	•				•	M	LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	4					•	
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	4	•				•	M	LONSURF - trifluridine-tipiracil tab 15-6.14 mg, 20-8.19 mg	4	•				•	M
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	•				•	M	LORBRENA - lorlatinib tab 25 mg, 100 mg	4	•				•	M
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	•				•	M	LUMAKRAS - sotorasib tab 120 mg, 320 mg	4	•				•	M
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	•				•	M	LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	4					•	
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	•				•	M	LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	4					•	
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	•				•	M	LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	4					•	
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	•				•	M	LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	4					•	
								LYNPARZA - olaparib tab 100 mg, 150 mg	4	•				•	M

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LYSODREN - mitotane tab 500 mg	4	•				•	M	MYLERAN - busulfan tab 2 mg	4					•	M
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose), 4 mg (16 mg daily dose), 4 mg (20 mg daily dose)	4	•				•	M	NERLYNX - neratinib maleate tab 40 mg (base equivalent)	4	•				•	M
MATULANE - procarbazine hcl cap 50 mg	4	•				•	M	nilutamide tab 150 mg (Nilandron)	4					•	M
megestrol acetate susp 40 mg/ml	1							NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	4	•				•	M
megestrol acetate tab 20 mg, 40 mg	1							NUBEQA - darolutamide tab 300 mg	4	•				•	M
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	4	•				•	M	ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	4	•				•	M
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent), 2 mg (base equivalent)	4	•				•	M	OGSIVEO - nirogacestat hydrobromide tab 50 mg	4	•				•	M
MEKTOVI - binimetinib tab 15 mg	4	•				•	M	OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	4	•				•	M
MELPHALAN - melphalan tab 2 mg	4						M	ONUREG - azacitidine tab 200 mg, 300 mg	4	•				•	M
mercaptopurine tab 50 mg	4						M	ORGOVYX - relugolix tab 120 mg	4	•				•	M
MESNEX - mesna tab 400 mg	2							ORSERDU - elacestrant hydrochloride tab 86 mg, 345 mg	4	•				•	M
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3							pazopanib hcl tab 200 mg (base equiv) (Votrient)	4	•				•	M
methotrexate sodium for inj 1 gm	1							PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	•				•	M
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1							PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	4	•				•	M
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1							PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	•				•	M
methotrexate sodium tab 2.5 mg (base equiv)	1														

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PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	•				•	M	sunitinib malate cap 12.5 mg (base equivalent), 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	4	•				•	M
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	4	•				•	M	TABLOID - thioguanine tab 40 mg	4					•	M
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4					•	M	TABRECTA - capmatinib hcl tab 150 mg, 200 mg	4	•				•	M
QINLOCK - ripretinib tab 50 mg	4	•				•	M	TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	4	•				•	M
RETEVMO - selpercatinib cap 40 mg, 80 mg	4	•				•	M	TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	4	•				•	M
REZLIDHIA - olutasidenib cap 150 mg	4	•				•	M	TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	4	•				•	M
ROZLYTREK - entrectinib cap 100 mg, 200 mg	4	•				•	M	TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.25 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	4	•				•	M
ROZLYTREK - entrectinib pellet pack 50 mg	4	•				•	M	tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	4				•		M
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	4	•				•	M	TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	4	•				•	M
RYDAPT - midostaurin cap 25 mg	4	•				•	M	TAZVERIK - tazemetostat hbr tab 200 mg	4	•				•	M
SCEMBLIX - asciminib hcl tab 20 mg, 40 mg	4	•				•	M	temozolamide cap 5 mg, 20 mg	4	•				•	M
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	4						M								
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	4	•				•	M								
SPRYCEL - dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	4	•				•	M								
STIVARGA - regorafenib tab 40 mg	4	•				•	M								

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temozolomide cap 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	4	•				•	M	WELIREG - belzutifan tab 40 mg	4	•				•	M
TEPMETKO - tepotinib hcl tab 225 mg	4	•				•	M	XALKORI - crizotinib cap sprinkle 20 mg, 50 mg, 150 mg	4	•				•	M
TIBSOVO - ivosidenib tab 250 mg	4	•				•	M	XALKORI - crizotinib cap 200 mg, 250 mg	4	•				•	M
toremifene citrate tab 60 mg (base equivalent) (Fareston)	4					•	M	XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	4	•				•	M
tretinoin cap 10 mg	4	•				•	M	XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)	4	•				•	M
TRUQAP - capivasertib tab 160 mg, 200 mg	4	•				•	M	XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	•				•	M
TUKYSA - tucatinib tab 50 mg, 150 mg	4	•				•	M	XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	•				•	M
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	4	•				•	M	XTANDI - enzalutamide cap 40 mg	4	•				•	M
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg	4	•				•	M	XTANDI - enzalutamide tab 40 mg, 80 mg	4	•				•	M
VENCLEXTA - venetoclax tab 10 mg, 50 mg, 100 mg	4	•				•	M	YONSA - abiraterone acetate micronized tab 125 mg	4	•				•	M
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	•				•	M	ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	4	•				•	M
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	4	•				•	M	ZELBORAFA - vemurafenib tab 240 mg	4	•				•	M
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent), 100 mg (base equivalent)	4	•				•	M	ZOLINZA - vorinostat cap 100 mg	4	•				•	M
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	4	•				•	M	ZYDELIG - idelalisib tab 100 mg, 150 mg	4	•				•	M
VIZIMPRO - dacitinib tab 15 mg, 30 mg, 45 mg	4	•				•	M								
VONJO - pacritinib citrate cap 100 mg	4	•				•	M								

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ZYKADIA - ceritinib tab 150 mg	4	•				•	M
ENDOCRINE AND METABOLIC DRUGS							
CORTICOSTEROIDS							
budesonide delayed release particles cap 3 mg	1						
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	3						
dexamethasone elixir 0.5 mg/5ml	1						
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	3						
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1						
fludrocortisone acetate tab 0.1 mg	1						
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1						
MEDROL - methylprednisolone tab 2 mg	3						
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1						
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	1						
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	1						
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1						
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1						

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prednisolone soln 15 mg/5ml	1						
PREDNISONE - prednisone oral soln 5 mg/5ml							
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)							
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1						
ANDROGEN-ANABOLIC							
danazol cap 50 mg, 100 mg, 200 mg	1	•					
METHITEST - methyltestosterone oral tab 10 mg	3	•		•			
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone)	1	•		•			
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	•		•			
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)	1	•		•			
testosterone td gel 12.5 mg/act (1%)	1	•		•			
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1	•		•			
testosterone td soln 30 mg/act	1	•		•			
ESTROGENS							
ALORA - estradiol td patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr	3						

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ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg	3						
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2						
COMBIPATCH - estradiol-norethindrone ace td ptw 0.05-0.14 mg/day, 0.05-0.25 mg/day	3						
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	3						
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2						
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)	3						
estradiol & norethindrone acetate tab 0.5-0.1 mg	1						
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1						
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	1						
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1						
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	1						

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estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1						
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	1						
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2						
EVAMIST - estradiol transdermal spray 1.53 mg/spray	3						
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg	3						
MENOSTAR - estradiol td patch weekly 14 mcg/24hr	3						
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2	•			•		
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1						
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	2	•			•		
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2						
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2						

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PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2							levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	A				•		
CONTRACEPTIVES															
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3							levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	A				•		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	A				•			levonorgestrel & ethynodiol diacetate (91-day) tab 0.15-0.03 mg	A				•		
desogestrel & ethynodiol diacetate tab 0.15 mg-30 mcg	A				•			levonorgestrel & ethynodiol diacetate tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	A				•		
drosipреноне-этинодиол дикацетат таблетки 3-0.02-0.451 мг (Beyaz)	A				•			levonorgestrel tab 1.5 mg	A				•		
drosipреноне-этинодиол дикацетат таблетки 3-0.03-0.451 мг (Safyral)	A				•			levonorgestrel-ethynodiol diacetate tab 0.05-30/0.075-40/0.125-30 mcg	A				•		
drosipреноне-этинодиол дикацетат таблетки 3-0.02 mg (Yaz)	A				•			levonorgestrel-ethynodiol diacetate (continuous) tab 90-20 mcg	A				•		
drosipреноне-этинодиол дикацетат таблетки 3-0.03 mg (Yasmin 28)	A				•			LO LOESTRIN FE - norethindrone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	2						
ELLA - ulipristal acetate tab 30 mg	A				•			medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	A				•		
ethynodiol diacetate & ethynodiol diacetate tab 1 mg-35 mcg, 1 mg-50 mcg	A				•			medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	A				•		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Quartette)	A				•			NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3						
								norelgestromin-ethynodiol diacetate td ptwk 150-35 mcg/24hr	A				•		

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norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	A				•			norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mcg, 0.18-35/0.215-35/0.25-35 mcg	A					•	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	A				•			norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	A					•	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Generess fe)	A				•			NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	A					•	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	A				•			TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3						
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	A				•			VELIVET - desogestethin est tab 0.1-0.025/0.125-0.025/0.15- mg	3						
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	A				•			PROGESTINS							
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	A				•			medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1						
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	A				•			norethindrone acetate tab 5 mg (Aygestin)	1						
norethindrone tab 0.35 mg	A				•			progesterone cap 100 mg, 200 mg (Prometrium)	1						
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	A				•			progesterone im in oil 50 mg/ml	1						
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	A				•			ANTIDIABETICS							
								Antidiabetics							
								acarbose tab 25 mg, 50 mg, 100 mg (Precose)	1						
								BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2						
								BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2						
								diazoxide susp 50 mg/ml (Proglycem)	1						

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FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2							GVOKE HYPOOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2						
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1							GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2						
GLIPIZIDE - glipizide tab 2.5 mg	3							GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2						
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1							JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	2				•		
glipizide tab 5 mg, 10 mg	1							JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 100-1000 mg	2				•		
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1							JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2				•		
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg (base equiv)	3							JARDIANCE - empagliflozin tab 10 mg, 25 mg	2						
GLUCAGON EMERGENCY KIT FO - glucagon (rdna) for inj kit 1 mg	3							KORLYM - mifepristone tab 300 mg	4	•			•		
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2							metformin hcl tab er 24hr 500 mg, 750 mg	1						
GLYBURIDE MICRONIZED - glyburide micronized tab 1.5 mg, 3 mg, 6 mg	3							metformin hcl tab 500 mg, 850 mg, 1000 mg	1						
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1							mifepristone tab 300 mg (Korlym)	1	•			•		
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1							MIGLITOL - miglitol tab 25 mg, 50 mg, 100 mg	3						
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2							MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2	•			•		
GVOKE HYPOOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2							nateglinide tab 60 mg, 120 mg	1						

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OZEMPIK - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2	•		•				XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg	2						
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1							XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2		•	•			
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	1							ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2						
repaglinide tab 0.5 mg, 1 mg, 2 mg	1							ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2						
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	2	•		•				Rapid-Acting Insulins							
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2		•	•				APIDRA - insulin glulisine inj 100 unit/ml	3	•					
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2							APIDRA SOLOSTAR - insulin glulisine soln pen-injector inj 100 unit/ml	3	•					
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg	2							FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2						
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	2							FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2						
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg, 10-5-1000 mg, 25-5-1000 mg	2							FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2						
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2	•		•				HUMALOG - insulin lispro inj soln 100 unit/ml	3	•					
								HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	•					
								HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	•					
								HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	•					

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HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	3	•						HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	2						
INSULIN LISPRO - insulin lispro inj soln 100 unit/ml	3	•						HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2						
INSULIN LISPRO JUNIOR KWI - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	•						NOVOLIN R - insulin regular (human) inj 100 unit/ml	2						
INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	•						NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2						
NOVOLOG - insulin aspart inj soln 100 unit/ml	2							NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2						
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2							NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2						
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2							RELION R - insulin regular (human) inj 100 unit/ml	2						
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2							Intermediate-Acting Insulins							
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2							HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	•					
Short-Acting Insulins								HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	•					
AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit, 60x4 & 60x8 & 60x12 ut/cart	3	•		•				HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	•					
AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	3	•		•				HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	•					
AFREZZA - insulin regular (human) inhalation powder 4 unit/cartridge, 8 unit/cartridge, 12 unit/cartridge	3	•		•				HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	•					
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	•													

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HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	•						NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2						
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	•						NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2						
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	•						NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2						
INSULIN LISPRO PROTAMINE/ - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	•						Basal Insulins							
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2							INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	2						
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2							INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	2						
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2							LEVEMIR - insulin detemir inj 100 unit/ml	2						
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2							LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	2						
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2							SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2						
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2							SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2						
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2							TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2						
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2							TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2						

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TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2							NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3						
THYROID AGENTS															
ADTHYZA - thyroid tab 15 mg (1/4 grain), 16.25 mg, 30 mg (1/2 grain), 32.5 mg, 60 mg (1 grain), 65 mg, 90 mg (1 1/2 grain), 97.5 mg, 120 mg (2 grain), 130 mg	3							NP THYROID 120 - thyroid tab 120 mg (2 grain)	3						
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	3							NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	3						
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	3							NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	3						
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	3							NP THYROID 60 - thyroid tab 60 mg (1 grain)	3						
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1							NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	3						
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1							propylthiouracil tab 50 mg	1						
methimazole tab 5 mg, 10 mg	1							SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2						
								THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	3						
								THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3						
								TIROSINT - levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	3						

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TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	3						
OXYTOCICS							
CERVIDIL - dinoprostone vaginal inserts 10 mg	3						
methylergonovine maleate tab 0.2 mg	1						
ENDOCRINE and METABOLIC AGENTS - MISC.							
ACTHAR - corticotropin inj gel 80 unit/ml	4	•				•	
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	3						
alendronate sodium tab 10 mg, 35 mg	1						
alendronate sodium tab 70 mg (Fosamax)	1						
betaine powder for oral solution (Cystadane)	1						
cabergoline tab 0.5 mg	1						
calcitonin (salmon) nasal soln 200 unit/act	1						
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1						
carglumic acid soluble tab 200 mg (Carbaglu)	1	•				•	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1						
desmopressin acetate inj 4 mcg/ml (Ddavp)	1						

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desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	1						
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	1						
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1						
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	4	•		•		•	
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	4	•				•	
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	4	•				•	
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1						
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	4						•
ISTURISA - osilodrostat phosphate tab 1 mg, 5 mg	4	•		•		•	
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	3	•		•			
JYNARQUE - tolvaptan tab 15 mg, 30 mg	3	•		•			
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1						
levocarnitine tab 330 mg (Carnitor)	1						

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LUPRON DEPOT-PED (1-MONTH - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg)	4					•		OPFOLDA - miglustat (gaa deficiency) cap 65 mg	4	•			•	•	
LUPRON DEPOT-PED (3-MONTH - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg)	4					•		ORFADIN - nitisinone susp 4 mg/ml	4				•		
LUPRON DEPOT-PED (6-MONTH - leuprolide acet (6 month) for im inj pediatric kit 45 mg)	4					•		ORILISSA - elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv)	2	•		•			
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	4	•				•		PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	4	•			•		
MYCAPSSA - octreotide acetate cap delayed release 20 mg	4					•		paricalcitol cap 1 mcg, 2 mcg (Zemplar)	1						
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	1					•		paricalcitol cap 4 mcg	1						
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	4					•		PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	4	•			•		
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	3							raloxifene hcl tab 60 mg (Evista)	1			•			
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	4					•		RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	4	•			•		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	1					•		REVCovi - elapegademase-lvr im soln 2.4 mg/1.5ml (1.6 mg/ml)	4				•		
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	1					•		risedronate sodium tab delayed release 35 mg (Atelvia)	1						
OMNITROPE - somatropin for inj 5.8 mg	4	•				•		risedronate sodium tab 5 mg, 30 mg	1						
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	4	•				•		risedronate sodium tab 35 mg, 150 mg (Actonel)	1						

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SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	4					•	
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	4	•				•	
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	4	•				•	
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	1	•				•	
sodium phenylbutyrate tab 500 mg (Buphenyl)	1	•				•	
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	4					•	
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	4	•				•	
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	3						
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)	1	•			•	•	
tolvaptan tab 15 mg, 30 mg (Samsca)	1	•			•	•	
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	4	•			•		
CARDIOVASCULAR AGENTS							
CARDIOTONICS							
DIGOXIN - digoxin oral soln 0.05 mg/ml	3						
digoxin oral soln 0.05 mg/ml (Digoxin)	1						
digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1						
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)	3						
ANTIANGINAL AGENTS							
isosorbide dinitrate tab 5 mg (Isordil titradose)	1						
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1						
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	3						
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1						
NITRO-BID - nitroglycerin oint 2%	3						
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	3						
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	3						
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/ hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1						
nitroglycerin tl soln 0.4 mg/spray (400 mcg/ spray) (Nitrolingual pumpspr)	1						
ranolazine tab er 12hr 500 mg, 1000 mg (Ranexa)	1						
BETA BLOCKERS							
acebutolol hcl cap 200 mg, 400 mg	1						
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1						
betaxolol hcl tab 10 mg, 20 mg	1						
bisoprolol fumarate tab 5 mg, 10 mg	1						
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1						
labetalol hcl tab 100 mg, 200 mg, 300 mg	1						
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1						
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	1						
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1						
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1						
pindolol tab 5 mg, 10 mg	1						
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1						
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1						
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1						
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1						
sotalol hcl tab 240 mg	1						
CALCIUM CHANNEL BLOCKERS							
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1						
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	1						
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1						
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)	1						
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1						
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1						
diltiazem hcl tab 90 mg	1						
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1						
nicardipine hcl cap 20 mg, 30 mg	1						
nifedipine cap 10 mg, 20 mg	1						
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1						
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1						
nimodipine cap 30 mg	1						
NYMALIZE - nimodipine oral soln 6 mg/ml	3						
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	1						
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	1						
verapamil hcl tab 40 mg, 80 mg, 120 mg	1						
ANTIARRHYTHMICS							
amiodarone hcl tab 100 mg, 200 mg	1						
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1						
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1						
flecainide acetate tab 50 mg, 100 mg, 150 mg	1						
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	2						
NORPACE - disopyramide phosphate cap 100 mg, 150 mg	3						
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg	3						
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1						
propafenone hcl tab 150 mg, 225 mg, 300 mg	1						
quinidine gluconate tab er 324 mg	1						
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	3						
ANTIHYPERTENSIVES							
amlodipine besylate- benazepril hcl cap 2.5-10 mg, 5-40 mg	1						
amlodipine besylate- benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	1						
amlodipine besylate- olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	1						
amlodipine besylate- valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	1							clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1						
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1							clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1						
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1							doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1						
benazepril & hydrochlorothiazide tab 5-6.25 mg	1							enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1						
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1							enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1						
benazepril hcl tab 5 mg	1							enalapril maleate oral soln 1 mg/ml (Epaned)	1						
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1							enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1						
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1							eplerenone tab 25 mg, 50 mg (Inspra)	1						
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	1							fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1						
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1							fosinopril sodium tab 10 mg, 20 mg, 40 mg	1						
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1							guanfacine hcl tab 1 mg, 2 mg	1						
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1							hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1						
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1							irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1						
								irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1						
								lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1						
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1						
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1						
METHYLDOPA - methyldopa tab 250 mg, 500 mg	3						
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1						
minoxidil tab 2.5 mg, 10 mg	1						
moexipril hcl tab 7.5 mg, 15 mg	1						
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1						
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1						
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	1						
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	3						
perindopril erbumine tab 4 mg	1						
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	1						
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	1						
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)	1						
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	1						
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	1						
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis hct)	1						
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	3		•				
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1						
trandolapril tab 1 mg, 2 mg, 4 mg	1						
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	1						
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1						
VECAMYL - mecamylamine hcl tab 2.5 mg	4						•
DIURETICS							
acetazolamide cap er 12hr 500 mg	1						
acetazolamide tab 125 mg, 250 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
amiloride hcl tab 5 mg	1						
AMILORIDE/ HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	3						
bumetanide tab 0.5 mg (Bumex)	1						
bumetanide tab 1 mg, 2 mg	1						
chlorthalidone tab 25 mg, 50 mg	1						
DIURIL - chlorothiazide susp 250 mg/5ml	3						
EDECIN - ethacrynic acid tab 25 mg	3						
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	4	•	•	•			
furosemide oral soln 10 mg/ml	1						
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1						
hydrochlorothiazide cap 12.5 mg	1						
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1						
indapamide tab 1.25 mg, 2.5 mg	1						
methazolamide tab 25 mg, 50 mg	1						
metolazone tab 2.5 mg, 5 mg, 10 mg	1						
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1						
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1						
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
triamterene & hydrochlorothiazide cap 37.5-25 mg	1						
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1						
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1						
triamterene cap 50 mg, 100 mg (Dyrenium)	1						
VASOPRESSORS							
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	2						
epinephrine solution auto- injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1						
epinephrine solution auto- injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1						
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1						
ANTIHYPERLIPIDEMICS							
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	1						
cholestyramine light powder 4 gm/dose (Questran light)	1						
cholestyramine powder 4 gm/dose (Questran)	1						
colesevelam hcl packet for susp 3.75 gm (Welchol)	1						
colesevelam hcl tab 625 mg (Welchol)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
colestipol hcl granule packets 5 gm (Colestid flavored)	1							niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	1						
colestipol hcl granules 5 gm (Colestid flavored)	1							pitavastatin calcium tab 1 mg, 2 mg, 4 mg (Livalo)	1						
colestipol hcl tab 1 gm (Colestid)	1							pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1				•		
ezetimibe tab 10 mg (Zetia)	1							REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	•			•		
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1							REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2	•			•		
fenofibrate micronized cap 67 mg, 134 mg	1							REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2	•			•		
fenofibrate tab 48 mg, 145 mg (Tricor)	1							rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	1						
fenofibrate tab 54 mg, 160 mg	1							simvastatin tab 5 mg, 80 mg	1						
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	1							simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)	1						
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1							VASCEPA - icosapent ethyl cap 0.5 gm, 1 gm	1	•			•		
gemfibrozil tab 600 mg (Lopid)	1							CARDIOVASCULAR AGENTS - MISC.							
JUXTAPID - lomitapide mesylate cap 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv)	4	•		•		•		ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	4	•			•		•
lovastatin tab 10 mg	1							ambrisentan tab 5 mg, 10 mg (Letairis)	1	•			•		
lovastatin tab 20 mg, 40 mg	1					•		bosentan tab 62.5 mg, 125 mg (Tracleer)	1	•			•		
NEXLETOL - bempedoic acid tab 180 mg	2	•		•											
NXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2	•		•											

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg	4	•		•		•	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2						
CORLANOR - ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	2						
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2						
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)	1						
OPSUMIT - macitentan tab 10 mg	4	•		•		•	
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	4	•				•	
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0	4	•		•		•	
sildenafil citrate tab 20 mg (Revatio)	1	•		•		•	
tadalafil tab 2.5 mg, 5 mg (Cialis)	1			•			
tadalafil tab 20 mg (pah) (Adcirca)	1	•		•		•	
TRACLEER - bosentan tab for oral susp 32 mg	4	•		•		•	
TYVASO - treprostinil inhalation solution 0.6 mg/ml	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml	4	•			•		
TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml	4	•		•		•	
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	4	•		•		•	
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	4	•		•		•	
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	4	•		•		•	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2	•		•			
VYNDAMAX - tafamidis cap 61 mg	4	•		•		•	
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	4	•		•		•	
ERECTILE DYSFUNCTION							
tadalafil tab 2.5 mg, 5 mg (Cialis)	1				•		
RESPIRATORY AGENTS							
ANTIHISTAMINES							
CARBINOXAMINE MALEATE - carbinoxamine maleate soln 4 mg/5ml	3						
carbinoxamine maleate tab 4 mg	1						
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	3						
ciproheptadine hcl syrup 2 mg/5ml	1						
ciproheptadine hcl tab 4 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
desloratadine tab 5 mg (Claritin)	1						
levocetirizine dihydrochloride tab 5 mg	1						
promethazine hcl suppos 12.5 mg, 25 mg	1						
promethazine hcl syrup 6.25 mg/5ml	1						
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1						
PROMETHEGAN - promethazine hcl suppos 50 mg	3						
NASAL AGENTS - SYSTEMIC and TOPICAL							
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1						
flunisolide nasal soln 25 mcg/act (0.025%)	1						
fluticasone propionate nasal susp 50 mcg/act	1						
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	1						
olopatadine hcl nasal soln 0.6% (Patanase)	1						
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	3	•	•				
COUGH/COLD/ALLERGY							
acetylcysteine inhal soln 10%, 20%	1						
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3						
PROMETHAZINE VC - promethazine & phenylephrine syrup 6.25-5 mg/5ml	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
PROMETHAZINE VC/ CODEINE - promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	3						
promethazine w/ codeine syrup 6.25-10 mg/5ml	1						
promethazine-dm syrup 6.25-15 mg/5ml	1						
sodium chloride soln nebu 3%	1						
sodium chloride soln nebu 7% (Hypersal)	1						
ANTIASTHMATIC and BRONCHODILATOR AGENTS							
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2						
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	1						
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1						
albuterol sulfate syrup 2 mg/5ml	1						
albuterol sulfate tab 2 mg, 4 mg	1						
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2						
aformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	1						
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2						
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2						
ASMANEX TWISTHALER 14 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2						
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2						
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2						
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	3						
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2						
BREZTRI AEROSPHERE - budesonide-glycopyrrrolate-formoterol aers 160-9-4.8 mcg/act	2						
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	1						
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
cromolyn sodium soln nebu 20 mg/2ml	1						
DULEREA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2						
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	4	•			•	•	
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	1						
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1						
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2						
ipratropium bromide inhal soln 0.02%	1						
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1						
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	1						
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	1						
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
montelukast sodium tab 10 mg (base equiv) (Singulair)	1						
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	4	•		•		•	
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml, 100 mg/ml	4	•		•		•	
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act, 80 mcg/act	2						
roflumilast tab 250 mcg, 500 mcg (Daliresp)	1						
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2						
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1						
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2						
STIOLTO RESPIMAT - tiotropium br-oldaterol inhal aero soln 2.5-2.5 mcg/act	2						
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2						
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	1						
terbutaline sulfate tab 2.5 mg, 5 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	4	•			•		
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	3						
theophylline elixir 80 mg/15ml	1						
theophylline soln 80 mg/15ml	1						
theophylline tab er 12hr 300 mg, 450 mg	1						
theophylline tab er 24hr 400 mg, 600 mg	1						
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2						
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1						
XOLAIR - omalizumab for inj 150 mg	4	•				•	
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	•				•	
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	•				•	
zafirlukast tab 10 mg, 20 mg (Accolate)	1						
zileuton tab er 12hr 600 mg	1						
RESPIRATORY AGENTS - MISC.							
CUROSURF - poractant alfa intratracheal susp 120 mg/1.5ml, 240 mg/3ml	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	4	•				•	
INFASURF - calfactant in nacl 0.9% intratracheal susp 35 mg/ml	3						
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	4	•		•		•	
KALYDECO - ivacaftor tab 150 mg	4	•		•		•	
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)	4	•		•		•	
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	4	•		•		•	
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	4	•		•		•	
PIRFENIDONE - piroxicam tab 534 mg	4	•		•		•	
pirfenidone cap 267 mg (Esbriet)	1	•		•		•	
pirfenidone tab 267 mg, 801 mg (Esbriet)	1	•		•		•	
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	4					•	
SURVANTA INTRATRACHEAL - beractant in nacl 0.9% intratracheal susp 25 mg/ml	3						
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	4	•		•		•	
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
TRIKAFTA - elexacaf-tezacaft-ivacaft 80-40-60 mg& ivacaft 59.5mg tbpk gran	4	•				•	
TRIKAFTA - elexacaf-tezacaft-ivacaft 100-50-75 mg& ivacaft 75mg tbpk gran	4	•				•	
TRIKAFTA - elexacaf-tezacaft-ivacaft 50-25-37.5 mg & ivacaft 75 mg tbpk	4	•				•	
TRIKAFTA - elexacaf-tezacaft-ivacaft 100-50-75 mg &ivacaft 150 mg tbpk	4	•				•	
GASTROINTESTINAL AGENTS							
LAXATIVES							
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3						
lactulose solution 10 gm/15ml	1						
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1					•	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1						
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1					•	
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3						
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Suprep bowel prep ki)	1						
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3						
ANTIDIARRHEALS							

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1						
DIPHENOXYLATE/ ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3						
MOTOFEN - difenoxin w/ atropine tab 1-0.025 mg	3						
ULCER DRUGS							
dicyclomine hcl cap 10 mg	1						
dicyclomine hcl oral soln 10 mg/5ml	1						
dicyclomine hcl tab 20 mg	1						
famotidine for susp 40 mg/5ml	1						
famotidine tab 40 mg (Pepcid)	1						
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1						
glycopyrrolate tab 1 mg (Robinul)	1						
glycopyrrolate tab 2 mg (Robinul forte)	1						
lansoprazole cap delayed release 15 mg	1						
lansoprazole cap delayed release 30 mg (Prevacid)	1						
methscopolamine bromide tab 2.5 mg, 5 mg	1						
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1						
NIZATIDINE - nizatidine cap 150 mg, 300 mg	3						
omeprazole cap delayed release 10 mg, 20 mg, 40 mg	1						
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
rabeprazole sodium ec tab 20 mg (Aciphex)	1						
sucralfate tab 1 gm (Carafate)	1						
ANTIEMETICS							
ANZEMET - dolasetron mesylate tab 50 mg	3						
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1						
aprepitant capsule 40 mg, 125 mg	1						
aprepitant capsule 80 mg (Emend)	1						
dronabinol cap 2.5 mg (Marinol)	1						
dronabinol cap 5 mg, 10 mg	1						
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	2						
granisetron hcl tab 1 mg	1						
meclizine hcl tab 25 mg	1						
ONDANSETRON HCL - ondansetron hcl tab 24 mg	3						
ondansetron hcl oral soln 4 mg/5ml	1						
ondansetron hcl tab 4 mg, 8 mg	1						
ondansetron orally disintegrating tab 4 mg, 8 mg	1						
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1						
trimethobenzamide hcl cap 300 mg	1						
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2						
DIGESTIVE AIDS							

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2						
SUCRAID - sacrosidase soln 8500 unit/ml	4	•	•	•			
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	2						
GASTROINTESTINAL AGENTS- MISC.							
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	3						
balsalazide disodium cap 750 mg (Colazal)	1						
BYLVAY - odevixibat cap 400 mcg, 1200 mcg	4	•			•		
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg, 600 mcg	4	•			•		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1						
calcium acetate (phosphate binder) tab 667 mg	1						
CHENODAL - chenodiol tab 250 mg	4				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	4	•			•		
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	4	•		•		•	
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1						
DIPENTUM - olsalazine sodium cap 250 mg	3						
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	3						
GATTEX - teduglutide (rdna) for inj kit 5 mg	4	•				•	
lactulose (encephalopathy) solution 10 gm/15ml	1						
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	1						
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml	4	•				•	
lubiprostone cap 8 mcg, 24 mcg (Amitiza)	1	•			•		
mesalamine cap dr 400 mg (Delzicol)	1						
mesalamine cap er 24hr 0.375 gm (Apriso)	1						
MESALAMINE DR - mesalamine tab delayed release 800 mg	3						
mesalamine enema 4 gm	1						
mesalamine suppos 1000 mg (Canasa)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
mesalamine tab delayed release 1.2 gm (Lialda)	1						
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1						
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1						
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq)	3						
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2	•	•				
OCALIVA - obeticholic acid tab 5 mg, 10 mg	4	•	•		•		
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1						
sevelamer carbonate tab 800 mg (Renvela)	1						
sevelamer hcl tab 400 mg	1						
sevelamer hcl tab 800 mg (Renagel)	1						
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	4	•	•		•		
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1						
sulfasalazine tab 500 mg (Azulfidine)	1						
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2	•	•				
TRULANCE - plecanatide tab 3 mg	2	•	•				
ursodiol cap 300 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ursodiol tab 250 mg (Urso 250)	1						
ursodiol tab 500 mg (Urso forte)	1						
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	2						
VIBERZI - eluxadoline tab 75 mg, 100 mg	3						
VOWST - fecal microbiota spores, live-brpk caps	4	•			•		•
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	4	•			•		•
GENITOURINARY AGENTS							
URINARY ANTISPASMODICS							
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1						
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1						
flavoxate hcl tab 100 mg	1						
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	2						
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	2						
oxybutynin chloride solution 5 mg/5ml	1						
oxybutynin chloride tab er 24hr 5 mg, 10 mg (Ditropan xl)	1						
oxybutynin chloride tab er 24hr 15 mg	1						
oxybutynin chloride tab 5 mg	1						
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1						
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1						
trospium chloride cap er 24hr 60 mg	1						
trospium chloride tab 20 mg	1						
VAGINAL PRODUCTS							
clindamycin phosphate vaginal cream 2% (Cleocin)	1						
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	3						
ENCARE - nonoxynol-9 vaginal suppos 100 mg	A			•			
ENDOMETRIN - progesterone vaginal insert 100 mg	2						
estradiol vaginal cream 0.1 mg/gm (Estrace)	1						
estradiol vaginal tab 10 mcg (Vagifem)	1						
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2						
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3						
INTRAROSA - prasterone vaginal insert 6.5 mg	3						
metronidazole vaginal gel 0.75%	1						
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	3						
NUVESSA - metronidazole vaginal gel 1.3%	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	A					•	
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	A					•	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3						
terconazole vaginal cream 0.4%, 0.8%	1						
terconazole vaginal suppos 80 mg	1						
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	A					•	
VANDAZOLE - metronidazole vaginal gel 0.75%	3						
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	3						
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	A					•	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	A					•	
GENITOURINARY AGENTS - MISC.							
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1						
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	4					•	
dutasteride cap 0.5 mg (Avodart)	1						
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	1						
ELMIRON - pentosan polysulfate sodium caps 100 mg	3	•					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
FILSPARI - sparsentan tab 200 mg, 400 mg	4	•		•		•	
finasteride tab 5 mg (Proscar)	1						
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2						
LITHOSTAT - acetohydroxamic acid tab 250 mg	3						
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	1						
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1						
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1						
sodium citrate & citric acid soln 500-334 mg/5ml	1						
tamsulosin hcl cap 0.4 mg (Flomax)	1						
THIOLA EC - tiopronin tab delayed release 100 mg, 300 mg	3						
tiopronin tab 100 mg (Thiola)	1						
CENTRAL NERVOUS SYSTEM DRUGS							
ANTIANXIETY AGENTS							
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	1						
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1						
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	1						
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1						
clorazepate dipotassium tab 3.75 mg, 15 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
clorazepate dipotassium tab 7.5 mg (Tranxene t)	1						
diazepam conc 5 mg/ml	1						
diazepam oral soln 1 mg/ml	1						
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1						
hydroxyzine hcl syrup 10 mg/5ml	1						
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1						
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg	3						
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	1						
lorazepam conc 2 mg/ml	1						
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1						
meprobamate tab 200 mg, 400 mg	1						
oxazepam cap 10 mg, 15 mg, 30 mg	1						
ANTIDEPRESSANTS							
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1						
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1						
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1						
bupropion hcl tab 75 mg, 100 mg	1						
citalopram hydrobromide oral soln 10 mg/5ml	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1							FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3		•				
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1							FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	3		•				
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1							fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1						
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1							fluoxetine hcl solution 20 mg/5ml	1						
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	1							fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	1						
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1							imipramine hcl tab 10 mg, 25 mg, 50 mg	1						
doxepin hcl conc 10 mg/ml	1							MARPLAN - isocarboxazid tab 10 mg	3						
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1							mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	1						
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	3							mirtazapine tab 7.5 mg, 45 mg	1						
escitalopram oxalate soln 5 mg/5ml (base equiv)	1							mirtazapine tab 15 mg, 30 mg (Remeron)	1						
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1							NEFAZODONE HCL - nefazodone hcl tab 100 mg	3						
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	3	•						NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3						
								nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1						
								nortriptyline hcl soln 10 mg/5ml	1						
								paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	3						
protriptyline hcl tab 5 mg, 10 mg	1						
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1						
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1						
tranylcypromine sulfate tab 10 mg (Parnate)	1						
trazodone hcl tab 50 mg, 100 mg, 150 mg	1						
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1						
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1						
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1						
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1						
ANTIPSYCHOTICS							
ABILIFY ASIMTUFI - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	3						
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	3						
aripiprazole oral solution 1 mg/ml	1						
aripiprazole orally disintegrating tab 10 mg, 15 mg	1						
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1						
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml, 1064 mg/3.9ml	3						
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	3						
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1						
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1						
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	3						
clozapine orally disintegrating tab 25 mg, 100 mg, 150 mg, 200 mg	1						
clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril)	1						
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	3						
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3							LITHIUM - lithium oral solution 8 meq/5ml	2						
fluphenazine decanoate inj 25 mg/ml	1							LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	3						
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3							lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1						
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1							lithium carbonate tab er 300 mg (Lithobid)	1						
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	3							lithium carbonate tab er 450 mg	1						
haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50)	1							lithium carbonate tab 300 mg	1						
haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100)	1							LITHOBID - lithium carbonate tab er 300 mg	3						
haloperidol lactate oral conc 2 mg/ml	1							loxpipine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1						
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1							lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg (Latuda)	1						
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	3							MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	3						
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	3							olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	1						
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	3							olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1						
								paliperidone tab er 24hr 1.5 mg, 3 mg, 6 mg, 9 mg (Invega)	1						
								perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1						
								PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1							trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1							
prochlorperazine suppos 25 mg	1							UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml, 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	3							
quetiapine fumarate tab er 24hr 50 mg, 150 mg, 200 mg, 300 mg, 400 mg (Seroquel xr)	1							VERSACLOZ - clozapine susp 50 mg/ml	3							
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg (Seroquel)	1							VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	3							
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2							VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	3							
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg (Risperdal consta)	1							ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1							
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	3							ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq), 300 mg (base eq), 405 mg (base eq)	3							
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1							HYPNOTICS								
risperidone soln 1 mg/ml (Risperdal)	1							BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	2							
risperidone tab 0.25 mg	1							estazolam tab 1 mg, 2 mg	1							
risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1							eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1							
RYKINDO - risperidone for im extended release suspension 25 mg, 37.5 mg, 50 mg	3							HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	3	•		•				
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	3															
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1															

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
phenobarbital elixir 20 mg/5ml	1						
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1						
tasimelteon capsule 20 mg (Hetlioz)	1	•	•				
temazepam cap 15 mg, 30 mg (Restoril)	1						
zaleplon cap 5 mg, 10 mg	1						
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1						
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1						
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS							
amphetamine- dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	1						
amphetamine- dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg (Adderall)	1						
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1						
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1						
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1						
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1						
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1						
dextroamphetamine sulfate cap er 24hr 5 mg	1						
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1						
dextroamphetamine sulfate oral solution 5 mg/5ml	1						
dextroamphetamine sulfate tab 5 mg, 10 mg	1						
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	1						
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1						
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1						
methamphetamine hcl tab 5 mg (Desoxyn)	1						
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la) (Ritalin la)	1						
methylphenidate hcl chew tab 2.5 mg, 5 mg, 10 mg	1						
methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml (Methylin)	1						
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg (Concerta)	1						
methylphenidate hcl tab er 10 mg, 20 mg	1						
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	1						
modafinil tab 100 mg, 200 mg (Provigil)	1						
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2	•		•			
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.							
acamprosate calcium tab delayed release 333 mg	1						
AUSTEDO - deutetrabenazine tab 6 mg, 9 mg, 12 mg	4	•		•		•	
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg	4	•		•		•	
AUSTEDO XR PATIENT TITRAT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	4	•		•		•	
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	4	•				•	
BETASERON - interferon beta-1b for inj kit 0.3 mg	4	•		•		•	
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	A					•	
CHLORDIAZEPOXIDE/ AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	3						
dalfampridine tab er 12hr 10 mg (Ampyra)	1	•		•		•	
dimethyl fumarate capsule delayed release 120 mg, 240 mg (Tecfidera)	1			•		•	
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	1			•		•	
disulfiram tab 250 mg, 500 mg	1						
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1						
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1						
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg	3						
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1			•		•	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3						
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1						
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	4	•	•	•	•		
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	1		•	•	•		
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	4	•	•	•	•		
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	4	•	•	•	•		
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	4	•	•	•	•		
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	3						
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	4	•	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs)	4	•	•	•	•		
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv), 1 mg (base equiv), 2 mg (base equiv)	4	•	•	•	•		
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	•	•	•	•		
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	•	•	•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
memantine hcl oral solution 2 mg/ml	1						
memantine hcl tab 5 mg, 10 mg (Namenda)	1						
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	1						
nicotine polacrilex gum 2 mg, 4 mg	A				•		
nicotine polacrilex lozenge 2 mg, 4 mg	A				•		
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	A				•		
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	A				•		
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	A				•		
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	A				•		
PERPHENAZINE/ AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3						
PIMOZIDE - pimozide tab 1 mg, 2 mg	3						
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	4	•			•		
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	•			•		
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	4	•			•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	4	•		•		•		TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	4	•		•		•	
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	•		•		•		teriflunomide tab 7 mg, 14 mg (Aubagio)	1			•		•	
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	4	•		•		•		tetrabenazine tab 12.5 mg, 25 mg (Xenazine)	1	•		•		•	
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	4	•		•		•		varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	A				•		
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	•		•		•		varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	A				•		
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	•		•		•		VUMERTY - diroximel fumarate capsule delayed release 231 mg	4	•		•		•	
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1							XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	4	•		•		•	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1							ZEPOSIA - ozanimod hcl cap 0.92 mg	4	•		•		•	
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	2							ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	4	•		•		•	
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	2							ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	4	•		•		•	
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	4	•		•		•		ANALGESICS AND ANESTHETICS							
ANALGESICS - NON-NARCOTIC								aspirin chew tab 81 mg	A					•	
								aspirin tab delayed release 81 mg	A					•	
								butalbital-acetaminophen tab 50-325 mg	1						
								butalbital-acetaminophen- caffeine tab 50-325-40 mg (Esgic)	1						
								butalbital-aspirin-caffeine cap 50-325-40 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
diflunisal tab 500 mg	1						
TENCON - butalbital-acetaminophen tab 50-325 mg	3						
ANALGESICS - NARCOTIC							
acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine)	1						
acetaminophen w/ codeine tab 300-30 mg, 300-60 mg	1						
ACETAMINOPHEN/ CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	3						
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	2		•				
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1						
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1						
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	1						
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1						
butorphanol tartrate nasal soln 10 mg/ml	1				•		
codeine sulfate tab 30 mg (Codeine sulfate)	1						
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	1						
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1				•		
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3				•		
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1						
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg	1						
hydrocodone-ibuprofen tab 7.5-200 mg	1						
HYDROCODONE/ IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg, 10-200 mg	3						
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1						
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1				•		
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
methadone hcl conc 10 mg/ml (Methadose)	1							oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	1						
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl)	1							oxymorphone hcl tab 5 mg, 10 mg	1						
methadone hcl tab for oral susp 40 mg	1							OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	3			•			
methadone hcl tab 5 mg, 10 mg	1							TRAMADOL HCL ER - tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg	3			•			
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml	3							tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1			•			
MORPHINE SULFATE - morphine sulfate tab 15 mg, 30 mg	2							tramadol hcl tab 50 mg (Ultram)	1						
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	3		•					tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1						
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1							XTAMPZA ER - oxycodone cap er 12hr abuse- deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2			•			
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	1		•					ANALGESICS - ANTI-INFLAMMATORY							
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3		•					ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	4	•		•		•	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1							ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	4	•		•		•	
oxycodone hcl soln 5 mg/5ml	1							AMJEVITA - adalimumab- atto soln auto-injector 40 mg/0.8ml	4	•		•		•	
oxycodone hcl tab 5 mg, 15 mg, 30 mg (Roxicodone)	1							AMJEVITA - adalimumab- atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	4	•		•		•	
oxycodone hcl tab 10 mg, 20 mg	1														

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ARCALYST - rilonacept for inj 220 mg	4					•		flurbiprofen tab 100 mg	1						
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1							HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	4	•		•		•	
diclofenac potassium tab 50 mg	1							HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	4	•		•		•	
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1							HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	4	•		•		•	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1							HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	4	•		•		•	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1							HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	4	•		•		•	
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	4	•		•		•		HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	4	•		•		•	
ENBREL - etanercept subcutaneous soln pre-filled syringe 25 mg/0.5ml, 50 mg/ml	4	•		•		•		HUMIRA PEN-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	4	•		•		•	
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	4	•		•		•		HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	4	•		•		•	
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	4	•		•		•		ibuprofen tab 400 mg, 600 mg, 800 mg	1						
etodolac cap 200 mg, 300 mg	1							indomethacin cap er 75 mg	1						
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	1							indomethacin cap 25 mg, 50 mg	1						
etodolac tab 400 mg (Lodine)	1							KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	3						
etodolac tab 500 mg	1														
fenoprofen calcium tab 600 mg (Nalfon)	1														
FLURBIPROFEN - flurbiprofen tab 50 mg	3														

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ketorolac tromethamine tab 10 mg	1							OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	2			•			
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	4	•		•		•		oxaprozin tab 600 mg (Daypro)	1						
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	4	•		•		•		piroxicam cap 10 mg, 20 mg (Feldene)	1						
leflunomide tab 10 mg, 20 mg (Arava)	1							RIDAURA - auranofin cap 3 mg	3						
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	3							RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	4	•		•		•	
meloxicam tab 7.5 mg, 15 mg	1							SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	4	•		•		•	
nabumetone tab 500 mg, 750 mg	1							SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	4	•		•		•	
naproxen sodium tab 275 mg	1							sulindac tab 150 mg, 200 mg	1						
naproxen sodium tab 550 mg (Anaprox ds)	1							XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	4	•		•		•	
naproxen tab 250 mg, 375 mg	1							XELJANZ - tofacitinib citrate tab 5 mg (base equivalent), 10 mg (base equivalent)	4	•		•		•	
naproxen tab 500 mg (Naprosyn)	1							XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent)	4	•		•		•	
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	4	•		•		•									
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	4	•		•		•									
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	4	•		•		•									
OTEZLA - apremilast tab 30 mg	4	•		•		•									

MIGRAINE PRODUCTS

AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml

AJOVY - fremanezumab-vrm subcutaneous soln auto-inj 225 mg/1.5ml

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2	•		•			
almotriptan malate tab 6.25 mg, 12.5 mg	1			•			
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1						
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	1			•			
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	•		•			
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml, 120 mg/ml	2	•		•			
ERGOMAR - ergotamine tartrate sl tab 2 mg	3						
ergotamine w/ caffeine tab 1-100 mg (Cafergot)	1						
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	1			•			
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	1			•			
NURTEC - rimegepant sulfate tab disint 75 mg	2	•		•			
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2	•		•			
REVVOW - lasmiditan succinate tab 50 mg, 100 mg	2	•		•			
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1			•			
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1			•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
rizatriptan benzoate tab 5 mg (base equivalent)	1				•		
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1				•		
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	1				•		
sumatriptan succinate inj 6 mg/0.5ml	1				•		
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	1				•		
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	1				•		
UBRELVY - ubrogepant tab 50 mg, 100 mg	2	•			•		
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	1				•		
GOUT AGENTS							
allopurinol tab 100 mg, 300 mg (Zyloprim)	1						
colchicine tab 0.6 mg (Colcrys)	1						
colchicine w/ probenecid tab 0.5-500 mg	1						
febuxostat tab 40 mg, 80 mg (Uloric)	1						
probenecid tab 500 mg	1						
NEUROMUSCULAR DRUGS							
ANTICONVULSANTS							
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2						
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1						
carbamazepine chew tab 100 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
carbamazepine susp 100 mg/5ml (Tegretol)	1						
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1						
carbamazepine tab 200 mg (Tegretol)	1						
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	3						
clobazam suspension 2.5 mg/ml (Onfi)	1						
clobazam tab 10 mg, 20 mg (Onfi)	1						
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1						
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1						
DIACOMIT - stiripentol cap 250 mg, 500 mg	4				•		
DIACOMIT - stiripentol packet 250 mg, 500 mg	4				•		
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	3						
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1						
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	3						
DILANTIN INFATABS - phenytoin chew tab 50 mg	3						
DILANTIN-125 - phenytoin susp 125 mg/5ml	3						
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1						
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1						
EPIDIOLEX - cannabidiol soln 100 mg/ml	4	•					
ethosuximide cap 250 mg (Zarontin)	1						
ethosuximide soln 250 mg/5ml (Zarontin)	1						
felbamate susp 600 mg/5ml (Felbatol)	1						
felbamate tab 400 mg, 600 mg (Felbatol)	1						
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	4	•		•		•	
FYCOMPA - perampanel susp 0.5 mg/ml	3						
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3						
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1						
gabapentin oral soln 250 mg/5ml (Neurontin)	1						
gabapentin tab 600 mg, 800 mg (Neurontin)	1						
lacosamide oral solution 10 mg/ml (Vimpat)	1						
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1						
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	3						
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	3						
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1						
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1						
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1						
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/tak)	1						
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	1						
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak)	1						
levetiracetam oral soln 100 mg/ml (Keppra)	1						
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1						
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1						
methsuximide cap 300 mg (Celontin)	1						
mysoline - primidone tab 50 mg, 250 mg	3						
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1						
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1						
phenytoin chew tab 50 mg (Dilantin infatabs)	1						
phenytoin sodium extended cap 100 mg (Dilantin)	1						
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	1						
phenytoin susp 125 mg/5ml (Dilantin-125)	1						
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	1						
pregabalin soln 20 mg/ml (Lyrica)	1						
PRIMIDONE - primidone tab 125 mg	3						
primidone tab 50 mg, 250 mg (Mysoline)	1						
rufinamide susp 40 mg/ml (Banzel)	1						
rufinamide tab 200 mg, 400 mg (Banzel)	1						
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	3						
TEGRETOL - carbamazepine susp 100 mg/5ml	3						
TEGRETOL - carbamazepine tab 200 mg	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	3						
tiagabine hcl tab 12 mg, 16 mg (Gabitril)	1						
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (Qudexy xr)	1	•	•				
topiramate cap er 24hr 25 mg, 50 mg, 100 mg, 200 mg (Trokendi xr)	1	•	•				
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1						
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1						
valproate sodium oral soln 250 mg/5ml (base equiv)	1						
valproic acid cap 250 mg	1						
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	3						
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3						
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3						
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	3						
vigabatrin powd pack 500 mg (Sabril)	1				•		
vigabatrin tab 500 mg (Sabril)	1				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3						
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3						
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	3						
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	3						
ZARONTIN - ethosuximide cap 250 mg	3						
ZARONTIN - ethosuximide soln 250 mg/5ml	3						
zonisamide cap 25 mg, 100 mg (Zonegran)	1						
zonisamide cap 50 mg	1						
ZTALMY - ganaxolone susp 50 mg/ml	4					•	
ANTIPARKINSON AGENTS							
amantadine hcl cap 100 mg	1						
amantadine hcl soln 50 mg/5ml	1						
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	4						•
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	1						•
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1						
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1						
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1						
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1						
carbidopa & levodopa tab 25-250 mg	1						
carbidopa tab 25 mg (Lodosyn)	1						
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	1						
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	1						
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	1						
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	1						
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	1						
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	1						
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	3						
DUOPA - carbidopa-levodopa enteral susp 4.63-20 mg/ml	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
entacapone tab 200 mg (Comtan)	1						
INBRIJA - levodopa inhal powder cap 42 mg	4					•	
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	3						
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1						
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1						
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1						
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	3						
selegiline hcl cap 5 mg	1						
selegiline hcl tab 5 mg	1						
tolcapone tab 100 mg (Tasmar)	1						
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	3						
trihexyphenidyl hcl tab 2 mg, 5 mg	1						
NEUROMUSCULAR AGENTS							
DAYBUE - trofinetide oral soln 200 mg/ml	4	•			•		•
EVRYSDI - risdiplam for soln 0.75 mg/ml	4	•			•		•

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
RADICAVA ORS - edaravone oral susp 105 mg/5ml	4	•		•		•	
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	4	•		•		•	
RELYVRCIO - sodium phenylbutyrate-taurursodiol powd pack 3-1 gm	4	•		•		•	
riluzole tab 50 mg (Rilutek)	1					•	
SKYCLARYS - omaveloxolone cap 50 mg	4	•		•		•	
MUSCULOSKELETAL THERAPY AGENTS							
baclofen tab 10 mg, 20 mg	1						
carisoprodol tab 250 mg, 350 mg (Soma)	1						
chlorzoxazone tab 500 mg	1						
cyclobenzaprine hcl tab 5 mg, 10 mg	1						
dantrolene sodium cap 25 mg (Dantrium)	1						
dantrolene sodium cap 50 mg, 100 mg	1						
metaxalone tab 400 mg, 800 mg	1						
methocarbamol tab 500 mg, 750 mg	1						
orphenadrine citrate tab er 12hr 100 mg	1						
SOHONOS - palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg	3						
tizanidine hcl tab 2 mg (base equivalent)	1						
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1						
ANTIMYASTHENIC AGENTS							

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	4	•			•		
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1						
pyridostigmine bromide tab er 180 mg (Mestinon timespan)	1						
pyridostigmine bromide tab 60 mg (Mestinon)	1						
NUTRITIONAL PRODUCTS							
VITAMINS							
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1						
phytonadione tab 5 mg (Mephyton)	1						
MINERALS and ELECTROLYTES							
FLORIVA - sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml	3						
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	3						
pot phos monobasic w/ sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1						
potassium chloride cap er 8 meq, 10 meq	1						
POTASSIUM CHLORIDE ER - potassium chloride tab er 8 meq (600 mg)	3						
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1						
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
potassium chloride powder packet 20 meq	1						
potassium chloride tab er 8 meq (600 mg)	1						
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	1						
potassium phosphate monobasic tab 500 mg (K-phos)	1						
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2						
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1			•			
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1			•			
HEMATOLOGICAL AGENTS							
HEMATOPOIETIC AGENTS							
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	4				•		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	4				•		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	A			•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	4	•			•		•
cyanocobalamin inj 1000 mcg/ml	1						
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	4	•		•		•	
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	4					•	
ENDARI - glutamine (sickle cell) powd pack 5 gm	4	•				•	
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe)	A				•		
folic acid cap 0.8 mg	A					•	
folic acid tab 400 mcg, 800 mcg	A					•	
folic acid tab 1 mg	1						
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	4						•
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	3						
MULPLETA - lusutrombopag tab 3 mg	4	•		•		•	
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	4					•	
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4					•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	4					•	
OXBRYTA - voxelotor tab for oral susp 300 mg	4	•	•	•	•		
OXBRYTA - voxelotor tab 300 mg, 500 mg	4	•	•	•	•		
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	4	•	•	•	•		
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	4	•	•	•	•		
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4					•	
SIKLOS - hydroxyurea tab 100 mg, 1000 mg	3						
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4					•	
ANTICOAGULANTS							
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 110 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1			•			
ELIQUIS - apixaban tab 2.5 mg, 5 mg	2			•			
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2			•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	1						
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1						
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	1						
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	3						
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	3						
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3						
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	1						
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1						
PRADAXA - dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3				•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, 150 mg	3			•			
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1						
XARELTO - rivaroxaban for susp 1 mg/ml	2		•				
XARELTO - rivaroxaban tab 2.5 mg, 10 mg, 15 mg, 20 mg	2		•				
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2		•				
HEMOSTATICS							
tranexamic acid tab 650 mg (Lysteda)	1						
HEMATOLOGICAL AGENTS - MISC.							
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	•				•	
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	•				•	
AFSTYLA - antihemophilic fact rcmbs single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	4	•				•	
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	4	•				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	4	•					•
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	•				•	
ALTUVIPIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	•				•	
anagrelide hcl cap 0.5 mg (Agrylin)	1						
anagrelide hcl cap 1 mg	1						
aspirin-dipyridamole cap er 12hr 25-200 mg	1						
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	•				•	
BRILINTA - ticagrelor tab 60 mg, 90 mg	2						
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	4					•	
cilostazol tab 50 mg, 100 mg	1						
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1						
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	4	•				•	
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	4					•	
dipyridamole tab 25 mg, 50 mg, 75 mg	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	4	•				•		IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	4	•				•	
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	4	•		•		•		IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	•				•	
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	•				•		JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucI) for inj 500 unit	4	•				•	
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	4					•		JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucI)for inj 1000 unit, 2000 unit, 3000 unit	4	•				•	
FIBRYGA - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	4	•				•		KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	4	•				•	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	4	•		•		•		KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	4	•				•	
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	•		•		•		KOGENATE FS - antihemophilic factor recomb (rvfiii) for inj kit 250 unit, 2000 unit	4	•				•	
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	4	•				•		KOGENATE FS - antihemophilic factor recomb (rvfiii) for inj kit 500 unit, 1000 unit, 3000 unit	4					•	
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	4	•				•		KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	•				•	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	•		•		•		NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	•				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	4	•				•		REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	4	•				•	
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	4	•				•		RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	4	•				•	
NUWIQ - antihemophilic fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	•				•		RIASTAP - fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)	2	•					
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	•				•		RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	•				•	
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	4	•				•		RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	4	•			•	•	
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4					•		SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	4	•					•
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	4	•		•		•		TAKHZYRO - lanadelumab-fyo inj 300 mg/2ml (150 mg/ml)	4	•			•		
pentoxifylline tab er 400 mg	1							TAKHZYRO - lanadelumab-fyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	•			•		
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1							TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	4	•			•		
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	4	•				•		TRETEN - coagulation factor xiii a-subunit for inj 2500 unit	4					•	
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	4					•		VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	4	•				•	
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg, 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	4					•									

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	•				•	
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	•				•	
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	•				•	
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	4	•				•	
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	•				•	
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	4	•				•	
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3						
TOPICAL PRODUCTS							
OPHTHALMIC AGENTS							
ALOCRIL - nedocromil sodium ophth soln 2%	3						
ALOMIDE - lidoxamide tromethamine ophth soln 0.1%	3						
ALREX - loteprednol etabonate ophth susp 0.2%	3						
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	3						
ATROPINE SULFATE - atropine sulfate ophth soln 1%	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
atropine sulfate ophth soln 1% (Atropine sulfate)	1						
AZASITE - azithromycin ophth soln 1%	3						
azelastine hcl ophth soln 0.05%	1						
BACITRACIN - bacitracin ophth oint 500 unit/gm	2						
bacitracin-polymyxin b ophth oint	1						
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1						
bepotastine besilate ophth soln 1.5% (Bepreve)	1						
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3						
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	3						
brimonidine tartrate ophth soln 0.2%	1						
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1						
brinzolamide ophth susp 1% (Azopt)	1						
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1						
CARTEOLOL HCL - carteolol hcl ophth soln 1%	3						
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1						
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	3						
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	3						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3						
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1					•	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	4				•		
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	4				•		
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3						
diclofenac sodium ophth soln 0.1%	1						
diluprednate ophth emulsion 0.05% (Durezol)	1						
dorzolamide hcl ophth soln 2% (Trusopt)	1						
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1						
epinastine hcl ophth soln 0.05%	1						
erythromycin ophth oint 5 mg/gm	1						
fluorometholone ophth susp 0.1% (Fml liquifilm)	1						
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	3						
gatifloxacin ophth soln 0.5% (Zymaxid)	1						
gentamicin sulfate ophth soln 0.3%	1						
ketorolac tromethamine ophth soln 0.4% (Acular ls)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ketorolac tromethamine ophth soln 0.5% (Acular)	1						
LACRISERT - artificial tear ophth insert	3						
latanoprost ophth soln 0.005% (Xalatan)	1						
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	3						
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3						
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	3						
LOTEPREDNOL ETABONATE - loteprednol etabonate ophth gel 0.5%	3						
loteprednol etabonate ophth susp 0.2% (Alrex)	1						
loteprednol etabonate ophth susp 0.5% (Lotemax)	1						
LUMIGAN - bimatoprost ophth soln 0.01%	2						
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1						
NATACYN - natamycin ophth susp 5%	2						
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1						
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1						
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-un�mg/ml	3						
ofloxacin ophth soln 0.3% (Ocuflax)	1						
olopatadine hcl ophth soln 0.1% (base equivalent)	1						
OXERVATE - cenegeamin-bkbj ophth soln 0.002% (20 mcg/ml)	4	•	•	•	•		
phenylephrine hcl ophth soln 2.5%, 10%	1						
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	3						
pilocarpine hcl ophth soln 1%, 2%, 4%	1						
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1						
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	2						
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2						
sulfacetamide sodium ophth soln 10% (Bleph-10)	1						
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	3						
tafluprost preservative free (pf) ophth soln 0.0015% (Zioptan)	1						
tetracaine hcl ophth soln 0.5%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1						
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3						
tobramycin ophth soln 0.3%	1						
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1						
TRIFLURIDINE - trifluridine ophth soln 1%	2						
XIIDRA - lifitegrast ophth soln 5%	3						
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	3						
ZIRGAN - ganciclovir ophth gel 0.15%	3						
OTIC AGENTS							
acetic acid otic soln 2%	1						
CIPROFLOXACIN - ciprofloxacin hcl otic soln 0.2% (base equivalent)	3						
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1						
CIPROFLOXACIN/FLUOCINOLON - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3						
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1						
hydrocortisone w/ acetic acid otic soln 1-2%	1						
neomycin-polymyxin-hc otic soln 1%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1						
ofloxacin otic soln 0.3%	1						
OTOVEL - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3						
MOUTH/THROAT/DENTAL AGENTS							
cevimeline hcl cap 30 mg (Evoxac)	1						
chlorhexidine gluconate soln 0.12% (Peridex)	1						
clotrimazole troche 10 mg	1						
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate paste 1.1-5%	3						
lidocaine hcl viscous soln 2%	1						
nystatin susp 100000 unit/ml	1						
ORAVIG - miconazole buccal tab 50 mg (mouth-throat)	3						
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1						
PREVENTIN RINSE - sodium fluoride rinse 0.2%	3						
sodium fluoride cream 1.1% (Prevident 5000 plus)	1			•			
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1			•			
sodium fluoride paste 1.1% (Prevident 5000 boost)	1			•			
stannous fluoride conc 0.63%	1			•			
stannous fluoride gel 0.4%	1			•			
triamcinolone acetonide dental paste 0.1%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ANORECTAL AGENTS							
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotion 2.5-1%	3						
CORTIFOAM - hydrocortisone acetate perianal foam 10% (90 mg/dose)	2						
hydrocortisone acetate suppos 25 mg	1						
hydrocortisone enema 100 mg/60ml (Cortenema)	1						
hydrocortisone perianal cream 1% (Proctocort)	1						
hydrocortisone perianal cream 2.5% (Anusol-hc)	1						
nitroglycerin oint 0.4% (Rectiv)	1						
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	3						
RECTIV - nitroglycerin oint 0.4%	3						
DERMATOLOGICALS							
acitretin cap 10 mg, 17.5 mg, 25 mg	1						
acyclovir oint 5% (Zovirax)	1						
ADBRY - tralokinumab-Idrm subcutaneous soln prefilled syr 150 mg/ml	4	•			•		•
alclometasone dipropionate cream 0.05%	1						
alclometasone dipropionate oint 0.05%	1						
ALTABAX - retapamulin oint 1%	3						
azelaic acid gel 15% (Finacea)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	3						
betamethasone dipropionate augmented cream 0.05%	1						
betamethasone dipropionate augmented lotion 0.05%	1						
betamethasone dipropionate augmented oint 0.05% (Diprolene)	1						
betamethasone dipropionate cream 0.05%	1						
betamethasone dipropionate lotion 0.05%	1						
betamethasone dipropionate oint 0.05%	1						
betamethasone valerate cream 0.1% (base equivalent)	1						
betamethasone valerate lotion 0.1% (base equivalent)	1						
betamethasone valerate oint 0.1% (base equivalent)	1						
bexarotene gel 1% (Targretin)	1	•			•		
brimonidine tartrate gel 0.33% (base equivalent) (Mirvaso)	1						
calcipotriene cream 0.005% (Dovonex)	1						
calcipotriene soln 0.005% (50 mcg/ml)	1						
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	4	•	•	•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
ciclopirox gel 0.77%	1						
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	1						
ciclopirox shampoo 1% (Loprox shampoo)	1						
ciclopirox solution 8% (Penlac Nail Lacquer)	1						
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1						
clindamycin phosphate lotion 1% (Cleocin-t)	1						
clindamycin phosphate soln 1%	1						
clindamycin phosphate swab 1%	1						
clobetasol propionate cream 0.05% (Temovate)	1						
clobetasol propionate emollient base cream 0.05%	1						
clobetasol propionate gel 0.05%	1						
clobetasol propionate oint 0.05%	1						
clobetasol propionate soln 0.05%	1						
clocortolone pivalate cream 0.1% (Cloderm)	1						
clotrimazole w/ betamethasone cream 1-0.05%	1						
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	4	•		•		•	
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	4	•		•		•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	4	•		•		•	
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	4	•		•		•	
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	4	•		•		•	
CROTAN - crotamiton lotion 10%	3						
desonide cream 0.05% (Desowen)	1						
desonide oint 0.05%	1						
desoximetasone cream 0.25% (Topicort)	1						
desoximetasone oint 0.25% (Topicort)	1						
diclofenac sodium soln 1.5%	1						
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	4	•		•		•	
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	4	•		•		•	
econazole nitrate cream 1%	1						
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	2						
ERTACZO - sertaconazole nitrate cream 2%	3						
ERY - erythromycin pads 2%	3						
erythromycin gel 2% (Erygel)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
erythromycin soln 2%	1						
EXELDERM - sulconazole nitrate cream 1%	3						
EXELDERM - sulconazole nitrate solution 1%	3						
FLUOCINOLONE ACETONIDE - fluocinolone acetonide cream 0.01%	3						
fluocinolone acetonide cream 0.025% (Synalar)	1						
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1						
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1						
fluocinolone acetonide oint 0.025% (Synalar)	1						
fluocinolone acetonide soln 0.01% (Synalar)	1						
fluocinonide cream 0.05%	1						
fluocinonide cream 0.1% (Vanos)	1						
fluocinonide gel 0.05%	1						
fluocinonide oint 0.05%	1						
fluocinonide soln 0.05%	1						
FLUOROURACIL - fluorouracil soln 2%, 5%	3						
fluorouracil cream 5% (Efudex)	1						
fluticasone propionate cream 0.05%	1						
fluticasone propionate oint 0.005%	1						
gentamicin sulfate cream 0.1%	1						
gentamicin sulfate oint 0.1%	1						
halobetasol propionate cream 0.05%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
HALOG - halcinonide oint 0.1%	3						
hydrocortisone cream 2.5%	1						
hydrocortisone lotion 2.5%	1						
hydrocortisone oint 2.5%	1						
HYFTOR - sirolimus gel 0.2%	3	•	•				
imiquimod cream 5%	1						
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1						
ketoconazole cream 2%	1						
ketoconazole shampoo 2%	1						
lactic acid (ammonium lactate) cream 12%	1						
lactic acid (ammonium lactate) lotion 12%	1						
lidocaine hcl soln 4%	1						
lidocaine patch 5% (Lidoderm)	1						
lidocaine-prilocaine cream 2.5-2.5%	1						
mafenide acetate packet for topical soln 5% (50 gm) (Sulfamylon)	1						
malathion lotion 0.5% (Ovide)	1						
METHOXSALEN - methoxsalen rapid cap 10 mg	3						
metronidazole cream 0.75% (Metrocream)	1						
metronidazole gel 0.75%	1						
metronidazole gel 1% (Metrogel)	1						
mometasone furoate cream 0.1%	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
mometasone furoate oint 0.1%	1						
mometasone furoate solution 0.1% (lotion)	1						
mupirocin oint 2%	1						
NATROBA - spinosad susp 0.9%	3						
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3						
nystatin cream 100000 unit/gm	1						
nystatin oint 100000 unit/gm	1						
nystatin topical powder 100000 unit/gm	1						
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1						
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1						
oxiconazole nitrate cream 1% (Oxistat)	1						
permethrin cream 5%	1						
PODOFILOX - podofilox soln 0.5%	3						
REGRANEX - becaplermin gel 0.01%	3						
SANTYL - collagenase oint 250 unit/gm	3						
selenium sulfide lotion 2.5%	1						
silver sulfadiazine cream 1% (Silvadene)	1						
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	4	•	•	•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	4	•		•		•	
SOOLANTRA - ivermectin cream 1%	1						
SPINOSAD - spinosad susp 0.9%	3						
STELARA - ustekinumab inj 45 mg/0.5ml	4	•	•		•		
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	4	•	•		•		
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	3						
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	3						
sulfacetamide sodium lotion 10% (acne) (Klaron)	1						
SULFAMYLYON - mafenide acetate cream 85 mg/gm	3						
tacrolimus oint 0.03%, 0.1% (Protopic)	1						
tazarotene cream 0.1% (Tazorac)	1	•					
tazarotene gel 0.05%, 0.1% (Tazorac)	1	•					
TAZORAC - tazarotene cream 0.05%	2						
TREMFYA - guselkumab soln pen-injector 100 mg/ml	4	•	•		•		
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	4	•	•		•		
tretinoin cream 0.025%, 0.1% (Retin-a)	1	•					
tretinoin gel 0.01% (Retin-a)	1	•					

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1						
triamcinolone acetonide lotion 0.025%, 0.1%	1						
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1						
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	4					•	
MISCELLANEOUS PRODUCTS							
ANTIDOTES							
CHEMET - succimer cap 100 mg	2						
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	1					•	
deferiprone tab 500 mg, 1000 mg (Ferriprox)	1					•	
FERRIPROX - deferiprone oral soln 100 mg/ml	4					•	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2						
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	1						
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1						
naloxone hcl soln prefilled syringe 2 mg/2ml	1						
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	3						
naltrexone hcl tab 50 mg	1						
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2						
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	3						
DIAGNOSTIC PRODUCTS							

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	2						
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	2						
ONETOUCH ULTRA - glucose blood test strip	2						
ONETOUCH ULTRA TEST STRIP - glucose blood test strip	2						
ONETOUCH VERIO TEST STRIP - glucose blood test strip	2						
MEDICAL DEVICES							
CAYA - diaphragm arc-spring	A				•		
CONDOMS-MALE - VARIOUS	A				•		
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	2						
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CONTOUR NEXT CONTROL LEVE - blood glucose calibration - liquid - normal, - low	2						
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	2						
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	2	•		•			
DEXCOM G6 SENSOR - continuous blood glucose system sensor	2	•		•			
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	2	•		•			

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	2	•				•	
DEXCOM G7 SENSOR - continuous blood glucose system sensor	2	•				•	
ENLITE GLUCOSE SENSOR - continuous blood glucose system sensor	3	•				•	
FC2 FEMALE CONDOM - condoms - female	A					•	
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	A					•	
FREESTYLE LIBRE 14 DAY/RE - continuous blood glucose system receiver	3	•				•	
FREESTYLE LIBRE 14 DAY/SE - continuous blood glucose system sensor	3	•				•	
FREESTYLE LIBRE 2/ READER/ - continuous blood glucose system receiver	3	•				•	
FREESTYLE LIBRE 2/ SENSOR/ - continuous blood glucose system sensor	3	•				•	
FREESTYLE LIBRE 3/ READER/ - continuous blood glucose system receiver	3	•				•	
FREESTYLE LIBRE 3/ SENSOR/ - continuous blood glucose system sensor	3	•				•	
FREESTYLE LIBRE/ READER/FL - continuous blood glucose system receiver	3	•				•	

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology	Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
GUARDIAN CONNECT TRANSMIT - continuous blood glucose system transmitter	3	•		•				OMNIPOD CLASSIC PODS (GEN - insulin infusion disposable pump reservoir	3	•		•			
GUARDIAN LINK 3 TRANSMITT - continuous blood glucose system transmitter	3	•		•				OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	3	•		•			
GUARDIAN REAL-TIME REPLAC - continuous blood glucose system receiver	3	•		•				OMNIPOD DASH PDM KIT (GEN - insulin infusion disposable pump kit	3	•		•			
GUARDIAN SENSOR (3) - continuous blood glucose system sensor	3	•		•				OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	•		•			
GUARDIAN SENSOR 3 - continuous blood glucose system sensor	3	•		•				OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	3	•		•			
GUARDIAN 4 GLUCOSE SENSOR - continuous blood glucose system sensor	3	•		•				OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	3	•		•			
GUARDIAN 4 TRANSMITTER KI - continuous blood glucose system transmitter	3	•		•				OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	3	•		•			
INSULIN PEN NEEDLES - VARIOUS	2							OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	3	•		•			
INSULIN SYRINGES - VARIOUS	2							OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	3	•		•			
LANCET DEVICES - VARIOUS	3							OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	3	•		•			
LANCETS - VARIOUS	2							OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	3	•		•			
LANCETS KIT - VARIOUS	3							OMNIPOD 5 G6 INTRO KIT (G - insulin infusion disposable pump kit	3	•		•			
LANCETS MISC - VARIOUS	3														
MINILINK REAL-TIME TRANSM - continuous blood glucose system transmitter	3	•		•											
OMNIFLEX DIAPHRAGM - diaphragms	A				•										

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	•		•			
OMNIPOD 5 G7 INTRO KIT (G - insulin infusion disposable pump kit	3	•		•			
OMNIPOD 5 G7 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	•		•			
ONETOUCH ULTRA CONTROL - blood glucose calibration - liquid	2						
ONETOUCH ULTRA CONTROL SO - blood glucose calibration - liquid	2						
ONETOUCH VERIO LEVEL 3 CO - blood glucose calibration - liquid	2						
ONETOUCH VERIO LEVEL 4 CO - blood glucose calibration - liquid - high	2						
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	A			•			
ASSORTED CLASSES							
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	3						
azathioprine tab 50 mg (Imuran)	1						
azathioprine tab 75 mg, 100 mg	1						
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	4	•		•	•		
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	•		•	•		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1						
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1						
cyclosporine modified cap 50 mg	1						
cyclosporine modified oral soln 100 mg/ml (Neoral)	1						
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	4	•		•	•		
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	3						
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1						
JOENJA - leniolisib phosphate tab 70 mg	4	•		•	•		
lenalidomide caps 2.5 mg (Revlimid)	4	•				• M	
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	4	•				• M	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2						
LUPKYNIS - voclosporin cap 7.9 mg	4	•		•	•		
mycophenolate mofetil cap 250 mg (Cellcept)	1						
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1						
mycophenolate mofetil tab 500 mg (Cellcept)	1						
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1						

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
NEORAL - cyclosporine modified cap 25 mg, 100 mg	3						
NEORAL - cyclosporine modified oral soln 100 mg/ml	3					•	
penicillamine tab 250 mg (Depen titratabs)	1				•		
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	3						
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	3						
REVLIMID - lenalidomide caps 2.5 mg	4	•			• M		
REVLIMID - lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	4	•			• M		
REZUROCK - belumosudil mesylate tab 200 mg	4				•		
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	3						
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	3						
sirolimus oral soln 1 mg/ml (Rapamune)	1						
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1						
sodium polystyrene sulfonate powder	1						
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	3						
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1						
THALOMID - thalidomide cap 50 mg, 100 mg, 150 mg, 200 mg	4	•			• M		

Drug Name	Drug Tier	Prior Authorization	Step Therapy	Dispensing Limits	ACA	Specialty	Oral Oncology
trientine hcl cap 250 mg (Syprine)	1						•
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	2						
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	4	•			•	•	
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	4	•			•	•	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	4	•			•	•	
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cefprozil tab 250 mg, 500 mg.....	1
cefuroxime axetil tab 250 mg, 500 mg.....	1
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex).....	57
cephalexin cap 250 mg, 500 mg, 750 mg.....	1
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	1
CERDELGA.....	65
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CHENODAL.....	43
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chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	46
chlorhexidine gluconate soln 0.12% (Peridex).....	73
chloroquine phosphate tab 250 mg, 500 mg.....	7
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	48
chlorthalidone tab 25 mg, 50 mg.....	35
chlorzoxazone tab 500 mg.....	64
cholestyramine light powder 4 gm/dose (Questran light).....	35
cholestyramine powder 4 gm/dose (Questran).....	35
CIBINQO.....	74
ciclopirox gel 0.77%.....	74
ciclopirox olamine cream 0.77% (base equiv) (Loprox).....	74
ciclopirox shampoo 1% (Loprox shampoo).....	74
ciclopirox solution 8% (Penlac Nail Lacquer).....	74
cilostazol tab 50 mg, 100 mg.....	67
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cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar).....	28
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ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex).....	72
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	70
ciprofloxacin hcl tab 750 mg (base equiv).....	2
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro).....	2
citalopram hydrobromide oral soln 10 mg/5ml.....	46
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa).....	47
CLARITHROMYCIN.....	2
clarithromycin tab er 24hr 500 mg.....	2

clarithromycin tab 250 mg, 500 mg.....	2
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CLIMARA PRO.....	20
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin).....	8
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....	8
clindamycin phosphate lotion 1% (Cleocin-t).....	74
clindamycin phosphate soln 1%.....	74
clindamycin phosphate swab 1%.....	74
clindamycin phosphate vaginal cream 2% (Cleocin).....	45
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%.....	74
CLINDESSE.....	45
clobazam suspension 2.5 mg/ml (Onfi).....	60
clobazam tab 10 mg, 20 mg (Onfi).....	60
clobetasol propionate cream 0.05% (Temovate).....	74
clobetasol propionate emollient base cream 0.05%.....	74
clobetasol propionate gel 0.05%.....	74
clobetasol propionate oint 0.05%.....	74
clobetasol propionate soln 0.05%.....	74
clocortolone pivalate cream 0.1% (Cloderm).....	74
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil).....	47
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg.....	60
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin).....	60
clonidine hcl tab er 12hr 0.1 mg (Kapvay).....	51
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	33
clonidine td patch weekly 0.1 mg/24hr (Catapres- tts-1).....	33
clonidine td patch weekly 0.2 mg/24hr (Catapres- tts-2).....	33
clonidine td patch weekly 0.3 mg/24hr (Catapres- tts-3).....	33
clopидogrel bisulfate tab 75 mg (base equiv) (Plavix).....	67
clorazepate dipotassium tab 3.75 mg, 15 mg.....	46
clorazepate dipotassium tab 7.5 mg (Tranxene t).....	46
clotrimazole troche 10 mg.....	73
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clozapine tab 25 mg, 50 mg, 100 mg, 200 mg (Clozaril).....	48
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colchicine w/ probenecid tab 0.5-500 mg.....	59
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colesevelam hcl tab 625 mg (Welchol).....	35
colestipol hcl granule packets 5 gm (Colestid flavored).....	36
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cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide).....	13
cycloserine cap 250 mg.....	3
cyclosporine cap 25 mg, 100 mg (Sandimmune).....	80
cyclosporine modified cap 50 mg.....	80
cyclosporine modified cap 25 mg, 100 mg (Neoral).....	80
cyclosporine modified oral soln 100 mg/ml (Neoral).....	80
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dalfampridine tab er 12hr 10 mg (Ampyra).....	52
danazol cap 50 mg, 100 mg, 200 mg.....	19
dantrolene sodium cap 50 mg, 100 mg.....	64
dantrolene sodium cap 25 mg (Dantrium).....	64
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darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv).....	44
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desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	47
desipramine hcl tab 10 mg, 25 mg (Norpramin).....	47
desloratadine tab 5 mg (Claritin).....	38
desmopressin acetate inj 4 mcg/ml (Ddavp).....	28
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	28
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desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp).....	28
desogestrel-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette).....	21
desogestrel & ethynodiol dihydrogen phosphate tab 0.15 mg-30 mcg.....	21
desonide cream 0.05% (Desowen).....	75
desonide oint 0.05%.....	75
desoximetasone cream 0.25% (Topicort).....	75
desoximetasone oint 0.25% (Topicort).....	75
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq).....	47
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dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	19
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dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine).....	51
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diclofenac potassium tab 50 mg.....	57
diclofenac sodium ophth soln 0.1%.....	71
diclofenac sodium soln 1.5%.....	75
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	57
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50).....	57
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75).....	57
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digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin).....	30
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45).....	59
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diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	31
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diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac).....	31
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dimethyl fumarate capsule delayed release 120 mg, 240 mg (Tecfidera).....	52
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diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	42
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disopyramide phosphate cap 100 mg, 150 mg (Norpace).....	32
disulfiram tab 250 mg, 500 mg.....	52
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divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	60
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote).....	60
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er).....	60
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn).....	32
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	52
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dorzolamide hcl ophth soln 2% (Trusopt).....	71
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doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura).....	33
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	47
doxepin hcl conc 10 mg/ml.....	47
doxycycline hyclate cap 50 mg.....	2
doxycycline hyclate cap 100 mg (Vibramycin).....	2
doxycycline hyclate tab 20 mg, 100 mg.....	2
doxycycline monohydrate cap 50 mg, 100 mg.....	2
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg.....	2
dronabinol cap 5 mg, 10 mg.....	42
dronabinol cap 2.5 mg (Marinol).....	42
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28).....	21
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)....	21
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz).....	21
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral).....	21
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duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta).....	47
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dutasteride cap 0.5 mg (Avodart).....	45
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econazole nitrate cream 1%.....	75
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efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	4
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efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo).....	4
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eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax).....	59
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emtricitabine caps 200 mg (Emtriva).....	4
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada).....	5
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada).....	5
EMTRIVA.....	5
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	33
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	33
enalapril maleate oral soln 1 mg/ml (Epaned).....	33
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec).....	33
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enoxaparin sodium inj 300 mg/3ml (Lovenox).....	66

enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox).....	66
ENSPRYNG.....	80
ENSTILAR.....	75
entacapone tab 200 mg (Comtan).....	63
entecavir tab 0.5 mg, 1 mg (Baraclude).....	5
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epinastine hcl ophth soln 0.05%.....	71
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....	35
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....	35
eplerenone tab 25 mg, 50 mg (Inspra).....	33
EQUETRO.....	48
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....	64
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ergotamine w/ caffeine tab 1-100 mg (Cafergot).....	59
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ERLEADA.....	13
erlotinib hcl tab 25 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva).....	13
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ERYTHROCIN STEARATE.....	2
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ERYTHROMYCIN ETHYLSUCCINA.....	2
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules).....	2
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400).....	2
erythromycin gel 2% (Erygel).....	75
erythromycin ophth oint 5 mg/gm.....	71
erythromycin soln 2%.....	75
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erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	2
erythromycin tab 250 mg, 500 mg.....	2
escitalopram oxalate soln 5 mg/5ml (base equiv).....	47
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro).....	47
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estazolam tab 1 mg, 2 mg.....	50
estradiol & norethindrone acetate tab 0.5-0.1 mg.....	20
estradiol & norethindrone acetate tab 1-0.5 mg (Activella).....	20
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace).....	20
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel).....	20
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot).....	20
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara).....	20
estradiol vaginal cream 0.1 mg/gm (Estrace).....	45
estradiol vaginal tab 10 mcg (Vagifem).....	45
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen).....	20
ESTRING.....	45
ESTROGEL.....	20
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta).....	50
ethambutol hcl tab 100 mg.....	3
ethambutol hcl tab 400 mg (Myambutol).....	3
ethosuximide cap 250 mg (Zarontin).....	60
ethosuximide soln 250 mg/5ml (Zarontin).....	60
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	21
etodolac cap 200 mg, 300 mg.....	57
etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	57
etodolac tab 500 mg.....	57
etodolac tab 400 mg (Lodine).....	57
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everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress).....	80
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exemestane tab 25 mg (Aromasin).....	14
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ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin).....	36
ezetimibe tab 10 mg (Zetia).....	36
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famciclovir tab 125 mg, 250 mg, 500 mg.....	5
famotidine for susp 40 mg/5ml.....	42
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felbamate susp 600 mg/5ml (Felbatol).....	60

felbamate tab 400 mg, 600 mg (Felbatol).....	60
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	32
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fenofibrate micronized cap 67 mg, 134 mg.....	36
fenofibrate tab 54 mg, 160 mg.....	36
fenofibrate tab 48 mg, 145 mg (Tricor).....	36
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fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq).....	55
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/ hr, 75 mcg/hr, 100 mcg/hr.....	55
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ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe).....	65
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fingolimod hcl cap 0.5 mg (base equiv) (Gilenya).....	52
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fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)....	3
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan).....	3
flucytosine cap 250 mg, 500 mg (Ancobon).....	3
fludrocortisone acetate tab 0.1 mg.....	19
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flunisolide nasal soln 25 mcg/act (0.025%).....	38
FLUOCINOLONE ACETONIDE.....	75
fluocinolone acetonide cream 0.025% (Synalar).....	75
fluocinolone acetonide oil 0.01% (body oil) (Derma- smoothe/fs bod).....	75
fluocinolone acetonide oil 0.01% (scalp oil) (Derma- smoothe/fs sca).....	75
fluocinolone acetonide oint 0.025% (Synalar).....	75
fluocinolone acetonide (otic) oil 0.01% (Dermotic).....	72
fluocinolone acetonide soln 0.01% (Synalar).....	75
fluocinonide cream 0.05%.....	75
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fluorouracil cream 5% (Efudex).....	75
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fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac).....	47
fluoxetine hcl solution 20 mg/5ml.....	47
fluphenazine decanoate inj 25 mg/ml.....	49
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fluticasone propionate nasal susp 50 mcg/act.....	38
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