



University of Minnesota UPlan Formulary

April 2024

Please consider talking to your prescriber about prescribing formulary medications, which may help reduce your out-of-pocket costs. This formulary may help guide you and your doctor in selecting an appropriate medication for you.

This University of Minnesota UPlan Formulary was current at time of printing and is subject to change. Please visit our website, www.MyPrime.com, for the most current 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**.

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

Brand name drugs

Shown in CAPITAL letters (if Tier 1, \$10 copay; if Tier 2, \$30 copay)

Generic drugs

Shown in bolded lower case letters (Tier 1, \$10 copay)

Non-formulary drugs

Not included in this formulary listing (Tier 3, \$75 copay)

Introduction to UPlan formulary

The University of Minnesota and Prime Therapeutics are pleased to provide this formulary as a reference and informational tool that will assist in selecting safe and cost-effective drug products. This formulary applies to employees, early retirees, and dependents of the University of Minnesota who elect to participate in the UPlan Medical and Pharmacy Program. Specific drug selection for an individual patient rests solely with the physician and the patient.

Using this formulary (finding your drugs)

Most of the drugs covered by the University of Minnesota UPlan Medical and Pharmacy Program are listed in this formulary. This is not a complete listing of all covered drugs. The University of Minnesota reserves the right to modify this formulary at any time.

The **UPlan Formulary** is organized into broad therapeutic categories (e.g., Anti-Infective Drugs). Within most categories, drugs are subgrouped based upon drug class (e.g., Penicillins), or for a specific medical condition (e.g., Diabetes).

- Most Generic drugs are followed by a Brand name (in parentheses) to help you recognize the drug. The brand name is listed for information only. Some Generic drugs have no brand name available.
- Example: **simvastatin (Zocor)**
- Formulary Brand drugs are shown in capital letters.
- Example: ASACOL HD
- A Generic or Formulary Brand entry will typically include all strengths and dosage forms available for that product. Exceptions are typically noted.

Example: **atenolol (Tenormin)**

Tenormin is marketed as 25 mg, 50 mg and 100 mg tablets. Each strength is available generically. Generic atenolol is Tier 1. Tenormin is noted for reference only, and is not listed in the UPlan Formulary. Tenormin is available at a generic copay and difference in cost between the brand drug and the generic drug.

If you know the name of the drug your doctor has prescribed, or a drug that you think you may need, look first in the index at the end of the formulary. Participants who look for a particular drug and cannot find it within this formulary should consider the following reasons:

- The drug may be a Non-Formulary drug and available to participants at a \$75 copay.
- The drug may be a Compounded Prescription (see section titled “COMPOUNDED PRESCRIPTIONS”).
- The drug may be covered as a Medical benefit and may be provided directly by your physician under the Medical portion of the UPlan Medical and Pharmacy Program.
- The drug may be excluded from UPlan coverage

Please note: You can use your member ID to log on to www.MyPrime.com to get the most current copay information.

Drugs represented in the **UPlan Formulary** may have varying cost to the plan participant. Generic drugs typically are available at the lowest cost; brand-name drugs on the UPlan Formulary will generally cost more than generics; and brand-name drugs not on the list will generally cost the most. Generics should be considered the first line of prescribing.

The tiered format places drugs into tiers or levels of cost sharing by the plan participant in the following manner:

Tier 1: Generic Plus	Lowest plan participant copayment: All generic drugs and selected brand-name drugs. Generic drugs shown in lowercase, boldface type and brand drugs shown in CAPITAL, non-bold type and marked as Tier 1 (\$10 copay).
Tier 2: Formulary Brand-Name drugs	Intermediate plan participant copayment: Brand-name products on the UPlan Formulary selected for Tier 2. Shown in CAPITAL letters, non-bold type, and marked as Tier 2 (\$30 copay).
Tier 3: Non-Formulary drugs	Highest plan participant copayment: All brand-name products not selected for Tier 2. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this highest tier. Non-formulary drugs are not listed in the formulary (\$75 copay).

Over-the-counter (OTC) products tier 1 (\$10 copay)

Certain over-the-counter (OTC) products are covered at Tier 1 (\$10 copay) in the pharmacy benefit with a prescription. Please see the table below for commonly used OTC products covered but not listed in the formulary. Please note that not all OTC products are available at Prime Mail.

acetaminophen

Allegra (**fexofenadine**)

Allegra-D (**fexofenadine/pseudoephedrine ext-release**)

Artificial Tears

aspirin

bacitracin ointment

Benadryl (**diphenhydramine**)

benzoyl peroxide

biotin

calcium

Claritin (**loratadine**)

Claritin-D (**loratadine/pseudoephedrine ext-release**)

Debrox (**carbamide peroxide**)

docusate sodium

Dulcolax (**bisacodyl delayed-release**)

Excedrin (**aspirin-acetaminophen-caffeine**)

folic acid

hydrocortisone 1%

ibuprofen

Imodium (**loperamide**)

iron

Lotrimin AF (**clotrimazole**)

meclizine

Maalox (**aluminum-magnesium-simethicone**)

Miralax (**polyethylene glycol**)

Monistat (**miconazole**)

multivitamins

naproxen

Nasacort Allergy 24HR (**triamcinolone acetonide**)

Neosporin (**neomycin-bacitracin-polymyxin ointment**)

niacin

Nizoral (**ketoconazole**)

omeprazole delayed-release

Senokot (**sennosides/docusate**)

Prenatal Vitamins – various names

Prevacid 24 hr (**lansoprazole delayed-release**)

Prilosec OTC (**omeprazole delayed-release**)

Robitussin DM (**dextromethorphan/guaifenesin**)

Sudafed (**pseudoephedrine**)

Vitamins A, B, B-12, C, D, D3, E

Zantac (**ranitidine**)

Zyrtec Allergy (**cetirizine**)

Zyrtec-D Allergy/Congestion

(**cetirizine/pseudoephedrine ext-release**)

Preventive drug list under affordable care act (\$0 copay)

In accordance with requirements put forth through the Affordable Care Act (ACA), the UPlan has elected to provide evidence-based Preventive Drug coverage at \$0 in the pharmacy benefit with a prescription. Below are the drug categories available under your ACA Preventive Drug coverage. Not all medications are covered at \$0 within each drug category.

This list will be reviewed periodically and is subject to change.

Drug/category	Qualifications
ASPIRIN 81 MG (RX & OTC)	
BOWEL PREPARATIONS (RX)	ADULTS: AGE 50 YEARS AND OLDER
BREAST CANCER (RALOXIFENE/TAMOXIFEN)	ADULTS: AGE 35 YEARS AND OLDER
FLUORIDE SUPPLEMENTS (RX & OTC)	CHILDREN: AGE 6 MONTHS – 16 YEARS
FOLIC ACID SUPPLEMENTS (OTC)	FEMALES
INFANT EYE OINTMENT (ERYTHROMYCIN)	CHILDREN: AGE 0-3 MONTHS
IRON SUPPLEMENTS (RX & OTC)	CHILDREN: AGE 0-12 MONTHS
SINGLE-AGENT STATINS (RX)	ADULTS: AGE 40-75 YEARS
TOBACCO CESSATION (RX & OTC)	
VACCINES (ROUTINE IMMUNIZATIONS)	

Contraceptive coverage under the Affordable Care Act – \$0 copay

Contraceptives in the Generic Plus tier are covered for women at a \$0 copay in the pharmacy benefit with a prescription. Generic Plus contraceptives will be available in the following categories:

- Cervical Cap
- Diaphragm
- Emergency (Ella)
- Emergency (Plan B)
- Female condom
- Injectable
- Implantable rod
- Intrauterine device, copper
- Intrauterine device, progestin
- Oral combined
- Oral extended continuous
- Oral progestin
- Patch
- Ring
- Spermicide
- Sponge

For a complete listing of drugs covered under the UPlan, please visit www.MyPrime.com.

Pharmacy and therapeutics (P&T) committee

The University's UPlan Pharmacy Program Clinical Review Committee, consisting of University employees with clinical, drug therapy, and policy expertise, selects drugs for this formulary based on recommendations of an independent Prime Therapeutics' Pharmacy & Therapeutics (P&T) Committee that includes practicing physicians and pharmacists. Decisions on which drugs to include in the formulary are based on safety, efficacy, uniqueness, and cost. When a new drug is considered for formulary inclusion, it will be reviewed and compared to similar drugs currently included in the University of Minnesota Formulary. New drugs that are generics will be added as soon

as possible at the Generic Plus level. New brand drugs will be Non-Formulary until they are reviewed by the Prime Therapeutics P&T committee and the UPlan Pharmacy Program Clinical Review Committee. Formulary decisions are communicated quarterly on the Web site at www.MyPrime.com.

Generic plus drugs

The Generic Plus program is offered by the University of Minnesota to provide preferred drug products at a lower copay of \$10 per 30-day supply. All generics and select brand-name drugs are included at the \$10 copay level. Other brand-name drug products covered by the University of Minnesota UPlan Medical and Pharmacy Program and listed in this formulary have a copay of \$30 per 30-day supply. Drugs not listed in this formulary, if otherwise covered by the University of Minnesota UPlan Medical and Pharmacy Program, have a copay of \$75 per 30-day supply.

Generic Plus drugs which are considered *preferred* within each therapeutic category based upon safety, effectiveness, uniqueness, and cost, are highlighted in this formulary with **bold type**. In many therapeutic categories, the Generic Plus drugs are available as a generic. When there are therapeutic categories that do not have a generic available, one or more brand-name drugs have been designated as Generic Plus products and will be available at the lower \$10 copay. Note, however, that the lower copay may not apply to all strengths or dosage forms of the drug name in bold type. In some cases, a drug may have a brand name and still be considered a generic drug.

Generic drug products: generic substitution

Generic substitution is the action by a pharmacist to select the source (manufacturer) of a drug product from among those drug products (brand and generic) that are considered to be therapeutically equivalent. Unless expressly indicated by the prescriber as "dispense as written" or D.A.W., pharmacists in Minnesota may dispense generic drug products that, in their professional judgment, are therapeutically equivalent unless the patient requests otherwise. In instances where the prescriber indicates D.A.W. or the patient requests D.A.W., the cost difference between the brand and the generic will be applied to the Generic Plus copay.

Generic drug approvals by the U.S. Food and Drug Administration (FDA) since 1984, and most generic approvals prior to 1984, have been based upon a demonstration that the generic drug product is therapeutically equivalent to the brand name product. To gain FDA approval as a therapeutically equivalent product:

1. The generic drug must contain the same active ingredient(s), be the same strength, and the same dosage form as the reference (brand name) product, and
2. The manufacturer of the generic drug must demonstrate to the FDA that it has the same rate and extent of absorption as the brand-name product.

Generic drug products that meet these FDA requirements are given an “A” rating indicating that they are considered by the FDA to be therapeutically equivalent. “Products evaluated as therapeutically equivalent can be expected to have equivalent clinical effect whether the product is a brand-name or generic drug product.” (*FDA Letter to Health Practitioners*, “Therapeutic Equivalence of Generic Drugs,” January 28, 1998). The ratings of brand and generic drug products are available in the FDA publication known as the “Orange Book,” or *Approved Drug Products with Therapeutic Equivalence Evaluations* (<http://www.fda.gov/cder/ob/default.htm>).

When a generic drug product has met the FDA requirements for therapeutic equivalence, the generic drug product can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product.

Certain drug products have a narrow therapeutic index (NTI), but even these drug products must meet these same FDA requirements for therapeutic equivalence and can be substituted with assurance that the generic will have the same safety and effectiveness as the brand name drug product. Health care providers do not need to approach any one therapeutic class of drug products (e.g., NTI drugs) differently than any other class when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Additional clinical tests or examinations by the prescriber are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

In addition to the “A” rated products, there are some marketed products that are “unrated.” Unrated products are generally pre-1938 drugs that were not required to undergo the FDA review and approval process. Also, many cough and cold products and multivitamin products do not require FDA review. Most of these products would be suitable for generic substitution. There are now many brand-name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source-branded product, irrespective of rating.

Some generic drug products reviewed by the FDA and listed in the *Orange Book* are given a “B” rating, indicating that these drug products are not considered to be therapeutically equivalent to the brand-name product. In some cases, generic substitution of “B” rated drug products for “A” rated drug products is not recommended. State law or regulations may affect the ability to practice generic substitution for selected products or categories of drugs.

Less than effective drugs: drug efficacy study implementation (DESI) drugs

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be approved and marketed. This legislation also applied retroactively to all drugs approved as safe from 1938 to 1962. The DESI (Drug Efficacy Study Implementation) program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications. Most of these pre-1962 drug products were determined to be fully effective, and they remain in the marketplace.

A few DESI products, however, were classified as “less than fully effective” and also remain in the marketplace. There are also drug products that are identical, similar, or related to actual DESI products that have been classified

as “less than fully effective.” These “less than fully effective” DESI drug products are not a covered benefit under the University of Minnesota UPlan Medical and Pharmacy Program.

Compounded prescriptions

In some cases, a prescriber may write a prescription that needs to be prepared by the pharmacist by mixing two or more drug ingredients. Most powders and other ingredients that are commonly used in compounding a prescription drug are covered. Most compounded prescriptions are covered under the University of Minnesota’s formulary and

will process according to the member’s benefit.

Prior Authorization (PA)

Prior Authorization may be required in the UPlan Pharmacy Program for the following reasons:

1. Certain drugs require prior authorization to encourage safe and clinically appropriate use (drugs indicated with **PA** in the formulary). It will be necessary for your prescriber or Medication Therapy Management (MTM) pharmacist to complete and submit a **PA** form to Prime Therapeutics to request continued coverage of the selected drug.
2. If the prior authorization is approved by Prime Therapeutics, you can continue to take your drug at the \$10 Generic Plus copay, \$30 Brand Formulary copay, or \$75 Non-Formulary copay as determined by the formulary. If either you or your prescriber decides not to apply for the prior authorization, you can continue to take your drug, but you will be charged the full price of the drug.

You can find out if your drug has Prior Authorization, designated by an indicator in the column after the drug name, by looking in the formulary that begins on page 1. **You can also get more information about your Prior Authorization program at www.MyPrime.com.**

Step Therapy program (ST)

A process called Step Therapy is used in certain therapeutic drug categories to encourage use of safe, clinically appropriate or more cost-effective drugs. With Step Therapy, your prescriber is encouraged to prescribe a more cost-effective Step 1 drug before trying a less cost-effective Step 2 drug. Most drugs at Step 1 are available as the \$10 Generic Plus copayment.

If you have already taken the Step 1 drug, or if there is some medical reason why you cannot do so, your prescriber can submit a prior authorization request to Prime Therapeutics on your behalf. The prior authorization form is available on the Web site at www.MyPrime.com.

If you decide that you prefer to remain on the higher Step 2 drug and do not try the Step 1 drug or request that your prescriber submit a prior authorization, you can continue to take your Step 2 drug. However, the UPlan will not cover the Step 2 drug, and you will pay the full cost of the prescription drug.

You can find out if your drug has Step Therapy, designated by an indicator in the column after the drug name, by looking in the formulary that begins on page 1. **You can also get more information about your Step Therapy program at www.MyPrime.com.**

Mail service delivery

Mail Service Delivery offers participants the opportunity to submit prescriptions by mail or have prescribing prescribers fax in prescriptions. The prescription is then processed and delivered directly to the participant. Employees can receive a 90-day supply for two copays through Mail Service Delivery. Mail order forms and contact information can be found at www.MyPrime.com.

Specialty drugs

Specialty drugs are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C, rheumatoid arthritis and other complex conditions. Specialty drugs are high cost and have one or more of the following characteristics:

- They are often injected or infused, but some may be taken by mouth.
- They have unique storage or shipment requirements.
- Members using specialty medications need additional education and support from a health care professional due to the complexity of use and the potential for some serious side effects.
- They are often not stocked at all retail pharmacies.

Specialty drugs are most frequently available only through Fairview Specialty Pharmacy, Fairview Clinic or Hospital Pharmacies, or St. Luke's or Essentia Health pharmacies in Duluth. A limited set of specialty medications are also available at other retail pharmacies. Details are available by calling 612.672.5289 or toll free at 1.877.509.5115.

Therapeutic Weblinks

The following links are to websites that provide information concerning a variety of different conditions. The U of M provides these links solely as a service for general information and convenience, and the links should not be used for the diagnosis or treatment of any medical condition. The U of M is not responsible for and does not control, approve, or endorse any site listed below, and the U of M is not responsible for and does not control, approve, or endorse any content existing therein. External links to non-U of M resources are in no way intended to represent an exhaustive listing.

Therapeutic Class	Sub-Therapeutic Class	Weblink	
ANTI-INFECTIVE		https://wwwnc.cdc.gov/eid/about	
		http://www.idsociety.org	
	Hepatitis	http://www.cdc.gov/hepatitis/index.htm	
		http://www.aasld.org	
	HIV/AIDS	http://www.aidsinfo.nih.gov	
	Influenza	http://www.cdc.gov/flu/	
	Kidney Disease	http://www.kidney.org/professionals/guidelines#guidelines	
BLOOD MODIFYING DRUGS		http://www.hemophilia.org	
CANCER		http://www.asco.org	
		http://www.nccn.org	
CENTRAL NERVOUS SYSTEM DRUGS		http://www.psychiatry.org	
	Depression	http://www.psychiatry.org	
	Psychotic and Bipolar Disorders	http://www.psychiatry.org	
	Sleep Aids	http://www.aasmnet.org	
	Hyperactivity/Narcolepsy		http://www.aacap.org
			http://www.aap.org
	Multiple Sclerosis	http://www.aan.com https://www.nationalmssociety.org/	
	Obesity	http://www.nhlbi.nih.gov/health/health-topics/topics/obe	
	Other Central Nervous System Drugs	http://www.aan.com	

Therapeutic	Sub-Therapeutic Class	Weblink
GASTROINTESTINAL DRUGS		http://www.gi.org http://www.gastro.org
	Other Genitourinary Drugs	http://www.auanet.org/guidelines
HEART AND CIRCULATORY DRUGS	Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations	http://www.heart.org http://professional.diabetes.org http://www.acc.org http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7
	Angiotensin II Receptor Antagonists (ARBs) and Combinations	http://professional.diabetes.org http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7
	Beta Blockers and Combinations	http://www.acc.org http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7
	Other Heart Related Drugs	http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7 http://www.acc.org http://www.heart.org
		http://www.menopause.org
		http://www.auanet.org/guidelines
HORMONES, DIABETES AND RELATED DRUGS	Erectile Dysfunction	http://www.auanet.org/guidelines
	Osteoporosis	http://www.nof.org
NEUROMUSCULAR DRUGS	Seizures	http://www.aan.com
	Parkinson's Disease	http://www.aan.com

Therapeutic	Sub-Therapeutic Class	Weblink
PAIN RELIEF DRUGS		http://www.asahq.org
		http://www.rheumatology.org
	Narcotic Drugs	http://www.asahq.org
		http://www.nccn.org
		http://www.asipp.org/Guidelines.htm
	Rheumatoid and Osteoarthritis	http://www.rheumatology.org
	http://www.asahq.org	
	Migraine Headaches	http://www.aan.com
RESPIRATORY AGENTS		http://www.aaaai.org
	Asthma	http://www.aaaai.org
		http://www.ginasthma.com
		http://www.goldcopd.com
		http://www.nhlbi.nih.gov
TOPICAL DRUGS	Ear	http://www.aap.org
	Skin Conditions/ Products – Acne	http://www.aad.org
	Other Skin Products	http://www.aad.org

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ANTI-INFECTIVE DRUGS					
PENICILLINS					
AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg, 250 mg	1				
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, 400-57 mg/5ml	1				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	1				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1				
amoxicillin & k clavulanate tab 250-125 mg	1				
amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg (Augmentin)	1				
ampicillin cap 500 mg	1				
AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2				
dicloxacillin sodium cap 250 mg, 500 mg	1				
penicillin v potassium tab 250 mg, 500 mg	1				
CEPHALOSPORINS					
cefadroxil cap 500 mg	1				
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1				
cefdinir cap 300 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1				
cefixime cap 400 mg (Suprax)	1				
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	1				
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	1				
cefpodoxime proxetil tab 100 mg, 200 mg	1				
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1				
cefprozil tab 250 mg, 500 mg	1				
cefuroxime axetil tab 250 mg, 500 mg (Ceftin)	1				
cephalexin cap 250 mg, 500 mg (Keflex)	1				
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1				
MACROLIDES					
AZITHROMYCIN – azithromycin powd pack for susp 1 gm	2				
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	1				
azithromycin tab 250 mg, 500 mg, 600 mg (Zithromax)	1				
clarithromycin tab er 24hr 500 mg	1				
clarithromycin tab 250 mg, 500 mg (Biaxin)	1				
DIFICID – fidaxomicin tab 200 mg	2				
DIFICID – fidaxomicin for susp 40 mg/ml	2				
E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml	2				
E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg	1				
ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml	2				
ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg	2				
ERYTHROMYCIN ETHYLSUCCINATE – erythromycin ethylsuccinate tab 400 mg	1				
TETRACYCLINES					
demeclocycline hcl tab 150 mg, 300 mg	1				
doxycycline hyclate cap 50 mg	1				
doxycycline hyclate cap 100 mg (Vibramycin)	1				
doxycycline hyclate tab 20 mg, 100 mg	1				
doxycycline monohydrate cap 50 mg	1				
doxycycline monohydrate cap 100 mg (Monodox)	1				
doxycycline monohydrate tab 50 mg, 75 mg (Adoxa)	1				
doxycycline monohydrate tab 100 mg (Adoxa pak 1/100)	1				
doxycycline monohydrate tab 150 mg (Adoxa pak 1/150)	1				
minocycline hcl cap 50 mg, 75 mg, 100 mg (Minocin)	1				
tetracycline hcl cap 250 mg, 500 mg (Tetracycline hcl)	1				
FLUOROQUINOLONES					
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	2				
CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1				
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	Specialty	Prior Authorization	Step Therapy	Quantity Limit
levofloxacin tab 250 mg, 500 mg, 750 mg (Levaquin)	1				
ofloxacin tab 400 mg	1				
AMINOGLYCOSIDES					
HUMATIN – paromomycin sulfate cap 250 mg	2				
neomycin sulfate tab 500 mg	1				
TOBI – tobramycin nebu soln 300 mg/5ml	2	•			
tobramycin nebu soln 300 mg/5ml (Tobi)	1	•			
TUBERCULOSIS					
ethambutol hcl tab 100 mg, 400 mg (Myambutol)	1				
isoniazid syrup 50 mg/5ml	1				
isoniazid tab 300 mg	1				
PRIFTIN – rifapentine tab 150 mg	2				
pyrazinamide tab 500 mg	1				
rifabutin cap 150 mg (Mycobutin)	1				
rifampin cap 150 mg, 300 mg (Rifadin)	1				
FUNGAL INFECTIONS					
PA – Prior Authorization program information available at: www.MyPrime.com/MyPrime/UMN					
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	1				
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	1				
flucytosine cap 250 mg, 500 mg (Ancobon)	1				
griseofulvin microsize susp 125 mg/5ml	1				
griseofulvin microsize tab 500 mg (Grifulvin v)	1				
itraconazole cap 100 mg (Sporanox)	1				
itraconazole oral soln 10 mg/ml (Sporanox)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
NOXAFIL – posaconazole for delayed release susp packet 300 mg	1		•		
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 (Lamisil)	1				
voriconazole for susp 40 mg/ml (Vfend)	1		•		
voriconazole tab 50 mg, 200 mg (Vfend)	1		•		
VIRAL INFECTIONS					
Cytomegalovirus					
VALCYTE – valganciclovir hcl for soln 50 mg/ml (base equiv)	1				
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	1				
Hepatitis					
PA – Prior Authorization program information available at: www.MyPrime.com/MyPrime/UMN					
adefovir dipivoxil tab 10 mg (Hepsera)	1				
BARACLUDE – entecavir oral soln 0.05 mg/ml	1				
entecavir tab 0.5 mg, 1 mg (Baraclude)	1				
EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	1	•	•		•
EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	1	•	•		•
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	1	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	1	•	•		•
lamivudine tab 100 mg (hbv) (EpiVir hbv)	1				
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	1	•	•		•
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	1	•	•		•
MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg	1	•	•		•
PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	1	•	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	1	•	•		
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	1	•	•		•
SOVALDI – sofosbuvir tab 200 mg, 400 mg	1	•	•		•
SOVALDI – sofosbuvir pellet pack 150 mg, 200 mg	1	•	•		•
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	1	•	•		•
Herpes					
acyclovir cap 200 mg (Zovirax)	1				
acyclovir susp 200 mg/5ml (Zovirax)	1				
acyclovir tab 400 mg, 800 mg (Zovirax)	1				
famciclovir tab 125 mg, 250 mg, 500 mg (Famvir)	1				
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1				
HIV/AIDS					
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1				
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	1				
atazanavir sulfate cap 150 mg (base equiv), 200 mg (base equiv), 300 mg (base equiv) (Reyataz)	1				
BIKTARVY – bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	1				
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	1				
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, 200-25 mg	1				
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	1				
efavirenz tab 600 mg (Sustiva)	1				
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	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-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	1				
etravirine tab 100 mg, 200 mg (Intelence)	1				
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	1				
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
INTELENCE – etravirine tab 25 mg	1				
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	1				
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)	1				
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)	1				
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)	1				
JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	1				
KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1				
lamivudine oral soln 10 mg/ml (Epivir)	1				
lamivudine tab 150 mg, 300 mg (Epivir)	1				
lamivudine-zidovudine tab 150-300 mg (Combivir)	1				
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	1				
lopinavir-ritonavir tab 100-25 mg, 200-50 mg (Kaletra)	1				
nevirapine tab er 24hr 400 mg (Viramune xr)	1				
nevirapine tab 200 mg (Viramune)	1				
NORVIR – ritonavir tab 100 mg	1				
NORVIR – ritonavir powder packet 100 mg	1				
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	1				
PREZCOBIX – darunavir-cobicistat tab 800-150 mg	1				
PREZISTA – darunavir tab 75 mg, 150 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
PREZISTA – darunavir oral susp 100 mg/ml	1				
REYATAZ – atazanavir sulfate cap 200 mg (base equiv), 300 mg (base equiv)	1				
ritonavir tab 100 mg (Norvir)	1				
SYMTUZA – darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg	1				
tenofovir disoproxil fumarate tab 300 mg (Viread)	1				
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	1				
TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv)	1				
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg	1				
TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	1				
VIREAD – tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	1				
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	1				
ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv)	1				
zidovudine cap 100 mg (Retrovir)	1				
zidovudine syrup 10 mg/ml (Retrovir)	1				
zidovudine tab 300 mg	1				
Influenza					
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				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv)	2				
TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv)	2				
MALARIA					
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1				
chloroquine phosphate tab 250 mg, 500 mg	1				
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1				
mefloquine hcl tab 250 mg	1				
PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)	1				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1				
pyrimethamine tab 25 mg (Daraprim)	1				
WORM INFECTIONS					
albendazole tab 200 mg (Albenza)	1				
BENZNIDAZOLE – benznidazole tab 12.5 mg, 100 mg	2				
BILTRICIDE – praziquantel tab 600 mg	1				
ivermectin tab 3 mg (Stromectol)	1				
praziquantel tab 600 mg (Biltricide)	1				
OTHER ANTI-INFECTIVES					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
ALINIA – nitazoxanide for susp 100 mg/5ml	2				
atovaquone susp 750 mg/5ml (Mepron)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1				
dapsone tab 25 mg, 100 mg	1				
IMPAVIDO – miltefosine cap 50 mg	2				
linezolid for susp 100 mg/5ml (Zyvox)	1				
linezolid tab 600 mg (Zyvox)	1				
MACRODANTIN – nitrofurantoin macrocrystalline cap 25 mg	2				
metronidazole tab 250 mg, 500 mg (Flagyl)	1				
nitazoxanide tab 500 mg (Alinia)	1				
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin)	1				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1				
nitrofurantoin susp 25 mg/5ml	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				
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	1				
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1				
trimethoprim tab 100 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin hcl)	1				
XIFAXAN – rifaximin tab 550 mg	1				
CANCER DRUGS					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
abiraterone acetate tab 250 mg, 500 mg (Zytiga)	1	•	•		•
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	1	•			
AFINITOR – everolimus tab 2.5 mg, 5 mg, 7.5 mg	2	•	•		•
anastrozole tab 1 mg (Arimidex)	1				
ARIMIDEX – anastrozole tab 1 mg	2				
AROMASIN – exemestane tab 25 mg	2				
AYVAKIT – avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	•	•		•
bexarotene cap 75 mg (Targretin)	1	•	•		
bicalutamide tab 50 mg (Casodex)	1				
BOSULIF – bosutinib tab 100 mg, 400 mg, 500 mg	2	•	•		•
BRUKINSA – zanubrutinib cap 80 mg	2	•	•		•
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	2	•	•		•
CALQUENCE – acalabrutinib maleate tab 100 mg	2	•	•		•
capecitabine tab 150 mg, 500 mg (Xeloda)	1	•	•		
CAPRELSA – vandetanib tab 100 mg, 300 mg	2	•	•		•
CASODEX – bicalutamide tab 50 mg	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	•	•		•
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	•	•		•
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	•	•		•
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	1	•	•		•
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1				
ELIGARD – leuprolide acetate for subcutaneous inj kit 7.5 mg	2	•			
ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	2	•			
ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	2	•			
ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	2	•			
EMCYT – estramustine phosphate sodium cap 140 mg	2	•			
ERIVEDGE – vismodegib cap 150 mg	1	•	•		•
erlotinib hcl tab 25 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	1	•	•		•
ETOPOSIDE – etoposide cap 50 mg	2				
everolimus tab for oral susp 2 mg, 3 mg, 5 mg (Afinitor disperz)	1	•	•		•
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	1	•	•		•
exemestane tab 25 mg (Aromasin)	1				
FARESTON – toremifene citrate tab 60 mg (base equivalent)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
FEMARA – letrozole tab 2.5 mg	1				
GAVRETO – pralsetinib cap 100 mg	2	•	•		•
gefitinib tab 250 mg (Iressa)	1	•	•		•
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	2	•	•		•
GLEEVEC – imatinib mesylate tab 100 mg (base equivalent), 400 mg (base equivalent)	1	•	•		•
GLEOSTINE – lomustine cap 10 mg, 40 mg, 100 mg	2				
GLIADEL WAFER – carmustine in polifeprosan intracranial implant wafer 7.7 mg	2				
HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	2	•	•		
HYDREA – hydroxyurea cap 500 mg	2				
hydroxyurea cap 500 mg (Hydrea)	1				
IBRANCE – palbociclib cap 75 mg, 100 mg, 125 mg	2	•	•		•
IBRANCE – palbociclib tab 75 mg, 100 mg, 125 mg	2	•	•		•
ICLUSIG – ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	2	•	•		•
imatinib mesylate tab 100 mg (base equivalent), 400 mg (base equivalent) (Gleevec)	1	•	•		•
IMBRUVICA – ibrutinib cap 70 mg, 140 mg	2	•	•		•
INQOVI – decitabine-cedazuridine tab 35-100 mg	2	•	•		•
KISQALI – ribociclib succinate tab pack 200 mg daily dose, 400 mg daily dose (200 mg tab), 600 mg daily dose (200 mg tab)	2	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit	Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	•	•		•	LEUPROLIDE ACETATE – leuprolide acetate (3 month) for inj 22.5 mg	2	•			
KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	•	•		•	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	•			
KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	•	•		•	LONSURF – trifluridine-tipiracil tab 15-6.14 mg, 20-8.19 mg	2	•	•		•
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	1	•	•		•	LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg, 7.5 mg	2	•			
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	•	•		•	LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	2	•			
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	•	•		•	LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg	2	•			
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	•	•		•	LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg	2	•			
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	•	•		•	LYNPARZA – olaparib tab 100 mg, 150 mg	2	•	•		•
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	•	•		•	LYSODREN – mitotane tab 500 mg	2	•	•		
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	•	•		•	MATULANE – procarbazine hcl cap 50 mg	2	•	•		
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	•	•		•	megestrol acetate susp 40 mg/ml (Megace oral)	1				
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	•	•		•	megestrol acetate tab 20 mg, 40 mg	1				
letrozole tab 2.5 mg (Femara)	1					MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent), 2 mg (base equivalent)	2	•	•		•
leucovorin calcium tab 5 mg, 15 mg, 25 mg	1					MEKINIST – trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	•	•		•
LEUKERAN – chlorambucil tab 2 mg	2					mercaptopurine tab 50 mg (Purinethol)	1				
						MESNEX – mesna tab 400 mg	2				
						methotrexate sodium for inj 1 gm	1				
						methotrexate sodium inj pf 50 mg/2ml (25 mg/ml),	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)					
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1				
methotrexate sodium tab 2.5 mg (base equiv)	1				
MYLERAN – busulfan tab 2 mg	2				
NILANDRON – nilutamide tab 150 mg	2				
nilutamide tab 150 mg (Nilandron)	1				
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	2	•	•		•
pazopanib hcl tab 200 mg (base equiv) (Votrient)	1	•	•		•
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	2	•	•		•
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	•	•		•
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	•	•		•
RETEVMO – selpercatinib cap 40 mg, 80 mg	2	•	•		•
ROZLYTREK – entrectinib cap 100 mg, 200 mg	2	•	•		•
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	2	•	•		•
RYDAPT – midostaurin cap 25 mg	2	•	•		•
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	1	•	•		•
SPRYCEL – dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	2	•	•		•
STIVARGA – regorafenib tab 40 mg	2	•	•		•
sunitinib malate cap 12.5 mg (base equivalent), 25 mg (base equivalent), 37.5 mg	1	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
(base equivalent), 50 mg (base equivalent) (Sutent)					
TABLOID – thioguanine tab 40 mg	2	•			
TABRECTA – capmatinib hcl tab 150 mg, 200 mg	2	•	•		•
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	2	•	•		•
TAFINLAR – dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	•	•		•
TAGRISSE – osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	2	•	•		•
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)	2	•	•		•
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1				
TARCEVA – erlotinib hcl tab 25 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent)	1	•	•		•
TARGRETIN – bexarotene cap 75 mg	2	•	•		
TASIGNA – nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	2	•	•		•
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	1	•	•		
TIBSOVO – ivosidenib tab 250 mg	2	•	•		•
toremifene citrate tab 60 mg (base equivalent) (Fareston)	1				
tretinoin cap 10 mg	1	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
VENCLEXTA – venetoclax tab 10 mg, 50 mg, 100 mg	2	•	•		•
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	•	•		•
VERZENIO – abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	2	•	•		•
VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent), 100 mg (base equivalent)	2	•	•		•
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	•	•		•
VIZIMPRO – dacomitinib tab 15 mg, 30 mg, 45 mg	2	•	•		•
XALKORI – crizotinib cap 200 mg, 250 mg	1	•	•		•
XELODA – capecitabine tab 150 mg, 500 mg	1	•	•		
XTANDI – enzalutamide cap 40 mg	2	•	•		•
XTANDI – enzalutamide tab 40 mg, 80 mg	2	•	•		•
YONSA – abiraterone acetate micronized tab 125 mg	1	•	•		•
ZEJULA – niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	2	•	•		•
ZELBORAF – vemurafenib tab 240 mg	2	•	•		•
ZOLINZA – vorinostat cap 100 mg	2	•	•		•
ZYDELIG – idelalisib tab 100 mg, 150 mg	2	•	•		•
ZYTIGA – abiraterone acetate tab 250 mg	1	•	•		•
HORMONES, DIABETES AND RELATED DRUGS					
CORTICOSTEROIDS					
budesonide delayed release particles cap 3 mg (Entocort ec)	1				
CORTEF – hydrocortisone tab 5 mg, 10 mg, 20 mg	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
dexamethasone elixir 0.5 mg/5ml	1				
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 4 mg, 8 mg, 16 mg	2				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1				
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	1				
PEDIAPRED – prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2				
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 soln 15 mg/5ml	1				
PREDNISONONE – prednisone oral soln 5 mg/5ml	2				
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1				
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1				
MALE HORMONES					
ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
ANDRODERM – testosterone td patch 24hr 2 mg/24hr, 4 mg/24hr	1				
ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%)	1				
danazol cap 50 mg, 100 mg, 200 mg	1				
FORTESTA – testosterone td gel 10mg/act (2%)	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
STRIANT – testosterone buccal mucoadhesive system 30 mg	2				
TESTIM – testosterone td gel 50 mg/5gm (1%)	2				
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone)	1				
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (AndroGel)	1				
testosterone td gel 12.5 mg/act (1%), 20.25 mg/act (1.62%) (AndroGel pump)	1				
testosterone td soln 30 mg/act (Axiron)	1				
ESTROGENS					
ACTIVELLA – estradiol & norethindrone acetate tab 1-0.5 mg	2				
CLIMARA – 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	2				
CLIMARA PRO – estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2				
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	2				
estradiol & norethindrone acetate tab 0.5-0.1 mg, 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,	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)					
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				
MENOSTAR – estradiol td patch weekly 14 mcg/24hr	2				
MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2		•		•
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	1				
norethindrone acetate-ethinyl estradiol tab 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				
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				
VIVELLE-DOT – 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	2				
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1				
norethindrone acetate tab 5 mg (Aygestin)	1				
progesterone cap 100 mg, 200 mg (Prometrium)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
PROMETRIUM – progesterone cap 100 mg, 200 mg	2				
BIRTH CONTROL					
CAYA – diaphragm arc-spring	2				
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	1				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	1				
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1				
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1				
ELLA – ulipristal acetate tab 30 mg	1				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Zovia 1/50e)	1				
FEMCAP – cervical cap 22 mm	2				
KYLEENA – levonorgestrel releasing iud 17.5 mcg/day (19.5 mg total)	1				
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	1				
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	1				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg- mcg	1				
LILETTA – levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1				
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1				
MIRENA – levonorgestrel iud 20 mcg/day (initial) (52 mg total)	1				
NATAZIA – estradiol valerate- dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	2				
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1				
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	1				
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	1				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	1				
norethindrone & ethinyl estradiol- fe chew tab 0.4 mg-35 mcg (Femcon fe)	1				
norethindrone ac-ethinyl estrad- fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	1				
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	1				
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	1				
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	1				
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	1				
norethindrone tab 0.35 mg (Nor- qd)	1				
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	1				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	1				
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	1				
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	1				
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1				
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1				
OMNIFLEX DIAPHRAGM – diaphragms	2				
SKYLA – levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	1				
INFERTILITY					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
CETROTIDE – cetrorelix acetate for inj kit 0.25 mg	1	•			
CLOMID – clomiphene citrate tab 50 mg	2				
FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml, 600 unit/0.72ml, 900 unit/1.08ml	2	•			
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	1	•			
GONAL-F – follitropin alfa for inj 450 unit, 1050 unit	2	•	•		
GONAL-F RFF – follitropin alfa for subcutaneous inj 75 unit	2	•	•		
GONAL-F RFF REDIJECT – follitropin alfa subcutaneous soln pen-inj 300 unit/0.5ml, 450 unit/0.75ml, 900 unit/1.5ml	2	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ORILISSA – elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv)	2		•		•
OVIDREL – choriogonadotropin alfa inj 250 mcg/0.5ml	2	•			
PREGNYL – chorionic gonadotropin for im inj 10000 unit	2	•			
PREGNYL W/DILUENT BENZYL – chorionic gonadotropin for im inj 10000 unit	2	•			
DIABETES					
ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	1				
BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose	1				
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose	1				
BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml	2		•		•
diazoxide susp 50 mg/ml (Proglycem)	1				
DUETACT – pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg	2				
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	1				
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	1				
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	1				
glipizide tab 5 mg, 10 mg (Glucotrol)	1				
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1				
GLUCAGON EMERGENCY KIT FO – glucagon hcl for inj 1 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit	Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1					mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)					
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg (Glucovance)	1					pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1				
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2					pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	1				
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	1					repaglinide tab 0.5 mg, 1 mg, 2 mg (Prandin)	1				
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	1					RYBELSUS – semaglutide tab 3 mg, 7 mg, 14 mg	2		•		•
GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml	1					SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2			•	•
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml	1					SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	1				
JANUMET – sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	1					SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg	1				
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 100-1000 mg	1					TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg, 10-5-1000 mg, 25-5-1000 mg	1				
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	1					TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	1				
JARDIANCE – empagliflozin tab 10 mg, 25 mg	1					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	1				
metformin hcl tab er 24hr 500 mg, 750 mg (Glucophage xr)	1				•	UULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2			•	•
metformin hcl tab 500 mg, 850 mg, 1000 mg (Glucophage)	1					ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	1				
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		•		•	ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	1				
nateglinide tab 60 mg, 120 mg (Starlix)	1										
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2	2		•		•						

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
DIABETES - INSULINS					
A listing of diabetic supplies can be found in the Miscellaneous category under Diabetic Supplies.					
Rapid-Acting Insulins					
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	1				•
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	1				•
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	1				•
INSULIN ASPART – insulin aspart inj soln 100 unit/ml	1				•
INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	1				•
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml	1				•
NOVOLOG – insulin aspart inj soln 100 unit/ml	1				•
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	1				•
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	1				•
Short-Acting Insulins					
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml	1				•
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	1				•
NOVOLIN R – insulin regular (human) inj 100 unit/ml	1				•
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml	1				•
Intermediate-Acting Insulins					

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1				•
INSULIN ASPART PROTAMINE/ – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1				•
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	1				•
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1				•
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	1				•
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1				•
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1				•
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1				•
Basal Insulins					
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/ml	1				•
INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/ml	1				•
LEVEMIR – insulin detemir inj 100 unit/ml	1				•
LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100 unit/ml	1				•
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml	1				•
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml	1				•
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	1				
TRESIBA – insulin degludec inj 100 unit/ml	1				
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	1				
THYROID REGULATION					
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 (Synthroid)	1				
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1				
methimazole tab 5 mg, 10 mg (Tapazole)	1				
propylthiouracil tab 50 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				
GROWTH HORMONE					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
GENOTROPIN – somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	1	•	•		
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	1	•	•		
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	1	•			
NORDITROPIN FLEXPRO – somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	1	•	•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
OTHER HORMONES AND RELATED DRUGS					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
ACTHAR – corticotropin inj gel 80 unit/ml	2	•	•		
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 (Miacalcin)	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				
DDAVP – desmopressin acetate inj 4 mcg/ml	2				
DDAVP – desmopressin acetate preservative free (pf) inj 4 mcg/ml	2				
desmopressin acetate inj 4 mcg/ml (Ddavn)	1				
desmopressin acetate nasal spray soln 0.01% (Ddavn)	1				
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1				
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavn)	1				
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavn)	1				
EVISTA – raloxifene hcl tab 60 mg	1				
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1				
levocarnitine tab 330 mg (Carnitor)	1				
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg)	2	•			
LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg)	2	•			
LUPRON DEPOT-PED (6-MONTH – leuprolide acet (6 month) for im inj pediatric kit 45 mg)	2	•			
methylergonovine maleate tab 0.2 mg	1				
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	1	•			
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin)	1	•			
ORFADIN – nitisinone cap 2 mg, 5 mg, 10 mg	1	•			
ORFADIN – nitisinone susp 4 mg/ml	1	•			
rалoxifene hcl tab 60 mg (Evista)	1				
REVC0VI – elapegademasе-lvr im soln 2.4 mg/1.5ml (1.6 mg/ml)	2	•			
risedronate sodium tab 5 mg, 30 mg, 35 mg, 150 mg (Actonel)	1				
ROCALTR0L – calcitriol oral soln 1 mcg/ml	2				
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	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)	2	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	1	•			
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo)	1	•	•		•
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	•	•		
HEART AND CIRCULATORY DRUGS					
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS					
benazepril & hydrochlorothiazide tab 5-6.25 mg	1				
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1				
benazepril hcl tab 5 mg	1				
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1				
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1				
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1				
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1				
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1				
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1				
lisinopril tab 2.5 mg, 30 mg, 40 mg (Zestril)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
lisinopril tab 5 mg, 10 mg, 20 mg (Prinivil)	1				
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	2				
moexipril hcl tab 7.5 mg, 15 mg (Univasc)	1				
perindopril erbumine tab 4 mg (Aceon)	1				
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				
trandolapril tab 1 mg, 2 mg, 4 mg (Mavik)	1				
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS					
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 (Exforge hct)	1				
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	1				
candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	1				
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	1				
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	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				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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				
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	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				
BETA BLOCKERS AND COMBINATIONS					
acebutolol hcl cap 200 mg, 400 mg (Sectral)	1				
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1				
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	1				
bisoprolol fumarate tab 5 mg, 10 mg (Zebeta)	1				
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1				
CORGARD – nadolol tab 20 mg, 40 mg	2				
INDERAL LA – propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg	2				
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	2				
labetalol hcl tab 100 mg, 200 mg, 300 mg (Trandate)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg (Lopressor hct)	1				
metoprolol & hydrochlorothiazide tab 100-50 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	1				
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1				
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	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 oral soln 20 mg/5ml	1				
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1				
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS					
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1				
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Lotrel)	1				
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1				
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 360 mg	2				
CARDIZEM LA – diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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 (Cardizem cd)	1				
diltiazem hcl coated beads cap er 24hr 300 mg	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 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				
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg (Adalat cc)	1				
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	1				
nimodipine cap 30 mg	1				
PROCARDIA XL – nifedipine tab er 24hr osmotic release 90 mg	2				
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	1				
verapamil hcl tab 80 mg, 120 mg (Calan)	1				
CHEST PAIN					
ISORDIL TITRADOSE – isosorbide dinitrate tab 40 mg	2				
isosorbide dinitrate tab 5 mg (Isordil titradose)	1				
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	1				
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
NITRO-DUR – nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	2				
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1				
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1				
NITROSTAT – nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	1				
CHOLESTEROL LOWERING					
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 tab 625 mg (Welchol)	1				
COLESTID – colestipol hcl tab 1 gm	2				
COLESTID – colestipol hcl granules 5 gm	2				
COLESTID – colestipol hcl granule packets 5 gm	2				
COLESTID FLAVORED – colestipol hcl granules 5 gm	2				
COLESTID FLAVORED – colestipol hcl granule packets 5 gm	2				
colestipol hcl granule packets 5 gm (Colestid flavored)	1				
colestipol hcl granules 5 gm (Colestid flavored)	1				
colestipol hcl tab 1 gm (Colestid)	1				
ezetimibe tab 10 mg (Zetia)	1				
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
fenofibrate micronized cap 67 mg, 134 mg, 200 mg (Lofibra)	1				
fenofibrate tab 48 mg, 145 mg (Tricor)	1				
fenofibrate tab 54 mg, 160 mg (Lofibra)	1				
gemfibrozil tab 600 mg (Lopid)	1				
lovastatin tab 10 mg	1				•
lovastatin tab 20 mg, 40 mg (Mevacor)	1				•
NEXLETOL – bempedoic acid tab 180 mg	2		•		•
NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg	2		•		•
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	1				
pravastatin sodium tab 10 mg	1				•
pravastatin sodium tab 20 mg, 40 mg, 80 mg (Pravachol)	1				•
REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2		•		•
REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2		•		•
REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml	2		•		•
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	1				•
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	1				•
TRILIPIX – choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv)	2				
VASCEPA – icosapent ethyl cap 0.5 gm, 1 gm	1		•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
VYTORIN – ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2				•
WELCHOL – colesevelam hcl tab 625 mg	2				
WELCHOL – colesevelam hcl packet for susp 3.75 gm	2				
FLUID RETENTION					
acetazolamide cap er 12hr 500 mg (Diamox)	1				
acetazolamide tab 125 mg, 250 mg	1				
amiloride hcl tab 5 mg	1				
bumetanide tab 0.5 mg, 1 mg, 2 mg	1				
chlorthalidone tab 25 mg, 50 mg	1				
furosemide oral soln 10 mg/ml	1				
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1				
hydrochlorothiazide cap 12.5 mg (Microzide)	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 (Neptazane)	1				
metolazone tab 2.5 mg, 5 mg (Zaroxolyn)	1				
metolazone tab 10 mg	1				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	1				
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1				
toremide tab 5 mg, 10 mg, 20 mg, 100 mg (Demadex)	1				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	1				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	1				
HEART RHYTHM					
amiodarone hcl tab 100 mg	1				
amiodarone hcl tab 200 mg (Cordarone)	1				
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1				
flecainide acetate tab 50 mg, 100 mg, 150 mg	1				
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1				
NORPACE CR – disopyramide phosphate cap er 12hr 100 mg, 150 mg	2				
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	1				
propafenone hcl tab 150 mg, 225 mg (Rythmol)	1				
propafenone hcl tab 300 mg	1				
quinidine gluconate tab er 324 mg	1				
sotalol hcl (afib/afib) 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				
OTHER HEART RELATED DRUGS					
PA – Prior Authorization program information available at: www.MyPrime.com/MyPrime/UMN					
ambrisentan tab 5 mg, 10 mg (Letairis)	1	•	•		•
bosentan tab 62.5 mg, 125 mg (Tracleer)	1	•	•		•
CATAPRES-TTS-1 – clonidine td patch weekly 0.1 mg/24hr	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
CATAPRES-TTS-2 – clonidine td patch weekly 0.2 mg/24hr	2				
CATAPRES-TTS-3 – clonidine td patch weekly 0.3 mg/24hr	2				
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	1				
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1				
CORLANOR – ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	2		•		•
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)	2		•		•
DIBENZYLINE – phenoxybenzamine hcl cap 10 mg	1				
digoxin oral soln 0.05 mg/ml (Digoxin)	1				
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1				
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1				
ENTRESTO – sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2				
eplerenone tab 25 mg, 50 mg (Inspra)	1				
guanfacine hcl tab 1 mg, 2 mg (Tenex)	1				
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1				
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1				
minoxidil tab 2.5 mg, 10 mg	1				
OPSUMIT – macitentan tab 10 mg	2	•	•		•
phenoxybenzamine hcl cap 10 mg (Dibenzylamine)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	1				
sildenafil citrate tab 20 mg (Revatio)	1	•	•		•
tadalafil tab 20 mg (pah) (Adcirca)	1	•	•		•
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1				
TRACLEER – bosentan tab 62.5 mg, 125 mg	2	•	•		•
TRACLEER – bosentan tab for oral susp 32 mg	2	•	•		•
UPTRAVI – selezipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	2	•	•		•
UPTRAVI TITRATION PACK – selezipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	•	•		•
VERQUVO – vericiguat tab 2.5 mg, 5 mg, 10 mg	2				
VYNDAMAX – tafamidis cap 61 mg	2	•	•		•
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg	2	•	•		•
ERECTILE DYSFUNCTION					
CAVERJECT – alprostadil for inj 40 mcg	2				
CAVERJECT IMPULSE – alprostadil for inj kit 10 mcg, 20 mcg	2				
CIALIS – tadalafil tab 5 mg, 10 mg, 20 mg	2				•
EDEX – alprostadil for inj kit 10 mcg, 20 mcg, 40 mcg	2				
STENDRA – avanafil tab 50 mg, 100 mg, 200 mg	2				•
tadalafil tab 2.5 mg, 5 mg, 10 mg, 20 mg (Cialis)	1				•
VIAGRA – sildenafil citrate tab 25 mg, 50 mg, 100 mg	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
BEE STING KITS					
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				
RESPIRATORY AGENTS					
ANTI-HISTAMINES					
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1				
cyproheptadine hcl syrup 2 mg/5ml	1				
cyproheptadine hcl tab 4 mg	1				
desloratadine tab 5 mg (Clarinet)	1				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)	1				
levocetirizine dihydrochloride tab 5 mg (Xyzal)	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				
NASAL PRODUCTS					
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1				•
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	1				•
flunisolide nasal soln 25 mcg/act (0.025%)	1				•
fluticasone propionate nasal susp 50 mcg/act (Flonase)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray) (Atrovent)	1				•
mometasone furoate nasal susp 50 mcg/act (Nasonex)	1				•
COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%, 20%	1				
sodium chloride soln nebu 3%	1				
sodium chloride soln nebu 7% (Hyper-sal)	1				
ASTHMA/COPD					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
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), 0.63 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				•
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	1				•
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	1				•
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)	1				•
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/ act	1				•
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	2				•
BREZTRI AEROSPHERE – budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act	2				•
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort)	1				•
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1				•
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2				•
cromolyn sodium soln nebu 20 mg/2ml	1				•
DULERA – 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	2	•	•		•
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/ act, 232-14 mcg/act	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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 (Duoneb)	1				•
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	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				•
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	1				•
montelukast sodium tab 10 mg (base equiv) (Singulair)	1				•
NUCALA – mepolizumab subcutaneous solution auto- injector 100 mg/ml	2	•	•		•
NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml, 100 mg/ml	2	•	•		•
PULMICORT – budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml	2				•
PULMICORT – budesonide inhalation susp 1 mg/2ml	2				•
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act, 80 mcg/act	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	1				•
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				•
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				
TEZSPIRE – tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	2	•	•		•
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 subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	2	•	•		
zafirlukast tab 10 mg, 20 mg (Accolate)	1				
OTHER RESPIRATORY DRUGS					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
KALYDECO – ivacaftor tab 150 mg	1	•	•		•
KALYDECO – ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	1	•	•		•
PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml	1	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	1	•	•		•
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	1	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	1	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	1	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	1	•	•		•
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	1	•	•		•

GASTROINTESTINAL DRUGS**LAXATIVES**

lactulose solution 10 gm/15ml

1

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)

1

peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)

1

ANTIDIARRHEALS

diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)

1

loperamide hcl cap 2 mg

1

ULCER/GERD

cimetidine tab 300 mg, 400 mg, 800 mg

1

dicyclomine hcl cap 10 mg (Bentyl)

1

dicyclomine hcl oral soln 10 mg/5ml

1

dicyclomine hcl tab 20 mg (Bentyl)

1

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
DONNATAL – pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	2				
DONNATAL – pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	2				
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)	1				•
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	1				•
famotidine for susp 40 mg/5ml	1				
famotidine tab 20 mg, 40 mg (Pepcid)	1				
glycopyrrolate tab 1 mg (Robinul)	1				
glycopyrrolate tab 2 mg (Robinul forte)	1				
lansoprazole cap delayed release 15 mg, 30 mg (Prevacid)	1				•
methscopolamine bromide tab 2.5 mg (Pamine)	1				
methscopolamine bromide tab 5 mg (Pamine forte)	1				
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1				
OMECLAMOX-PAK – amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack	2				
omeprazole cap delayed release 10 mg, 20 mg, 40 mg (Prilosec)	1				•
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1				•
sucralfate tab 1 gm (Carafate)	1				
NAUSEA AND VOMITING					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
aprepitant capsule therapy pack 80 & 125 mg (Emend)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
aprepitant capsule 40 mg (Emend)	1				
aprepitant capsule 80 mg, 125 mg (Emend)	1				•
EMEND – Prior authorization required after 14 days – aprepitant capsule 80 mg	1				•
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)	1				•
EMEND TRIPACK – aprepitant capsule therapy pack 80 & 125 mg	1				•
granisetron hcl tab 1 mg	1				•
meclizine hcl tab 12.5 mg, 25 mg	1				
ondansetron hcl oral soln 4 mg/5ml (Zofran)	1				•
ondansetron hcl tab 4 mg, 8 mg (Zofran)	1				•
ondansetron orally disintegrating tab 4 mg, 8 mg (Zofran odt)	1				•
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	1				
TRANSDERM-SCOP – scopolamine td patch 72hr 1 mg/3days	1				
trimethobenzamide hcl cap 300 mg (Tigan)	1				
DIGESTIVE ENZYMES					
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	1				
VIOKACE – pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit, 20880-78300-78300 unit	1				
OTHER GASTROINTESTINAL DRUGS					
balsalazide disodium cap 750 mg (Colazal)	1				
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
calcium acetate (phosphate binder) tab 667 mg (Eliphos)	1				
CANASA – mesalamine suppos 1000 mg	2				
CHENODAL – chenodiol tab 250 mg	1	•			
DELZICOL – mesalamine cap dr 400 mg	2				
lactulose (encephalopathy) solution 10 gm/15ml	1				
LIALDA – mesalamine tab delayed release 1.2 gm	2				
mesalamine cap dr 400 mg (Delzicol)	1				
mesalamine cap er 24hr 0.375 gm (Apriso)	1				
mesalamine enema 4 gm	1				
mesalamine suppos 1000 mg (Canasa)	1				
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				
PENTASA – mesalamine cap er 250 mg	2				
RENVELA – sevelamer carbonate tab 800 mg	2				
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	1				
sevelamer carbonate tab 800 mg (Renvela)	1				
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	•	•		•
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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 (Actigall)	1				
ursodiol tab 250 mg (Urso 250)	1				
ursodiol tab 500 mg (Urso forte)	1				
GENITOURINARY DRUGS					
URINARY TRACT SPASMS					
ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
oxybutynin chloride solution 5 mg/5ml	1				
oxybutynin chloride tab er 24hr 5 mg, 10 mg, 15 mg (Ditropan xl)	1				
oxybutynin chloride tab 5 mg	1				
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1				
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	1				
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	1				
VAGINAL PRODUCTS					
clindamycin phosphate vaginal cream 2% (Cleocin)	1				
ESTRACE – estradiol vaginal cream 0.1 mg/gm	1				
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				
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	1				
terconazole vaginal cream 0.4% (Terazol 7)	1				
terconazole vaginal cream 0.8%	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
terconazole vaginal suppos 80 mg (Terazol 3)	1				
OTHER GENITOURINARY DRUGS					
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1				
CYSTAGON – cysteamine bitartrate cap 50 mg, 150 mg	1	•			
dutasteride cap 0.5 mg (Avodart)	1				
finasteride tab 5 mg (Proscar)	1				
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 (Shohls solution modi)	1				
tamsulosin hcl cap 0.4 mg (Flomax)	1				
CENTRAL NERVOUS SYSTEM DRUGS					
ANXIETY					
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				
bupirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	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 cap 25 mg, 50 mg (Vistaril)	1				
lorazepam conc 2 mg/ml (Lorazepam intensol)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1				
DEPRESSION					
ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1				
ANAFRANIL – clomipramine hcl cap 25 mg, 50 mg, 75 mg	2				
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 (Wellbutrin)	1				•
citalopram hydrobromide oral soln 10 mg/5ml	1				•
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1				•
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1				
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg (Norpramin)	1				
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	1				•
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	1				
doxepin hcl conc 10 mg/ml	1				
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	1				•
escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit	Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	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				•
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	1				•	ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml	2				•
fluoxetine hcl solution 20 mg/5ml	1				•	PSYCHOTIC AND BIPOLAR DISORDERS					
fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	1				•	ABILIFY – aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	2				•
imipramine hcl tab 10 mg, 25 mg, 50 mg (Tofranil)	1				•	aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1				•
mirtazapine tab 7.5 mg	1				•	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	1				•
mirtazapine tab 15 mg, 30 mg, 45 mg (Remeron)	1				•	clozapine tab 25 mg, 100 mg (Clozaril)	1				•
NARDIL – phenelzine sulfate tab 15 mg	2					clozapine tab 50 mg, 200 mg	1				•
NORPRAMIN – desipramine hcl tab 10 mg, 25 mg	2					fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1				
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1					haloperidol lactate oral conc 2 mg/ml	1				
nortriptyline hcl soln 10 mg/5ml	1					haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1				
paroxetine hcl tab er 24hr 12.5 mg, 25 mg, 37.5 mg (Paxil cr)	1				•	lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	1				
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1				•	lithium carbonate cap 300 mg	1				
PAXIL CR – paroxetine hcl tab er 24hr 12.5 mg, 25 mg, 37.5 mg	2				•	lithium carbonate tab er 300 mg (Lithobid)	1				
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1				•	lithium carbonate tab er 450 mg	1				
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1				•	lithium carbonate tab 300 mg	1				
tranylcypromine sulfate tab 10 mg (Parnate)	1					loxapine succinate cap 5 mg (Loxitane)	1				
trazodone hcl tab 50 mg, 100 mg, 150 mg	1					loxapine succinate cap 10 mg, 25 mg, 50 mg	1				
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1				•	lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg (Latuda)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	1				•
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	1				•
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1				
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent) (Compazine)	1				
prochlorperazine suppos 25 mg	1				
quetiapine fumarate tab er 24hr 50 mg, 150 mg, 200 mg, 300 mg, 400 mg (Seroquel xr)	1				•
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg (Seroquel)	1				•
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal m-tab)	1				•
risperidone soln 1 mg/ml (Risperdal)	1				•
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1				•
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1				
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1				
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1				•
SLEEP AIDS					
estazolam tab 1 mg, 2 mg	1				
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1				•
phenobarbital elixir 20 mg/5ml	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg	1				
temazepam cap 15 mg, 30 mg (Restoril)	1				
zaleplon cap 5 mg, 10 mg (Sonata)	1				•
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1				•
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1				•
HYPERACTIVITY/NARCOLEPSY					
PA – Prior Authorization information available at www.MyPrime.com/MyPrime/UMN					
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) (Cafcit)	1				
DEXEDRINE – dextroamphetamine sulfate cap er 24hr 10 mg	2				•
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, 10 mg, 15 mg (Dexedrine)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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				•
INTUNIV – guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)	2				•
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				•
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				
NUVIGIL – armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	2				
RITALIN – methylphenidate hcl tab 5 mg, 10 mg, 20 mg	2				•
RITALIN LA – methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la)	2				•
STRATTERA – 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)	2				•
SUNOSI – solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2		•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
VYVANSE – lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	2				•
VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2				•
MULTIPLE SCLEROSIS PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	•	•		•
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	•	•		•
BETASERON – interferon beta-1b for inj kit 0.3 mg	2	•	•		•
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	•			•
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	1	•			•
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	1	•			•
KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml	2	•	•		•
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv), 1 mg (base equiv), 2 mg (base equiv)	2	•	•		•
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack	2	•	•		•
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack	2	•	•		•
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	2	•	•		•
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	2	•	•		•
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	•	•		•
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	2	•	•		•
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	2	•	•		•
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•	•		•
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	•	•		•
teriflunomide tab 7 mg, 14 mg (Aubagio)	1	•			•
ZEPOSIA – ozanimod hcl cap 0.92 mg	2	•	•		•
ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	2	•	•		•
ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	•	•		•
OTHER CENTRAL NERVOUS SYSTEM DRUGS					
PA – Prior Authorization program information available at: www.MyPrime.com/MyPrime/UMN					
acamprosate calcium tab delayed release 333 mg (Campral)	1				
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	1				
COMMIT – nicotine polacrilex lozenge 2 mg, 4 mg	2				
disulfiram tab 250 mg, 500 mg (Antabuse)	1				
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	1				
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	1				
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg (Razadyne)	1				
memantine hcl oral solution 2 mg/ml (Namenda)	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				
NAMENDA – memantine hcl tab 5 mg	2				
NAMENDA TITRATION PAK – memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2				
NAMENDA XR – memantine hcl cap er 24hr 14 mg, 21 mg, 28 mg	2				
NICODERM CQ – nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	2				
NICORETTE – nicotine polacrilex gum 2 mg, 4 mg	2				
NICORETTE – nicotine polacrilex lozenge 2 mg, 4 mg	2				
NICORETTE MINI – nicotine polacrilex lozenge 2 mg, 4 mg	2				
NICORETTE STARTER KIT – nicotine polacrilex gum 2 mg, 4 mg	2				
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)	2				
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2				
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
(base equivalent), 6 mg (base equivalent)					
tetrabenazine tab 12.5 mg, 25 mg (Xenazine)	1	•	•		•
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	1				
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1				
PAIN RELIEF DRUGS					
NON-NARCOTIC DRUGS					
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 (Fiorinal)	1				•
NARCOTIC DRUGS					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	1				•
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	1				•
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	1				•
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1				•
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3)	1				•
CODEINE SULFATE – codeine sulfate tab 15 mg, 60 mg	1				•
codeine sulfate tab 30 mg	1				•
DILAUDID – hydromorphone hcl liqd 1 mg/ml	2				•
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	1		•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	1		•		•
FIORICET/CODEINE – butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	2				•
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	1				•
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg (Norco)	1				•
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)	1				•
HYDROMORPHONE HCL – hydromorphone hcl suppos 3 mg	2				
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1				•
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1				•
methadone hcl conc 10 mg/ml (Methadose)	1				•
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl)	1				•
methadone hcl tab for oral susp 40 mg	1				•
methadone hcl tab 5 mg (Dolophine hcl)	1				•
methadone hcl tab 10 mg (Dolophine)	1				•
MORPHINE SULFATE – morphine sulfate tab 15 mg, 30 mg	1				•
MORPHINE SULFATE – morphine sulfate suppos 5 mg, 10 mg, 20 mg, 30 mg	1				
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1				•
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)	1				•
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
MS CONTIN – morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	2				•
NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	2				•
oxycodone hcl conc 100 mg/5ml (20 mg/ml) (Oxycodone hcl)	1				•
oxycodone hcl soln 5 mg/5ml (Oxycodone hcl)	1				•
oxycodone hcl tab 5 mg, 15 mg, 30 mg (Roxicodone)	1				•
oxycodone hcl tab 10 mg, 20 mg	1				•
oxycodone w/ acetaminophen tab 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	1				•
OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	2				•
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1				•
tramadol hcl tab 50 mg (Ultram)	1				•
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	1				•
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2				•
RHEUMATOID AND OSTEOARTHRITIS					
ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN					
ACTEMRA – tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	2	•	•		•
ACTEMRA ACTPEN – tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	2	•	•		•
AMJEVITA – adalimumab-atto soln auto-injector 40 mg/0.8ml	2	•	•		•
AMJEVITA – adalimumab-atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	2	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	1				
DAYPRO – oxaprozin tab 600 mg	2				
diclofenac potassium tab 50 mg (Cataflam)	1				
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1				
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	2	•	•		•
ENBREL – etanercept subcutaneous inj 25 mg/0.5ml	2	•	•		•
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	2	•	•		•
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	2	•	•		•
etodolac cap 200 mg, 300 mg	1				
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	1				
etodolac tab 400 mg, 500 mg	1				
flurbiprofen tab 100 mg	1				
HADLIMA – adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	2	•	•		•
HADLIMA PUSHTOUCH – adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	2	•	•		•
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	2	•	•		•
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	2	•	•		•
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	2	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	2	•	•		•
HUMIRA PEN-PEDIATRIC UC S – adalimumab pen-injector kit 80 mg/0.8ml	2	•	•		•
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	•	•		•
ibuprofen susp 100 mg/5ml	1				
ibuprofen tab 400 mg, 600 mg, 800 mg	1				
indomethacin cap 25 mg, 50 mg	1				
leflunomide tab 10 mg, 20 mg (Arava)	1				
meloxicam tab 7.5 mg, 15 mg (Mobic)	1				
nabumetone tab 500 mg, 750 mg	1				
naproxen sodium tab 275 mg (Anaprox)	1				
naproxen sodium tab 550 mg (Anaprox ds)	1				
naproxen tab 250 mg, 375 mg, 500 mg (Naprosyn)	1				
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	2	•	•		•
OTEZLA – apremilast tab 30 mg	2	•	•		•
oxaprozin tab 600 mg (Daypro)	1				
piroxicam cap 10 mg, 20 mg (Feldene)	1				
RIDAURA – auranofin cap 3 mg	2				
RINVOQ – upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	2	•	•		•
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	2	•	•		•
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	•	•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
sulindac tab 150 mg, 200 mg	1				
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	•	•		•
XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	•	•		•
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent)	2	•	•		•
MIGRAINE HEADACHES					
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2		•		•
AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2		•		•
AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2		•		•
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	1			•	•
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	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		•		•
IMITREX STATDOSE REFILL – sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	2				•
IMITREX STATDOSE SYSTEM – sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	2				•
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	1				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
NURTEC – rimegepant sulfate tab disint 75 mg	2		•		•
QULIPTA – atogepant tab 10 mg, 30 mg, 60 mg	2		•		•
REYVOW – lasmiditan succinate tab 50 mg, 100 mg	2		•		•
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq) (Maxalt-mlt)	1				•
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent) (Maxalt)	1				•
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	1				•
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	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		•		•
GOUT					
allopurinol tab 100 mg, 300 mg (Zyloprim)	1				
colchicine tab 0.6 mg (Colcrys)	1				
colchicine w/ probenecid tab 0.5-500 mg	1				
probenecid tab 500 mg	1				
NEUROMUSCULAR DRUGS					
SEIZURES					
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	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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	2				
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1				
DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg, 500 mg	2				
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	1				
DILANTIN – phenytoin sodium extended cap 30 mg	2				
DILANTIN INFATABS – phenytoin chew tab 50 mg	2				
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1				
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	2	•	•		
ethosuximide cap 250 mg (Zarontin)	1				
ethosuximide soln 250 mg/5ml (Zarontin)	1				
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				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit	Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
lacosamide oral solution 10 mg/ml (Vimpat)	1					TEGRETOL – carbamazepine susp 100 mg/5ml	2				
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1					TEGRETOL-XR – carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	2				
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1					topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1				
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1					topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1				
levetiracetam oral soln 100 mg/ml (Keppra)	1					TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ml)	2				
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1					valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	1				
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1					valproic acid cap 250 mg (Depakene)	1				
methsuximide cap 300 mg (Celontin)	1					vigabatrin powd pack 500 mg (Sabril)	1	•			
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1					vigabatrin tab 500 mg (Sabril)	1	•			
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1					ZARONTIN – ethosuximide cap 250 mg	2				
phenytoin chew tab 50 mg (Dilantin infatabs)	1					ZARONTIN – ethosuximide soln 250 mg/5ml	2				
phenytoin sodium extended cap 100 mg (Dilantin)	1					zonisamide cap 25 mg, 100 mg (Zonegran)	1				
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	1					zonisamide cap 50 mg	1				
phenytoin susp 125 mg/5ml (Dilantin)	1					PARKINSON'S DISEASE					
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	1					amantadine hcl cap 100 mg	1				
pregabalin soln 20 mg/ml (Lyrica)	1					amantadine hcl soln 50 mg/5ml	1				
primidone tab 50 mg, 250 mg (Mysoline)	1					AZILECT – rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	2				
rufinamide tab 200 mg, 400 mg (Banzel)	1					benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1				
SABRIL – vigabatrin tab 500 mg	1	•				carbidopa & levodopa tab er 25-100 mg, 50-200 mg (Sinemet cr)	1				
SABRIL – vigabatrin powd pack 500 mg	1	•				carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg (Sinemet)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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				
COMTAN – entacapone tab 200 mg	2				
entacapone tab 200 mg (Comtan)	1				
INBRIJA – levodopa inhal powder cap 42 mg	2	•			
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	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 (Requip)	1				
selegiline hcl cap 5 mg (Eldepryl)	1				
selegiline hcl tab 5 mg	1				
trihexyphenidyl hcl tab 2 mg, 5 mg	1				
MUSCLE RELAXANTS					
baclofen tab 10 mg, 20 mg	1				
chlorzoxazone tab 500 mg	1				
cyclobenzaprine hcl tab 5 mg, 10 mg	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
DANTRIUM – dantrolene sodium cap 25 mg	2				
EUFLEXXA – sodium hyaluronate intra-articular soln pref syr 20 mg/2ml	1				
HYALGAN – sodium hyaluronate intra-articular inj 20 mg/2ml	1				
HYALGAN – sodium hyaluronate intra-articular soln pref syr 20 mg/2ml	1				
methocarbamol tab 500 mg (Robaxin)	1				
methocarbamol tab 750 mg (Robaxin-750)	1				
orphenadrine citrate tab er 12hr 100 mg	1				
ORTHOVISC – hyaluronan intra-articular soln prefilled syringe 30 mg/2ml	2				
SUPARTZ FX – sodium hyaluronate intra-articular soln pref syr 25 mg/2.5ml	1				
SYNVISC – hylan g-f 20 intra-articular soln prefilled syr 16 mg/2ml	2				
SYNVISC ONE – hylan g-f 20 intra-articular soln prefilled syr 48 mg/6ml	2				
tizanidine hcl tab 2 mg (base equivalent)	1				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1				
OTHER NEUROMUSCULAR DRUGS					
MESTINON – pyridostigmine bromide oral soln 60 mg/5ml	2				
MESTINON TIMESPAN – pyridostigmine bromide tab er 180 mg	2				
pyridostigmine bromide tab 60 mg (Mestinon)	1				
riluzole tab 50 mg (Rilutek)	1	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
SUPPLEMENTS					
VITAMINS					
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1				
phytonadione tab 5 mg (Mephyton)	1				
MULTIVITAMINS					
PRENATAL VITAMINS	2				
MINERALS AND ELECTROLYTES					
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	1				
potassium chloride cap er 8 meq, 10 meq (Micro-k)	1				
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	1				
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1				
potassium chloride powder packet 20 meq (K-lor hospital pack)	1				
potassium chloride tab er 8 meq (600 mg)	1				
potassium chloride tab er 10 meq (K-tab)	1				
potassium phosphate monobasic tab 500 mg (K-phos)	1				
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) (Luride)	1				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride)	1				
BLOOD MODIFYING DRUGS					
PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN					
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit,	1	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit					
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	1	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	1	•			
ALPHANATE – antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	1	•			
ALPHANINE SD – coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	1	•			
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	1	•			
anagrelide hcl cap 0.5 mg (Agrylin)	1				
anagrelide hcl cap 1 mg	1				
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	2	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	2	•	•		
ARIXTRA – fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	2				
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
BRILINTA – ticagrelor tab 60 mg, 90 mg	2				
cilostazol tab 50 mg, 100 mg (Pletal)	1				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1				
COAGADDEX – coagulation factor x (human) for inj 250 unit, 500 unit	1	•			
cyanocobalamin inj 1000 mcg/ml	1				
dipyridamole tab 25 mg, 50 mg, 75 mg (Persantine)	1				
ELIQUIS – apixaban tab 2.5 mg, 5 mg	2				•
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg	2				•
EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	•	•		•
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				
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	1	•			
folic acid tab 1 mg	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	2				
FRAGMIN – dalteparin sodium subcutaneous soln 10000 unit/4ml, 95000 unit/3.8ml	2				
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	1	•			
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	1	•			
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	1	•			
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)	1	•			
HEMOFIL M – antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	1	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	1	•			
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	1	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	1	•			
KOATE – antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	1	•			
KOATE-DVI – antihemophilic factor (human) for inj 500 unit, 1000 unit	1	•			
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	1	•			
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	1	•			
LEUKINE – sargramostim lyophilized for inj 250 mcg	2	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
LOVENOX – enoxaparin sodium inj soln pref syr 150 mg/ml	2				
NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml	2	•			
NEULASTA ONPRO KIT – pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	2	•			
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	•			
NIVESTYM – filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	1	•			
NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	2	•			
pentoxifylline tab er 400 mg	1				
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1				
PROFILNINE – factor ix complex for inj 500 unit, 1000 unit, 1500 unit	1	•			
RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	1	•			
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	•	•		
UDENYCA – pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	2	•			
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	2	•			
VONVENDI – von willebrand factor (recombinant) for inj 650 unit, 1300 unit	1	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin)	1				
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	1				
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	1				
XARELTO – rivaroxaban tab 2.5 mg, 10 mg, 15 mg, 20 mg	2				•
XARELTO – rivaroxaban for susp 1 mg/ml	2				•
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	2				•
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	•			

TOPICAL DRUGS

EYE

ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN

Anti-infectives

BACITRACIN – bacitracin ophth oint 500 unit/gm	2				
bacitracin-polymyxin b ophth oint	1				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	1				
erythromycin ophth oint 5 mg/gm	1				
gentamicin sulfate ophth soln 0.3% (Garamycin)	1				
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1				
neomycin-bacitracin-zn-polymyxin 5(3.5)mg-400unit-10000unit op oin	1				
ofloxacin ophth soln 0.3% (Ocuflox)	1				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
sulfacetamide sodium ophth soln 10% (Bleph-10)	1				
tobramycin ophth soln 0.3% (Tobrex)	1				
TRIFLURIDINE – trifluridine ophth soln 1%	2				
Steroids and Combination Products					
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1				
fluorometholone ophth susp 0.1% (Fml liquifilm)	1				
FML LIQUIFILM – fluorometholone ophth susp 0.1%	2				
LOTEMAX – loteprednol etabonate ophth gel 0.5%	1				
LOTEPREDNOL ETABONATE – loteprednol etabonate ophth gel 0.5%	1				
loteprednol etabonate ophth susp 0.5% (Lotemax)	1				
MAXITROL – neomycin-polymyxin-dexamethasone ophth oint 0.1%	2				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1				
PRED FORTE – prednisolone acetate ophth susp 1%	2				
PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%	2				
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	1				
Glaucoma					
ALPHAGAN P – brimonidine tartrate ophth soln 0.15%	2				
brimonidine tartrate ophth soln 0.1%, 0.15% (Alphagan p)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
brimonidine tartrate ophth soln 0.2%	1				
dorzolamide hcl ophth soln 2% (Trusopt)	1				
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1				
latanoprost ophth soln 0.005% (Xalatan)	1				
LUMIGAN – bimatoprost ophth soln 0.01%	2				
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	1				
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2				
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	1				
Other Eye Products					
<i>PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN</i>					
atropine sulfate ophth soln 1% (Atropine sulfate)	1				
azelastine hcl ophth soln 0.05% (Optivar)	1				
CYCLOGYL – cyclopentolate hcl ophth soln 0.5%, 2%	1				
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1				
diclofenac sodium ophth soln 0.1%	1				
ketorolac tromethamine ophth soln 0.4% (Acular Is)	1				
ketorolac tromethamine ophth soln 0.5% (Acular)	1				
RESTASIS – cyclosporine (ophth) emulsion 0.05%	1				
RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05%	2				
tropicamide ophth soln 0.5%	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
tropicamide ophth soln 1% (Mydracyl)	1				
XIIDRA – lifitegrast ophth soln 5%	2				
EAR					
acetic acid otic soln 2%	1				
CIPRO HC – ciprofloxacin- hydrocortisone otic susp 0.2-1%	2				
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	1				
neomycin-polymyxin-hc otic soln 1% (Cortisporin)	1				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1				
ofloxacin otic soln 0.3%	1				
MOUTH AND THROAT (local)					
cevimeline hcl cap 30 mg (Evoxac)	1				
chlorhexidine gluconate soln 0.12% (Peridex)	1				
clotrimazole troche 10 mg	1				
lidocaine hcl viscous soln 2%	1				
nystatin susp 100000 unit/ml	1				
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1				
PREVIDENT RINSE – sodium fluoride rinse 0.2%	1				
SALAGEN – pilocarpine hcl tab 5 mg, 7.5 mg	2				
sodium fluoride cream 1.1% (Prevident 5000 plus)	1				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	1				
triamcinolone acetate dental paste 0.1%	1				
ANORECTAL AGENTS					
ANALPRAM-HC – hydrocortisone acetate w/ pramoxine perianal cream 1-1%	2				
CORTENEMA – hydrocortisone enema 100 mg/60ml	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
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 2.5% (Anusol-hc)	1				
SKIN CONDITIONS/PRODUCTS					
Acne					
<i>PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN</i>					
adapalene cream 0.1% (Differin)	1		•		
adapalene gel 0.1%, 0.3% (Differin)	1		•		
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	1		•		
azelaic acid gel 15% (Finacea)	1				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	1				
clindamycin phosphate gel 1% (Cleocin-t)	1				
clindamycin phosphate lotion 1% (Cleocin-t)	1				
clindamycin phosphate soln 1% (Cleocin-t)	1				
clindamycin phosphate swab 1% (Cleocin-t)	1				
erythromycin gel 2% (Erygel)	1				
erythromycin soln 2%	1				
isotretinoin cap 10 mg, 20 mg, 40 mg	1				
isotretinoin cap 30 mg	1				
metronidazole cream 0.75% (Metrocream)	1				
metronidazole gel 0.75%	1				
metronidazole gel 1% (Metrogel)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
SODIUM SULFACETAMIDE/SULF – sulfacetamide sodium w/ sulfur susp 10-5%	2				
SOOLANTRA – ivermectin cream 1%	1				
sulfacetamide sodium lotion 10% (acne) (Klaron)	1				
tazarotene cream 0.1% (Tazorac)	1		•		
tazarotene gel 0.05%, 0.1% (Tazorac)	1				
TAZORAC – tazarotene cream 0.05%	1				
TAZORAC – tazarotene cream 0.1%	1		•		
tretinoin cream 0.025% – Prior Authorization is required for patients 40 years of age and older (Retin-a)	1		•		
tretinoin cream 0.05% – Prior Authorization is required for patients 40 years of age and older (Retin-a)	1		•		
tretinoin cream 0.1% – Prior Authorization is required for patients 40 years of age and older (Retin-a)	1		•		
tretinoin gel 0.01% – Prior Authorization is required for patients 40 years of age and older (Retin-a)	1		•		
Anti-infectives					
ciclopirox gel 0.77% (Loprox)	1				
ciclopirox olamine cream 0.77% (base equiv)	1				
ciclopirox shampoo 1% (Loprox shampoo)	1				
ciclopirox solution 8% (Penlac nail lacquer)	1				
econazole nitrate cream 1%	1				
gentamicin sulfate cream 0.1%	1				
gentamicin sulfate oint 0.1%	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ketoconazole cream 2%	1				
ketoconazole shampoo 2% (Nizoral)	1				
mupirocin oint 2% (Bactroban)	1				
NAFTIN – naftifine hcl gel 1%	1				
nystatin cream 100000 unit/gm	1				
nystatin oint 100000 unit/gm	1				
nystatin topical powder 100000 unit/gm	1				
SILVADENE – silver sulfadiazine cream 1%	2				
silver sulfadiazine cream 1% (Silvadene)	1				
Corticosteroids					
alclometasone dipropionate cream 0.05% (Aclovene)	1				
alclometasone dipropionate oint 0.05%	1				
APEXICON E – diflorasone diacetate emollient base cream 0.05%	2				
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	1				
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	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				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
betamethasone valerate oint 0.1% (base equivalent)	1				
clobetasol propionate cream 0.05% (Temovate)	1				
clobetasol propionate emollient base cream 0.05% (Temovate e)	1				
clobetasol propionate foam 0.05% (Olux)	1				
clobetasol propionate gel 0.05% (Temovate)	1				
clobetasol propionate oint 0.05% (Temovate)	1				
clobetasol propionate soln 0.05% (Temovate)	1				
CORDRAN – flurandrenolide lotion 0.05%	2				
CORDRAN – flurandrenolide tape 4 mcg/sqcm	2				
desonide cream 0.05% (Desowen)	1				
desonide oint 0.05% (Desowen)	1				
desoximetasone cream 0.25% (Topicort)	1				
desoximetasone oint 0.25% (Topicort)	1				
DIPROLENE – betamethasone dipropionate augmented oint 0.05%	2				
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				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
fluocinonide cream 0.1% (Vanos)	1				
fluocinonide gel 0.05%	1				
fluocinonide oint 0.05%	1				
fluocinonide soln 0.05%	1				
fluticasone propionate cream 0.05% (Cutivate)	1				
fluticasone propionate oint 0.005% (Cutivate)	1				
halobetasol propionate cream 0.05% (Ultravate)	1				
hydrocortisone cream 2.5%	1				
hydrocortisone lotion 2.5%	1				
hydrocortisone oint 2.5%	1				
mometasone furoate cream 0.1% (Elocon)	1				
mometasone furoate oint 0.1% (Elocon)	1				
mometasone furoate solution 0.1% (lotion) (Elocon)	1				
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1				
TOPICORT – desoximetasone oint 0.05%, 0.25%	2				
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				
Other Skin Products					
<i>PA – Prior Authorization program information available at www.MyPrime.com/MyPrime/UMN ST – Step Therapy program information available at www.MyPrime.com/MyPrime/UMN</i>					
acitretin cap 10 mg, 17.5 mg, 25 mg (Soriatane)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	•	•		•
calcipotriene cream 0.005% (Dovonex)	1				
calcipotriene soln 0.005% (50 mcg/ml)	1				
CARAC – fluorouracil cream 0.5%	2		•		•
COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	2	•	•		•
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	•	•		•
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	2	•	•		•
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	•	•		•
COSENTYX UNOREADY – secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	•	•		•
diclofenac sodium (actinic keratoses) gel 3% (Solaraze)	1		•		•
DUPIXENT – dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	2	•	•		•
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	2	•	•		•
EFUDEX – fluorouracil cream 5%	2		•		•
ELIDEL – pimecrolimus cream 1%	2			•	
fluorouracil cream 5% (Efudex)	1		•		•
imiquimod cream 5% (Aldara)	1				•
lidocaine hcl gel 2%	1				
lidocaine hcl soln 4% (Xylocaine)	1				
lidocaine oint 5%	1				
lidocaine patch 5% (Lidoderm)	1		•		•

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
lidocaine-prilocaine cream 2.5-2.5% (Emla)	1				
LIDODERM – lidocaine patch 5%	2		•		•
malathion lotion 0.5% (Ovide)	1				
OVACE PLUS WASH – sulfacetamide sodium cleansing gel 10%	2				
permethrin cream 5% (Elimite)	1				
selenium sulfide lotion 2.5%	1				
SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	•	•		•
SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml	2	•	•		•
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	2	•	•		•
STELARA – ustekinumab inj 45 mg/0.5ml	2	•	•		•
tacrolimus oint 0.03%, 0.1% (Protopic)	1			•	
TREMFYA – guselkumab soln pen-injector 100 mg/ml	2	•	•		•
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	2	•	•		•
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	2	•			
MISCELLANEOUS CATEGORIES (includes supplies and devices)					
DIABETIC SUPPLIES					
CONTOUR BLOOD GLUCOSE TES – glucose blood test strip	1				•
CONTOUR NEXT BLOOD GLUCOS – glucose blood test strip	1				•
CONTOUR, CONTOUR NEXT, CONTOUR NEXT EZ, CONTOUR NEXT GEN, CONTOUR NEXT LINK, CONTOUR NEXT ONE, Blood Glucose Kit with Device – \$0 copay per manufacturer coupon	n/a				

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit	Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
DEXCOM G6 RECEIVER – continuous blood glucose system receiver	2			•	•	NOVOFINE AUTOCOVER PEN NE – insulin pen needle 30 g x 8 mm (1/3" or 5/16")	1				
DEXCOM G6 SENSOR – continuous blood glucose system sensor	2			•	•	NOVOFINE PEN NEEDLE 32G X – insulin pen needle 32 g x 6 mm (1/4" or 15/64")	1				
DEXCOM G6 TRANSMITTER – continuous blood glucose system transmitter	2			•	•	NOVOFINE PLUS PEN NEEDLE – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	1				
DEXCOM G7 RECEIVER – continuous blood glucose system receiver	2			•	•	RELION TRUE METRIX BLOOD – glucose blood test strip	1				•
DEXCOM G7 SENSOR – continuous blood glucose system sensor	2			•	•	TRUE METRIX BLOOD GLUCOSE – glucose blood test strip	1				•
FREESTYLE LIBRE 14 DAY/RE – continuous blood glucose system receiver	2			•	•	TRUE METRIX SELF MONITORI – glucose blood test strip	1				•
FREESTYLE LIBRE 14 DAY/SE – continuous blood glucose system sensor	2			•	•	TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO, Blood Glucose Kit with Device - \$0 copay per manufacturer coupon	n/a				
FREESTYLE LIBRE 2/READER/ – continuous blood glucose system receiver	2			•	•	TRUETRACK BLOOD GLUCOSE T – glucose blood test strip	1				•
FREESTYLE LIBRE 2/SENSOR/ – continuous blood glucose system sensor	2			•	•	TRUETRACK TEST – glucose blood test strip	1				•
FREESTYLE LIBRE 3/READER/ – continuous blood glucose system receiver	2			•	•	MISCELLANEOUS DRUGS					
FREESTYLE LIBRE 3/SENSOR/ – continuous blood glucose system sensor	2			•	•	azathioprine tab 50 mg (Imuran)	1				
FREESTYLE LIBRE/READER/FL – continuous blood glucose system receiver	2			•	•	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1				•
GNP TRUETRACK SMART SYSTE – glucose blood test strip	1				•	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	1				•
INSULIN SYRINGES, LANCETS – VARIOUS	1					buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	1				•
						CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml	2				
						CHEMET – succimer cap 100 mg	1				
						CUPRIMINE – penicillamine cap 250 mg	2	•			

Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit	Drug Name	Drug Tier	Specialty	Prior Authorization	Step Therapy	Quantity Limit
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1					penicillamine tab 250 mg (Depen titratabs)	1	•			
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1					RAPAMUNE – sirolimus tab 0.5 mg, 1 mg, 2 mg	1				
cyclosporine modified cap 50 mg (Cyclosporine modifie)	1					RAPAMUNE – sirolimus oral soln 1 mg/ml	1				
cyclosporine modified oral soln 100 mg/ml (Neoral)	1					REVLIMID – lenalidomide caps 2.5 mg	1	•	•		•
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1					REVLIMID – lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	1	•	•		•
KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml	2					SANDIMMUNE – cyclosporine cap 25 mg, 100 mg	2				
lenalidomide caps 2.5 mg (Revlimid)	1	•	•		•	SANDIMMUNE – cyclosporine oral soln 100 mg/ml	2				
lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid)	1	•	•		•	sirolimus oral soln 1 mg/ml (Rapamune)	1				
mycophenolate mofetil cap 250 mg (Cellcept)	1					sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	1				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1					sodium polystyrene sulfonate powder (Kayexalate)	1				
mycophenolate mofetil tab 500 mg (Cellcept)	1					SUBOXONE – 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)	2				•
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1					tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1				
MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	1					THALOMID – thalidomide cap 50 mg, 100 mg, 150 mg, 200 mg	1	•	•		•
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	1					ZOKINVY – lonafarnib cap 50 mg, 75 mg	2	•	•		•
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	1										
naltrexone hcl tab 50 mg (Revia)	1										
NEORAL – cyclosporine modified cap 25 mg, 100 mg	2										
NEORAL – cyclosporine modified oral soln 100 mg/ml	2										
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AZILECT.....	37	brimonidine tartrate ophth soln 0.2%.....	42
AZITHROMYCIN.....	1	brimonidine tartrate ophth soln 0.1%, 0.15% (Alphagan p).....	42

BRUKINSA.....	6	CARAC.....	46
budesonide delayed release particles cap 3 mg (Entocort ec).....	10	carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol).....	36
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort).....	24	carbamazepine chew tab 100 mg.....	36
budesonide inhalation susp 1 mg/2ml (Pulmicort).....	24	carbamazepine susp 100 mg/5ml (Tegretol).....	36
bumetanide tab 0.5 mg, 1 mg, 2 mg.....	21	carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr).....	36
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 12-3 mg (base equiv) (Suboxone).....	47	carbamazepine tab 200 mg (Tegretol).....	36
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone).....	47	CARBATROL.....	36
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv).....	47	carbidopa & levodopa tab er 25-100 mg, 50-200 mg (Sinemet cr).....	37
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv).....	33	carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg (Sinemet).....	37
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban).....	32	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50).....	38
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr).....	28	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75).....	38
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl).....	28	carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100).....	38
bupropion hcl tab 75 mg, 100 mg (Wellbutrin).....	28	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125).....	38
bupirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg.....	28	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150).....	38
bupalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic).....	33	carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200).....	38
bupalbital-acetaminophen tab 50-325 mg.....	33	CARDIZEM CD.....	19
bupalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal).....	33	CARDIZEM LA.....	19
bupalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3).....	33	carglumic acid soluble tab 200 mg (Carbaglu).....	16
BYDUREON BCISE.....	13	carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg).....	18
C		CASODEX.....	6
cabergoline tab 0.5 mg.....	16	CATAPRES-TTS-1.....	21
CABOMETYX.....	6	CATAPRES-TTS-2.....	22
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) (Cafcit).....	30	CATAPRES-TTS-3.....	22
calcipotriene cream 0.005% (Dovonex).....	46	CAVERJECT.....	22
calcipotriene soln 0.005% (50 mcg/ml).....	46	CAVERJECT IMPULSE.....	22
calcitonin (salmon) nasal soln 200 unit/act (Miacalcin).....	16	CAYA.....	12
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol).....	16	cefadroxil cap 500 mg.....	1
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo).....	26	cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	1
calcium acetate (phosphate binder) tab 667 mg (Eliphos).....	27	cefdinir cap 300 mg.....	1
CALQUENCE.....	6	cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	1
CANASA.....	27	cefixime cap 400 mg (Suprax).....	1
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct).....	18	cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax).....	1
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand).....	18	cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	1
capecitabine tab 150 mg, 500 mg (Xeloda).....	6	cefpodoxime proxetil tab 100 mg, 200 mg.....	1
CAPRELSA.....	6	cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	1
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	17	cefprozil tab 250 mg, 500 mg.....	1
		cefuroxime axetil tab 250 mg, 500 mg (Ceftin).....	1
		celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex).....	34
		CELLCEPT.....	47
		cephalexin cap 250 mg, 500 mg (Keflex).....	1
		cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	1
		cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	23
		CETROTIDE.....	13

cevimeline hcl cap 30 mg (Evoxac).....	43	clobetasol propionate soln 0.05% (Temovate).....	45
CHEMET.....	47	CLOMID.....	13
CHENODAL.....	27	clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil).....	28
chlorhexidine gluconate soln 0.12% (Peridex).....	43	clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin).....	36
chloroquine phosphate tab 250 mg, 500 mg.....	5	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres).....	22
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	29	clonidine td patch weekly 0.1 mg/24hr (Catapres- tts-1).....	22
chlorthalidone tab 25 mg, 50 mg.....	21	clonidine td patch weekly 0.2 mg/24hr (Catapres- tts-2).....	22
chlorzoxazone tab 500 mg.....	38	clonidine td patch weekly 0.3 mg/24hr (Catapres- tts-3).....	22
cholestyramine light powder 4 gm/dose (Questran light).....	20	clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	40
cholestyramine powder 4 gm/dose (Questran).....	20	clotrimazole troche 10 mg.....	43
CIALIS.....	22	clozapine tab 50 mg, 200 mg.....	29
ciclopirox gel 0.77% (Loprox).....	44	clozapine tab 25 mg, 100 mg (Clozaril).....	29
ciclopirox olamine cream 0.77% (base equiv).....	44	COAGADEx.....	40
ciclopirox shampoo 1% (Loprox shampoo).....	44	CODEINE SULFATE.....	33
ciclopirox solution 8% (Penlac nail lacquer).....	44	codeine sulfate tab 30 mg.....	33
cilostazol tab 50 mg, 100 mg (Pletal).....	40	colchicine tab 0.6 mg (Colcrys).....	36
CIMDUO.....	4	colchicine w/ probenecid tab 0.5-500 mg.....	36
cimetidine tab 300 mg, 400 mg, 800 mg.....	25	colesevelam hcl tab 625 mg (Welchol).....	20
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar).....	16	COLESTID.....	20
CIPRO.....	2	COLESTID FLAVORED.....	20
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex).....	43	colestipol hcl granule packets 5 gm (Colestid flavored).....	20
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	41	colestipol hcl granules 5 gm (Colestid flavored).....	20
ciprofloxacin hcl tab 750 mg (base equiv).....	2	colestipol hcl tab 1 gm (Colestid).....	20
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro).....	2	COMBIPATCH.....	11
CIPRO HC.....	43	COMBIVENT RESPIMAT.....	24
citalopram hydrobromide oral soln 10 mg/5ml.....	28	COMETRIQ.....	7
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa).....	28	COMMIT.....	32
clarithromycin tab er 24hr 500 mg.....	1	COMTAN.....	38
clarithromycin tab 250 mg, 500 mg (Biaxin).....	1	CONTOUR BLOOD GLUCOSE TES.....	46
CLIMARA.....	11	CONTOUR NEXT BLOOD GLUCOS.....	46
CLIMARA PRO.....	11	CORDRAN.....	45
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin).....	6	CORGARD.....	18
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....	6	CORLANOR.....	22
clindamycin phosphate gel 1% (Cleocin-t).....	43	CORTEF.....	10
clindamycin phosphate lotion 1% (Cleocin-t).....	43	CORTENEMA.....	43
clindamycin phosphate soln 1% (Cleocin-t).....	43	CORTIFOAM.....	43
clindamycin phosphate swab 1% (Cleocin-t).....	43	COSENTYX.....	46
clindamycin phosphate vaginal cream 2% (Cleocin).....	27	COSENTYX SENSOREADY PEN.....	46
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac).....	43	COSENTYX UNOREADY.....	46
clobetasol propionate cream 0.05% (Temovate).....	45	COTELIC.....	7
clobetasol propionate emollient base cream 0.05% (Temovate e).....	45	CREON.....	26
clobetasol propionate foam 0.05% (Olux).....	45	cromolyn sodium soln nebu 20 mg/2ml.....	24
clobetasol propionate gel 0.05% (Temovate).....	45	CUPRIMINE.....	47
clobetasol propionate oint 0.05% (Temovate).....	45	cyanocobalamin inj 1000 mcg/ml.....	40
		cyclobenzaprine hcl tab 5 mg, 10 mg.....	38
		CYCLOGYL.....	42
		cyclopentolate hcl ophth soln 1% (Cyclogyl).....	42
		cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide).....	7
		cyclosporine cap 25 mg, 100 mg (Sandimmune).....	48

cyclosporine modified cap 25 mg, 100 mg (Neoral)....	48	dexamethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin).....	30
cyclosporine modified cap 50 mg (Cyclosporine modifie).....	48	dextroamphetamine sulfate cap er 24hr 5 mg, 10 mg, 15 mg (Dexedrine).....	30
cyclosporine modified oral soln 100 mg/ml (Neoral).....	48	dextroamphetamine sulfate tab 5 mg, 10 mg.....	31
cyproheptadine hcl syrup 2 mg/5ml.....	23	diazepam oral soln 1 mg/ml.....	28
cyproheptadine hcl tab 4 mg.....	23	diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial).....	36
CYSTAGON.....	28	diazepam tab 2 mg, 5 mg, 10 mg (Valium).....	28
D		diazoxide susp 50 mg/ml (Proglycem).....	13
danazol cap 50 mg, 100 mg, 200 mg.....	10	DIBENZYLIN.....	22
DANTRIUM.....	38	diclofenac potassium tab 50 mg (Cataflam).....	34
dapsone tab 25 mg, 100 mg.....	6	diclofenac sodium (actinic keratoses) gel 3% (Solaraze).....	46
darunavir tab 600 mg, 800 mg (Prezista).....	4	diclofenac sodium ophth soln 0.1%.....	42
DAYPRO.....	34	diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	34
DDAVP.....	16	dicloxacin sodium cap 250 mg, 500 mg.....	1
DELSTRIGO.....	4	dicyclomine hcl cap 10 mg (Bentyl).....	25
DELZICOL.....	27	dicyclomine hcl oral soln 10 mg/5ml.....	25
demeclocycline hcl tab 150 mg, 300 mg.....	2	dicyclomine hcl tab 20 mg (Bentyl).....	25
DEPAKOTE ER.....	36	DIFICID.....	1
DESCOVY.....	4	digoxin oral soln 0.05 mg/ml (Digoxin).....	22
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg (Norpramin).....	28	digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin).....	22
desloratadine tab 5 mg (Clarinet).....	23	dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45).....	35
desmopressin acetate inj 4 mcg/ml (Ddvp).....	16	dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal).....	35
desmopressin acetate nasal spray soln 0.01% (Ddvp).....	16	DILANTIN.....	36
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	16	DILANTIN INFATABS.....	36
desmopressin acetate preservative free (pf) inj 4 mcg/ ml (Ddvp).....	16	DILAUDID.....	33
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddvp).....	16	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	19
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette).....	12	diltiazem hcl coated beads cap er 24hr 300 mg.....	19
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....	12	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg (Cardizem cd).....	19
desonide cream 0.05% (Desowen).....	45	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac).....	19
desonide oint 0.05% (Desowen).....	45	diltiazem hcl tab 90 mg.....	19
desoximetasone cream 0.25% (Topicort).....	45	diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)....	19
desoximetasone oint 0.25% (Topicort).....	45	dimethyl fumarate capsule delayed release 120 mg, 240 mg (Tecfidera).....	31
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq).....	28	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa).....	31
dexamethasone elixir 0.5 mg/5ml.....	10	diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	25
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	10	DIPROLENE.....	45
DEXCOM G6 RECEIVER.....	47	dipyridamole tab 25 mg, 50 mg, 75 mg (Persantine).....	40
DEXCOM G7 RECEIVER.....	47	disopyramide phosphate cap 100 mg, 150 mg (Norpace).....	21
DEXCOM G6 SENSOR.....	47	disulfiram tab 250 mg, 500 mg (Antabuse).....	32
DEXCOM G7 SENSOR.....	47	divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	36
DEXCOM G6 TRANSMITTER.....	47		
DEXEDRINE.....	30		
dexamethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr).....	30		

divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote).....	36	ELIQUIS STARTER PACK.....	40
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er).....	36	ELLA.....	12
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	32	EMCYT.....	7
donepezil hydrochloride tab 5 mg, 10 mg (Aricept).....	32	EMEND – Prior authorization required after 14 days.....	26
DONNATAL.....	26	EMEND TRIPACK.....	26
dorzolamide hcl ophth soln 2% (Trusopt).....	42	EMGALITY.....	35
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt).....	42	EMPAVELI.....	40
DOVATO.....	4	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada).....	4
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura).....	22	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	17
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg.....	28	enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	17
doxepin hcl conc 10 mg/ml.....	28	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec).....	17
doxycycline hyclate cap 50 mg.....	2	ENBREL.....	34
doxycycline hyclate cap 100 mg (Vibramycin).....	2	ENBREL MINI.....	34
doxycycline hyclate tab 20 mg, 100 mg.....	2	ENBREL SURECLICK.....	34
doxycycline monohydrate cap 50 mg.....	2	enoxaparin sodium inj 300 mg/3ml (Lovenox).....	40
doxycycline monohydrate cap 100 mg (Monodox).....	2	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).....	40
doxycycline monohydrate tab 50 mg, 75 mg (Adoxa).....	2	entacapone tab 200 mg (Comtan).....	38
doxycycline monohydrate tab 100 mg (Adoxa pak 1/100).....	2	entecavir tab 0.5 mg, 1 mg (Baraclude).....	3
doxycycline monohydrate tab 150 mg (Adoxa pak 1/150).....	2	ENTRESTO.....	22
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28).....	12	EPCLUSA.....	3
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz).....	12	EPIDIOLEX.....	36
DUETACT.....	13	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....	23
DULERA.....	24	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....	23
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta).....	28	eplerenone tab 25 mg, 50 mg (Inspra).....	22
DUPIXENT.....	46	ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....	39
dutasteride cap 0.5 mg (Avodart).....	28	ERIVEDGE.....	7
E		erlotinib hcl tab 25 mg (base equivalent), 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva).....	7
econazole nitrate cream 1%.....	44	ERYPED 200.....	1
EDEX.....	22	ERYPED 400.....	2
E.E.S. 400.....	1	ERYTHROCIN STEARATE.....	2
E.E.S. GRANULES.....	1	ERYTHROMYCIN ETHYLSUCCINA.....	2
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla).....	4	erythromycin gel 2% (Erygel).....	43
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi).....	4	erythromycin ophth oint 5 mg/gm.....	41
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo).....	4	erythromycin soln 2%.....	43
efavirenz tab 600 mg (Sustiva).....	4	escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro).....	28
EFUDEX.....	46	escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro).....	29
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax).....	35	esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium).....	26
ELIDEL.....	46	esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium).....	26
ELIGARD.....	7	estazolam tab 1 mg, 2 mg.....	30
ELIQUIS.....	40	ESTRACE.....	27
		estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg (Activella).....	11

estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace).....	11	fenfentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq).....	33
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).....	11	fenfentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic).....	33
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).....	11	FIASP.....	15
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).....	11	FIASP FLEXTOUCH.....	15
estradiol vaginal cream 0.1 mg/gm (Estrace).....	27	FIASP PENFILL.....	15
estradiol vaginal tab 10 mcg (Vagifem).....	27	finasteride tab 5 mg (Proscar).....	28
ESTRING.....	27	finfingolimod hcl cap 0.5 mg (base equiv) (Gilenya).....	31
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta).....	30	FIORICET/CODEINE.....	33
ethambutol hcl tab 100 mg, 400 mg (Myambutol).....	2	flecainide acetate tab 50 mg, 100 mg, 150 mg.....	21
ethosuximide cap 250 mg (Zarontin).....	36	fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan).....	2
ethosuximide soln 250 mg/5ml (Zarontin).....	36	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan).....	2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	12	flucytosine cap 250 mg, 500 mg (Ancobon).....	2
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Zovia 1/50e).....	12	fludrocortisone acetate tab 0.1 mg.....	10
etodolac cap 200 mg, 300 mg.....	34	flunisolide nasal soln 25 mcg/act (0.025%).....	23
etodolac tab er 24hr 400 mg, 500 mg, 600 mg.....	34	fluocinolone acetonide cream 0.025% (Synalar).....	45
etodolac tab 400 mg, 500 mg.....	34	fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod).....	45
ETOPOSIDE.....	7	fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca).....	45
etravirine tab 100 mg, 200 mg (Intelence).....	4	fluocinolone acetonide oint 0.025% (Synalar).....	45
EUFLEXXA.....	38	fluocinolone acetonide soln 0.01% (Synalar).....	45
everolimus tab for oral susp 2 mg, 3 mg, 5 mg (Afinitor disperz).....	7	fluocinonide cream 0.05%.....	45
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor).....	7	fluocinonide cream 0.1% (Vanos).....	45
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress).....	48	fluocinonide gel 0.05%.....	45
EVISTA.....	16	fluocinonide oint 0.05%.....	45
EVOTAZ.....	4	fluocinonide soln 0.05%.....	45
exemestane tab 25 mg (Aromasin).....	7	fluorometholone ophth susp 0.1% (Fml liquifilm).....	42
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin).....	20	fluorouracil cream 5% (Efudex).....	46
ezetimibe tab 10 mg (Zetia).....	20	fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac).....	29
F		fluoxetine hcl solution 20 mg/5ml.....	29
famciclovir tab 125 mg, 250 mg, 500 mg (Famvir).....	3	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	29
famotidine for susp 40 mg/5ml.....	26	flurbiprofen tab 100 mg.....	34
famotidine tab 20 mg, 40 mg (Pepcid).....	26	FLUTICASONE PROPIONATE/SA.....	24
FARESTON.....	7	fluticasone propionate cream 0.05% (Cutivate).....	45
FARXIGA.....	13	fluticasone propionate nasal susp 50 mcg/act (Flonase).....	23
FASENRA PEN.....	24	fluticasone propionate oint 0.005% (Cutivate).....	45
FEIBA.....	40	fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus).....	24
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	19	fluvoxamine maleate tab 25 mg, 50 mg, 100 mg.....	29
FEMARA.....	7	FML LIQUIFILM.....	42
FEMCAP.....	12	folic acid tab 1 mg.....	40
fenofibrate micronized cap 67 mg, 134 mg, 200 mg (Lofibra).....	20	FOLLISTIM AQ.....	13
fenofibrate tab 54 mg, 160 mg (Lofibra).....	20	FORTESTA.....	10
fenofibrate tab 48 mg, 145 mg (Tricor).....	20	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....	17
		fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	17
		FRAGMIN.....	40
		FREESTYLE LIBRE 2/READER/.....	47
		FREESTYLE LIBRE 3/READER/.....	47
		FREESTYLE LIBRE/READER/FL.....	47
		FREESTYLE LIBRE 2/SENSOR/.....	47

FREESTYLE LIBRE 3/SENSOR/.....	47	guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv).....	31
FREESTYLE LIBRE 14 DAY/RE.....	47	guanfacine hcl tab 1 mg, 2 mg (Tenex).....	22
FREESTYLE LIBRE 14 DAY/SE.....	47	GVOKE HYOPEN 1-PACK.....	14
FULPHILA.....	40	GVOKE HYOPEN 2-PACK.....	14
furosemide oral soln 10 mg/ml.....	21	GVOKE KIT.....	14
furosemide tab 20 mg, 40 mg, 80 mg (Lasix).....	21	GVOKE PFS.....	14
G		H	
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin).....	36	HADLIMA.....	34
gabapentin oral soln 250 mg/5ml (Neurontin).....	36	HADLIMA PUSH TOUCH.....	34
gabapentin tab 600 mg, 800 mg (Neurontin).....	36	HAEGARDA.....	40
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er).....	32	halobetasol propionate cream 0.05% (Ultravate).....	45
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg (Razadyne).....	32	haloperidol lactate oral conc 2 mg/ml.....	29
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate).....	13	haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....	29
GAVRETO.....	7	HARVONI.....	3
gefitinib tab 250 mg (Iressa).....	7	HEMLIBRA.....	40
gemfibrozil tab 600 mg (Lopid).....	20	HEMOPIL M.....	40
GENOTROPIN.....	16	HUMATE-P.....	40
GENOTROPIN MINIQUICK.....	16	HUMATIN.....	2
gentamicin sulfate cream 0.1%.....	44	HUMIRA.....	34
gentamicin sulfate oint 0.1%.....	44	HUMIRA PEDIATRIC CROHNS D.....	34
gentamicin sulfate ophth soln 0.3% (Garamycin).....	41	HUMIRA PEN.....	34
GENVOYA.....	4	HUMIRA PEN-CD/UC/HS START.....	35
GILOTRIF.....	7	HUMIRA PEN-PEDIATRIC UC S.....	35
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone).....	31	HUMIRA PEN-PS/UV STARTER.....	35
GLEEVEC.....	7	HUMULIN R U-500 (CONCENTR.....	15
GLEOSTINE.....	7	HUMULIN R U-500 KWIKPEN.....	15
GLIADEL WAFER.....	7	HYALGAN.....	38
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl).....	13	HYCANTIN.....	7
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....	13	hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	22
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl).....	13	HYDREA.....	7
glipizide tab 5 mg, 10 mg (Glucotrol).....	13	hydrochlorothiazide cap 12.5 mg (Microzide).....	21
GLUCAGON EMERGENCY KIT FO.....	13	hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	21
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg (Glucovance).....	14	hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet).....	33
glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	14	hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg (Norco).....	33
glycopyrrolate tab 1 mg (Robinul).....	26	hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen).....	33
glycopyrrolate tab 2 mg (Robinul forte).....	26	hydrocortisone acetate suppos 25 mg.....	43
GLYXAMBI.....	14	hydrocortisone cream 2.5%.....	45
GNP TRUETRACK SMART SYSTE.....	47	hydrocortisone enema 100 mg/60ml (Cortenema).....	43
GONAL-F.....	13	hydrocortisone lotion 2.5%.....	45
GONAL-F RFF.....	13	hydrocortisone oint 2.5%.....	45
GONAL-F RFF REDIRECT.....	13	hydrocortisone perianal cream 2.5% (Anusol-hc).....	43
granisetron hcl tab 1 mg.....	26	hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef).....	10
GRANIX.....	40	HYDROMORPHONE HCL.....	33
griseofulvin microsize susp 125 mg/5ml.....	2	hydromorphone hcl liqd 1 mg/ml (Dilaudid).....	33
griseofulvin microsize tab 500 mg (Grifulvin v).....	2	hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid).....	33
		hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg.....	5
		hydroxychloroquine sulfate tab 200 mg (Plaquenil).....	5

hydroxyurea cap 500 mg (Hydrea).....	7	isotretinoin cap 30 mg.....	43
hydroxyzine hcl syrup 10 mg/5ml.....	28	isotretinoin cap 10 mg, 20 mg, 40 mg.....	43
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	28	itraconazole cap 100 mg (Sporanox).....	2
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril).....	28	itraconazole oral soln 10 mg/ml (Sporanox).....	2
I		ivermectin tab 3 mg (Stromectol).....	5
ibandronate sodium tab 150 mg (base equivalent)		J	
(Boniva).....	16	JANUMET.....	14
IBRANCE.....	7	JANUMET XR.....	14
ibuprofen susp 100 mg/5ml.....	35	JANUVIA.....	14
ibuprofen tab 400 mg, 600 mg, 800 mg.....	35	JARDIANCE.....	14
icatibant acetate subcutaneous soln pref syr 30		JULUCA.....	4
 mg/3ml (Firazyr).....	40	K	
ICLUSIG.....	7	KALETRA.....	4
IDELVION.....	40	KALYDECO.....	25
imatinib mesylate tab 100 mg (base equivalent), 400		KESIMPTA.....	31
 mg (base equivalent) (Gleevec).....	7	ketoconazole cream 2%.....	44
IMBRUVICA.....	7	ketoconazole shampoo 2% (Nizoral).....	44
imipramine hcl tab 10 mg, 25 mg, 50 mg (Tofranil).....	29	ketorolac tromethamine ophth soln 0.5% (Acular).....	42
imiquimod cream 5% (Aldara).....	46	ketorolac tromethamine ophth soln 0.4% (Acular	
IMITREX STATDOSE REFILL.....	35	 Is).....	42
IMITREX STATDOSE SYSTEM.....	35	KISQALI.....	7
IMPAVIDO.....	6	KISQALI FEMARA 200 DOSE.....	8
INBRIJA.....	38	KISQALI FEMARA 400 DOSE.....	8
INCRELEX.....	16	KISQALI FEMARA 600 DOSE.....	8
INCRUSE ELLIPTA.....	24	KLOXXADO.....	48
indapamide tab 1.25 mg, 2.5 mg.....	21	KOATE.....	40
INDERAL LA.....	18	KOATE-DVI.....	40
indomethacin cap 25 mg, 50 mg.....	35	KOGENATE FS.....	40
INNOPRAN XL.....	18	KOVALTRY.....	40
INQOVI.....	7	KYLEENA.....	12
INSULIN ASPART.....	15	L	
INSULIN ASPART FLEXPEN.....	15	labetalol hcl tab 100 mg, 200 mg, 300 mg	
INSULIN ASPART PENFILL.....	15	(Trandate).....	18
INSULIN ASPART PROTAMINE/.....	15	lacosamide oral solution 10 mg/ml (Vimpat).....	37
INSULIN GLARGINE-YFGN.....	15	lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	
INSULIN SYRINGES, LANCETS – VARIOUS.....	47	(Vimpat).....	37
INTELENCE.....	4	lactulose (encephalopathy) solution 10 gm/15ml.....	27
INTUNIV.....	31	lactulose solution 10 gm/15ml.....	25
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml		lamivudine oral soln 10 mg/ml (Epivir).....	4
(Duoneb).....	24	lamivudine tab 150 mg, 300 mg (Epivir).....	4
ipratropium bromide inhal soln 0.02%.....	24	lamivudine tab 100 mg (hbv) (Epivir hbv).....	3
ipratropium bromide nasal soln 0.03% (21 mcg/spray),		lamivudine-zidovudine tab 150-300 mg (Combivir).....	4
 0.06% (42 mcg/spray) (Atrovent).....	23	lamotrigine tab chewable dispersible 5 mg, 25 mg	
irbesartan-hydrochlorothiazide tab 150-12.5 mg,		(Lamictal chewable di).....	37
 300-12.5 mg (Avalide).....	18	lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro).....	18	(Lamictal).....	37
ISENTRESS.....	4	lansoprazole cap delayed release 15 mg, 30 mg	
ISENTRESS HD.....	4	(Prevacid).....	26
isoniazid syrup 50 mg/5ml.....	2	lapatinib ditosylate tab 250 mg (base equiv)	
isoniazid tab 300 mg.....	2	(Tykerb).....	8
ISORDIL TITRADOSE.....	19	latanoprost ophth soln 0.005% (Xalatan).....	42
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	19	LEDIPASVIR/SOFOSBUVIR.....	3
isosorbide dinitrate tab 5 mg (Isordil titradose).....	19	leflunomide tab 10 mg, 20 mg (Arava).....	35
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120			
 mg.....	19		

lenalidomide cap 5 mg, 10 mg, 15 mg, 20 mg, 25 mg (Revlimid).....	48	LIDODERM.....	46
lenalidomide caps 2.5 mg (Revlimid).....	48	LILETTA.....	12
LENVIMA 4 MG DAILY DOSE.....	8	linezolid for susp 100 mg/5ml (Zyvox).....	6
LENVIMA 8 MG DAILY DOSE.....	8	linezolid tab 600 mg (Zyvox).....	6
LENVIMA 10 MG DAILY DOSE.....	8	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel).....	16
LENVIMA 12MG DAILY DOSE.....	8	lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse).....	31
LENVIMA 14 MG DAILY DOSE.....	8	lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse).....	31
LENVIMA 18 MG DAILY DOSE.....	8	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic).....	17
LENVIMA 20 MG DAILY DOSE.....	8	lisinopril tab 5 mg, 10 mg, 20 mg (Prinivil).....	18
LENVIMA 24 MG DAILY DOSE.....	8	lisinopril tab 2.5 mg, 30 mg, 40 mg (Zestril).....	17
letrozole tab 2.5 mg (Femara).....	8	lithium carbonate cap 300 mg.....	29
leucovorin calcium tab 5 mg, 15 mg, 25 mg.....	8	lithium carbonate cap 150 mg, 600 mg (Lithium carbonate).....	29
LEUKERAN.....	8	lithium carbonate tab er 450 mg.....	29
LEUKINE.....	40	lithium carbonate tab er 300 mg (Lithobid).....	29
LEUPROLIDE ACETATE.....	8	lithium carbonate tab 300 mg.....	29
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	8	LONSURF.....	8
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	24	loperamide hcl cap 2 mg.....	25
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex).....	24	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra).....	4
LEVEMIR.....	15	lopinavir-ritonavir tab 100-25 mg, 200-50 mg (Kaletra).....	4
LEVEMIR FLEXPEN.....	15	lorazepam conc 2 mg/ml (Lorazepam intensol).....	28
levetiracetam oral soln 100 mg/ml (Keppra).....	37	lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan).....	28
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr).....	37	losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar).....	18
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra).....	37	losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar).....	18
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor).....	17	LOTEMAX.....	42
levocarnitine tab 330 mg (Carnitor).....	17	LOTENSIN HCT.....	18
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal).....	23	LOTEPREDNOL ETABONATE.....	42
levocetirizine dihydrochloride tab 5 mg (Xyzal).....	23	loteprednol etabonate ophth susp 0.5% (Lotemax).....	42
levofloxacin tab 250 mg, 500 mg, 750 mg (Levaquin).....	2	lovastatin tab 10 mg.....	20
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	12	lovastatin tab 20 mg, 40 mg (Mevacor).....	20
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	12	LOVENOX.....	41
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	12	loxapine succinate cap 10 mg, 25 mg, 50 mg.....	29
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique).....	12	loxapine succinate cap 5 mg (Loxitane).....	29
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique).....	12	LUMIGAN.....	42
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).....	16	LUPRON DEPOT (1-MONTH).....	8
LIALDA.....	27	LUPRON DEPOT (3-MONTH).....	8
lidocaine hcl gel 2%.....	46	LUPRON DEPOT (4-MONTH).....	8
lidocaine hcl soln 4% (Xylocaine).....	46	LUPRON DEPOT (6-MONTH).....	8
lidocaine hcl viscous soln 2%.....	43	LUPRON DEPOT-PED (1-MONTH).....	17
lidocaine oint 5%.....	46	LUPRON DEPOT-PED (3-MONTH).....	17
lidocaine patch 5% (Lidoderm).....	46	LUPRON DEPOT-PED (6-MONTH).....	17
lidocaine-prilocaine cream 2.5-2.5% (Emla).....	46	lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg (Latuda).....	29
		LYNPARZA.....	8
		LYSODREN.....	8
		M	
		MACRODANTIN.....	6

malathion lotion 0.5% (Ovide).....	46	methylergonovine maleate tab 0.2 mg.....	17
MATULANE.....	8	methylphenidate hcl tab er 10 mg, 20 mg.....	31
MAVYRET.....	3	methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg (Concerta).....	31
MAXITROL.....	42	methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin).....	31
MAYZENT.....	31	methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol).....	10
MAYZENT STARTER PACK.....	31	methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	10
meclizine hcl tab 12.5 mg, 25 mg.....	26	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	27
MEDROL.....	10	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan).....	27
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac).....	12	metolazone tab 10 mg.....	21
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac).....	12	metolazone tab 2.5 mg, 5 mg (Zaroxolyn).....	21
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera).....	11	metoprolol & hydrochlorothiazide tab 100-50 mg.....	19
mefloquine hcl tab 250 mg.....	5	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg (Lopressor hct).....	19
megestrol acetate susp 40 mg/ml (Megace oral).....	8	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl).....	19
megestrol acetate tab 20 mg, 40 mg.....	8	metoprolol tartrate tab 25 mg.....	19
MEKINIST.....	8	metoprolol tartrate tab 50 mg, 100 mg (Lopressor).....	19
meloxicam tab 7.5 mg, 15 mg (Mobic).....	35	metronidazole cream 0.75% (Metrocream).....	43
memantine hcl oral solution 2 mg/ml (Namenda).....	32	metronidazole gel 0.75%.....	43
memantine hcl tab 5 mg, 10 mg (Namenda).....	32	metronidazole gel 1% (Metrogel).....	43
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa).....	32	metronidazole tab 250 mg, 500 mg (Flagyl).....	6
MENOSTAR.....	11	metronidazole vaginal gel 0.75% (Metrogel-vaginal).....	27
mercaptapurine tab 50 mg (Purinethol).....	8	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	21
mesalamine cap dr 400 mg (Delzicol).....	27	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	22
mesalamine cap er 24hr 0.375 gm (Apriso).....	27	minocycline hcl cap 50 mg, 75 mg, 100 mg (Minocin).....	2
mesalamine enema 4 gm.....	27	minoxidil tab 2.5 mg, 10 mg.....	22
mesalamine suppos 1000 mg (Canasa).....	27	MIRENA.....	12
mesalamine tab delayed release 1.2 gm (Lialda).....	27	mirtazapine tab 7.5 mg.....	29
MESNEX.....	8	mirtazapine tab 15 mg, 30 mg, 45 mg (Remeron).....	29
MESTINON.....	38	misoprostol tab 100 mcg, 200 mcg (Cytotec).....	26
MESTINON TIMESPAN.....	38	modafinil tab 100 mg, 200 mg (Provigil).....	31
metformin hcl tab er 24hr 500 mg, 750 mg (Glucophage xr).....	14	moexipril hcl tab 7.5 mg, 15 mg (Univasc).....	18
metformin hcl tab 500 mg, 850 mg, 1000 mg (Glucophage).....	14	mometasone furoate cream 0.1% (Elocon).....	45
methadone hcl conc 10 mg/ml (Methadose).....	33	mometasone furoate nasal susp 50 mcg/act (Nasonex).....	23
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl).....	33	mometasone furoate oint 0.1% (Elocon).....	45
methadone hcl tab for oral susp 40 mg.....	33	mometasone furoate solution 0.1% (lotion) (Elocon).....	45
methadone hcl tab 10 mg (Dolophine).....	33	montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair).....	24
methadone hcl tab 5 mg (Dolophine hcl).....	33	montelukast sodium oral granules packet 4 mg (base equiv) (Singulair).....	24
methazolamide tab 25 mg, 50 mg (Neptazane).....	21	montelukast sodium tab 10 mg (base equiv) (Singulair).....	24
methimazole tab 5 mg, 10 mg (Tapazole).....	16	MORPHINE SULFATE.....	33
methocarbamol tab 750 mg (Robaxin-750).....	38	morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	33
methocarbamol tab 500 mg (Robaxin).....	38		
methotrexate sodium for inj 1 gm.....	8		
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	9		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	8		
methotrexate sodium tab 2.5 mg (base equiv).....	9		
methscopolamine bromide tab 2.5 mg (Pamine).....	26		
methscopolamine bromide tab 5 mg (Pamine forte).....	26		
methsuximide cap 300 mg (Celontin).....	37		

morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin).....	33	niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan).....	20
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate).....	33	NICODERM CQ.....	32
MOUNJARO.....	14	NICORETTE.....	32
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox).....	41	NICORETTE MINI.....	32
MS CONTIN.....	34	NICORETTE STARTER KIT.....	32
mupirocin oint 2% (Bactroban).....	44	NICOTROL INHALER.....	32
mycophenolate mofetil cap 250 mg (Cellcept).....	48	NICOTROL NS.....	32
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept).....	48	nifedipine tab er 24hr 30 mg, 60 mg, 90 mg (Adalat cc).....	19
mycophenolate mofetil tab 500 mg (Cellcept).....	48	nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl).....	19
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic).....	48	NILANDRON.....	9
MYFEMBREE.....	11	nilutamide tab 150 mg (Nilandron).....	9
MYFORTIC.....	48	nimodipine cap 30 mg.....	19
MYLERAN.....	9	nitazoxanide tab 500 mg (Alinia).....	6
N		nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin).....	17
nabumetone tab 500 mg, 750 mg.....	35	NITRO-DUR.....	20
nadolol tab 20 mg, 40 mg, 80 mg (Corgard).....	19	nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrochantin).....	6
NAFTIN.....	44	nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid).....	6
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml.....	48	nitrofurantoin susp 25 mg/5ml.....	6
naloxone hcl nasal spray 4 mg/0.1ml (Narcan).....	48	nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat).....	20
naltrexone hcl tab 50 mg (Revia).....	48	nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur).....	20
NAMENDA.....	32	NITROSTAT.....	20
NAMENDA TITRATION PAK.....	32	NIVESTYM.....	41
NAMENDA XR.....	32	NORDITROPIN FLEXPRO.....	16
naproxen sodium tab 275 mg (Anaprox).....	35	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	12
naproxen sodium tab 550 mg (Anaprox ds).....	35	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe).....	12
naproxen tab 250 mg, 375 mg, 500 mg (Naprosyn).....	35	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28).....	12
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge).....	35	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35).....	12
NARDIL.....	29	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35).....	12
NATAZIA.....	12	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20).....	12
nateglinide tab 60 mg, 120 mg (Starlix).....	14	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30).....	12
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	41	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21).....	12
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol).....	42	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21).....	12
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).....	42	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....	11
neomycin-polymyxin-hc otic soln 1% (Cortisporin).....	43	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose).....	11
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	43	norethindrone acetate tab 5 mg (Aygestin).....	11
neomycin sulfate tab 500 mg.....	2	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe).....	12
NEORAL.....	48		
NEULASTA.....	41		
NEULASTA ONPRO KIT.....	41		
nevirapine tab er 24hr 400 mg (Viramune xr).....	4		
nevirapine tab 200 mg (Viramune).....	4		
NEXLETOL.....	20		
NEXLIZET.....	20		

norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7).....	12	ofloxacin ophth soln 0.3% (Ocuflox).....	41
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28).....	13	ofloxacin otic soln 0.3%.....	43
norethindrone tab 0.35 mg (Nor-qd).....	12	ofloxacin tab 400 mg.....	2
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen).....	13	olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis).....	30
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen).....	13	olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa).....	30
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo).....	13	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct).....	18
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	13	olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar).....	18
NORPACE CR.....	21	OMECLAMOX-PAK.....	26
NORPRAMIN.....	29	omeprazole cap delayed release 10 mg, 20 mg, 40 mg (Prilosec).....	26
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor).....	29	OMNIFLEX DIAPHRAGM.....	13
nortriptyline hcl soln 10 mg/5ml.....	29	ondansetron hcl oral soln 4 mg/5ml (Zofran).....	26
NORVIR.....	4	ondansetron hcl tab 4 mg, 8 mg (Zofran).....	26
NOVOFINE AUTOCOVER PEN NE.....	47	ondansetron orally disintegrating tab 4 mg, 8 mg (Zofran odt).....	26
NOVOFINE PEN NEEDLE 32G X.....	47	OPSUMIT.....	22
NOVOFINE PLUS PEN NEEDLE.....	47	OPVEE.....	48
NOVOLIN 70/30.....	15	ORFADIN.....	17
NOVOLIN 70/30 FLEXPEN.....	15	ORIAHNN.....	11
NOVOLIN N.....	15	ORILISSA.....	13
NOVOLIN N FLEXPEN.....	15	orphenadrine citrate tab er 12hr 100 mg.....	38
NOVOLIN R.....	15	ORTHOVISC.....	38
NOVOLIN R FLEXPEN.....	15	oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu).....	5
NOVOLOG.....	15	oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu).....	5
NOVOLOG FLEXPEN.....	15	OTEZLA.....	35
NOVOLOG MIX 70/30.....	15	OVACE PLUS WASH.....	46
NOVOLOG MIX 70/30 PREFILL.....	15	OVIDREL.....	13
NOVOLOG PENFILL.....	15	oxaprozin tab 600 mg (Daypro).....	35
NOVOSEVEN RT.....	41	oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal).....	37
NOXAFIL.....	3	oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal).....	37
NUCALA.....	24	oxybutynin chloride solution 5 mg/5ml.....	27
NUCYNTA ER.....	34	oxybutynin chloride tab er 24hr 5 mg, 10 mg, 15 mg (Ditropan xl).....	27
NURTEC.....	36	oxybutynin chloride tab 5 mg.....	27
NUVARING.....	13	oxycodone hcl conc 100 mg/5ml (20 mg/ml) (Oxycodone hcl).....	34
NUVIGIL.....	31	oxycodone hcl soln 5 mg/5ml (Oxycodone hcl).....	34
nystatin cream 100000 unit/gm.....	44	oxycodone hcl tab 10 mg, 20 mg.....	34
nystatin oint 100000 unit/gm.....	44	oxycodone hcl tab 5 mg, 15 mg, 30 mg (Roxicodone).....	34
nystatin susp 100000 unit/ml.....	43	oxycodone w/ acetaminophen tab 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet).....	34
nystatin tab 500000 unit.....	3	OXYCONTIN.....	34
nystatin topical powder 100000 unit/gm.....	44	OZEMPIC.....	14
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	45		
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	45	P	
NYVEPRIA.....	41	pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix).....	26
O			
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin).....	17		
ODEFSEY.....	4		
ODOMZO.....	9		

paroxetine hcl tab er 24hr 12.5 mg, 25 mg, 37.5 mg (Paxil cr).....	29	potassium chloride powder packet 20 meq (K-lor hospital pack).....	39
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil).....	29	potassium chloride tab er 10 meq (K-tab).....	39
PAXIL CR.....	29	potassium chloride tab er 8 meq (600 mg).....	39
PAXLOVID.....	6	potassium citrate tab er 5 meq (540 mg) (Urocit-k 5).....	28
pazopanib hcl tab 200 mg (base equiv) (Votrient).....	9	potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10).....	28
PEDIAPRED.....	10	potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15).....	28
PEGASYS.....	3	potassium phosphate monobasic tab 500 mg (K-phos).....	39
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....	25	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral).....	39
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....	25	pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex).....	38
penicillamine tab 250 mg (Depen titratabs).....	48	prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient).....	41
penicillin v potassium tab 250 mg, 500 mg.....	1	pravastatin sodium tab 10 mg.....	20
pentamidine isethionate for nebulization soln 300 mg (Nebupent).....	6	pravastatin sodium tab 20 mg, 40 mg, 80 mg (Pravachol).....	20
PENTASA.....	27	praziquantel tab 600 mg (Biltricide).....	5
pentoxifylline tab er 400 mg.....	41	prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress).....	22
perindopril erbumine tab 4 mg (Aceon).....	18	PRED FORTE.....	42
permethrin cream 5% (Elimite).....	46	PREDNISOLONE SODIUM PHOSP.....	42
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	30	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	10
phenobarbital elixir 20 mg/5ml.....	30	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred).....	10
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg.....	30	prednisolone soln 15 mg/5ml.....	10
phenoxybenzamine hcl cap 10 mg (Dibenzyline).....	22	PREDNISONE.....	10
phenytoin chew tab 50 mg (Dilantin infatabs).....	37	prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	10
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek).....	37	prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....	10
phenytoin sodium extended cap 100 mg (Dilantin).....	37	pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica).....	37
phenytoin susp 125 mg/5ml (Dilantin).....	37	pregabalin soln 20 mg/ml (Lyrica).....	37
phytonadione tab 5 mg (Mephyton).....	39	PREGNYL.....	13
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine).....	42	PREGNYL W/DILUENT BENZYL.....	13
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen).....	43	PREMARIN.....	11
pindolol tab 5 mg, 10 mg.....	19	PREMPHASE.....	11
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met).....	14	PREMPRO.....	11
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos).....	14	PRENATAL VITAMINS.....	39
PIQRAY 200MG DAILY DOSE.....	9	PREVIDENT RINSE.....	43
PIQRAY 250MG DAILY DOSE.....	9	PREZCOBIX.....	4
PIQRAY 300MG DAILY DOSE.....	9	PREZISTA.....	4
piroxicam cap 10 mg, 20 mg (Feldene).....	35	PRIFTIN.....	2
PLEGRIDY.....	31	PRIMAQUINE PHOSPHATE.....	5
PLEGRIDY STARTER PACK.....	32	primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate).....	5
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim).....	41	primidone tab 50 mg, 250 mg (Mysoline).....	37
posaconazole susp 40 mg/ml (Noxafil).....	3	probenecid tab 500 mg.....	36
posaconazole tab delayed release 100 mg (Noxafil).....	3	PROCARDIA XL.....	19
potassium chloride cap er 8 meq, 10 meq (Micro-k).....	39	prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent) (Compazine).....	30
potassium chloride microencapsulated crys er tab 10 meq, 20 meq.....	39		
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	39		

prochlorperazine suppos 25 mg.....	30	RETEVMO.....	9
PROFILNINE.....	41	REVCIVI.....	17
progesterone cap 100 mg, 200 mg (Prometrium).....	11	REVLIMID.....	48
promethazine hcl suppos 12.5 mg, 25 mg.....	23	REYATAZ.....	5
promethazine hcl syrup 6.25 mg/5ml.....	23	REYVOW.....	36
promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	23	RIDAURA.....	35
PROMETRIUM.....	12	rifabutin cap 150 mg (Mycobutin).....	2
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr).....	21	rifampin cap 150 mg, 300 mg (Rifadin).....	2
propafenone hcl tab 300 mg.....	21	riluzole tab 50 mg (Rilutek).....	38
propafenone hcl tab 150 mg, 225 mg (Rythmol).....	21	RINVOQ.....	35
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la).....	19	risedronate sodium tab 5 mg, 30 mg, 35 mg, 150 mg (Actonel).....	17
propranolol hcl oral soln 20 mg/5ml.....	19	risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal m-tab).....	30
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	19	risperidone soln 1 mg/ml (Risperdal).....	30
propylthiouracil tab 50 mg.....	16	risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal).....	30
PULMICORT.....	24	RITALIN.....	31
PULMOZYME.....	25	RITALIN LA.....	31
pyrazinamide tab 500 mg.....	2	ritonavir tab 100 mg (Norvir).....	5
pyridostigmine bromide tab 60 mg (Mestinon).....	38	rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....	32
pyrimethamine tab 25 mg (Daraprim).....	5	rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq) (Maxalt-mlt).....	36
Q		rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent) (Maxalt).....	36
quetiapine fumarate tab er 24hr 50 mg, 150 mg, 200 mg, 300 mg, 400 mg (Seroquel xr).....	30	ROCALTROL.....	17
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg (Seroquel).....	30	ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg (Requip).....	38
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril).....	18	rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor).....	20
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic).....	18	ROZLYTREK.....	9
quinidine gluconate tab er 324 mg.....	21	RUBRACA.....	9
QULIPTA.....	36	rufinamide tab 200 mg, 400 mg (Banzel).....	37
QVAR REDIHALER.....	24	RYBELSUS.....	14
R		RYDAPT.....	9
raloxifene hcl tab 60 mg (Evista).....	17	S	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace).....	18	SABRIL.....	37
RAPAMUNE.....	48	SALAGEN.....	43
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect).....	38	SANDIMMUNE.....	48
REBIF.....	32	scopolamine td patch 72hr 1 mg/3days (Transderm- scop).....	26
REBIF REBIDOSE.....	32	selegiline hcl cap 5 mg (Eldepryl).....	38
REBIF REBIDOSE TITRATION.....	32	selegiline hcl tab 5 mg.....	38
REBIF TITRATION PACK.....	32	selenium sulfide lotion 2.5%.....	46
RECOMBINATE.....	41	SEMGLEE.....	15
RELION TRUE METRIX BLOOD.....	47	SENSIPAR.....	17
REVELA.....	27	SEREVENT DISKUS.....	25
repaglinide tab 0.5 mg, 1 mg, 2 mg (Prandin).....	14	sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft).....	29
REPATHA.....	20	sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft).....	29
REPATHA PUSHTRONEX SYSTEM.....	20	sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela).....	27
REPATHA SURECLICK.....	20	sevelamer carbonate tab 800 mg (Renvela).....	27
RESTASIS.....	42		
RESTASIS MULTIDOSE.....	42		
RETACRIT.....	41		

sildenafil citrate tab 20 mg (Revatio)	22	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	6
SILVADENE.....	44	sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	6
silver sulfadiazine cream 1% (Silvadene)	44	sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	6
SIMBRINZA.....	42	sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	27
SIMPONI.....	35	sulfasalazine tab 500 mg (Azulfidine)	27
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	20	sulindac tab 150 mg, 200 mg	35
sirolimus oral soln 1 mg/ml (Rapamune)	48	sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	36
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	48	sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	36
SKYLA.....	13	sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	36
SKYRIZI.....	27	sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	36
SKYRIZI PEN.....	46	sunitinib malate cap 12.5 mg (base equivalent), 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	9
sodium chloride soln nebu 3%	23	SUNOSI.....	31
sodium chloride soln nebu 7% (Hyper-sal)	23	SUPARTZ FX.....	38
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)	28	SYMBICORT.....	25
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) (Luride)	39	SYMDEKO.....	25
sodium fluoride cream 1.1% (Prevident 5000 plus)	43	SYMPROIC.....	27
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	43	SYMTUZA.....	5
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride)	39	SYNJARDY.....	14
sodium polystyrene sulfonate powder (Kayexalate)	48	SYNJARDY XR.....	14
SODIUM SULFACETAMIDE/SULF.....	44	SYNTHROID.....	16
SOFOSBUVIR/VELPATASVIR.....	3	SYNVISC.....	38
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	27	SYNVISC ONE.....	38
SOLQUA 100/33.....	14	T	
SOMAVERT.....	17	TABLOID.....	9
SOOLANTRA.....	44	TABRECTA.....	9
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	9	tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	48
sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg (Betapace af)	21	tacrolimus oint 0.03%, 0.1% (Protopic)	46
sotalol hcl tab 240 mg	21	tadalafil tab 2.5 mg, 5 mg, 10 mg, 20 mg (Cialis)	22
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	21	tadalafil tab 20 mg (pah) (Adcirca)	22
SOVALDI.....	3	TAFINLAR.....	9
SPIRIVA HANDIHALER.....	25	TAGRISSO.....	9
SPIRIVA RESPIMAT.....	25	TALZENNA.....	9
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	21	TAMIFLU.....	5
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	21	tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	9
SPRYCEL.....	9	tamsulosin hcl cap 0.4 mg (Flomax)	28
STELARA.....	46	TARCEVA.....	9
STENDRA.....	22	TARGRETIN.....	9
STIVARGA.....	9	TASIGNA.....	9
STRATTERA.....	31	tazarotene cream 0.1% (Tazorac)	44
STRENSIQ.....	17	tazarotene gel 0.05%, 0.1% (Tazorac)	44
STRIANT.....	11	TAZORAC.....	44
SUBOXONE.....	48	TEGRETOL.....	37
sucralfate tab 1 gm (Carafate)	26	TEGRETOL-XR.....	37
sulfacetamide sodium lotion 10% (acne) (Klaron)	44	telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	18
sulfacetamide sodium ophth soln 10% (Bleph-10)	42	temazepam cap 15 mg, 30 mg (Restoril)	30

temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar).....	9	TRACLEER.....	22
tenofovir disoproxil fumarate tab 300 mg (Viread).....	5	tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	34
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	22	tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg.....	34
terbinafine hcl tab 250 mg (Lamisil).....	3	tramadol hcl tab 50 mg (Ultram).....	34
terbutaline sulfate tab 2.5 mg, 5 mg.....	25	trandolapril tab 1 mg, 2 mg, 4 mg (Mavik).....	18
terconazole vaginal cream 0.8%.....	27	TRANSDERM-SCOP.....	26
terconazole vaginal cream 0.4% (Terazol 7).....	27	tranylcypromine sulfate tab 10 mg (Parnate).....	29
terconazole vaginal suppos 80 mg (Terazol 3).....	28	trazodone hcl tab 50 mg, 100 mg, 150 mg.....	29
teriflunomide tab 7 mg, 14 mg (Aubagio).....	32	TRELEGY ELLIPTA.....	25
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo).....	17	TREMFYA.....	46
TESTIM.....	11	TRESIBA.....	16
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone).....	11	TRESIBA FLEXTOUCH.....	16
testosterone td gel 12.5 mg/act (1%), 20.25 mg/act (1.62%) (Androgel pump).....	11	tretinoin cap 10 mg.....	9
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel).....	11	tretinoin cream 0.025% – Prior Authorization is required for patients 40 years of age and older (Retin-a).....	44
testosterone td soln 30 mg/act (Axiron).....	11	tretinoin cream 0.05% – Prior Authorization is required for patients 40 years of age and older (Retin-a).....	44
tetrabenazine tab 12.5 mg, 25 mg (Xenazine).....	33	tretinoin cream 0.1% – Prior Authorization is required for patients 40 years of age and older (Retin-a).....	44
tetracycline hcl cap 250 mg, 500 mg (Tetracycline hcl).....	2	tretinoin gel 0.01% – Prior Authorization is required for patients 40 years of age and older (Retin-a).....	44
TEZSPIRE.....	25	triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	45
THALOMID.....	48	triamcinolone acetonide dental paste 0.1%.....	43
theophylline tab er 12hr 300 mg, 450 mg.....	25	triamcinolone acetonide lotion 0.025%, 0.1%.....	45
theophylline tab er 24hr 400 mg, 600 mg.....	25	triamcinolone acetonide oint 0.025%, 0.1%, 0.5%.....	45
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	30	triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide).....	21
TIBSOVO.....	9	triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....	21
timolol maleate ophth soln 0.25%, 0.5% (Timoptic).....	42	triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide).....	21
TIVICAY.....	5	trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	30
TIVICAY PD.....	5	TRIFLURIDINE.....	42
tizanidine hcl tab 2 mg (base equivalent).....	38	trihexyphenidyl hcl tab 2 mg, 5 mg.....	38
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....	38	TRIJARDY XR.....	14
TOBI.....	2	TRIKAFTA.....	25
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex).....	42	TRILEPTAL.....	37
tobramycin nebu soln 300 mg/5ml (Tobi).....	2	TRILIPIX.....	20
tobramycin ophth soln 0.3% (Tobrex).....	42	trimethobenzamide hcl cap 300 mg (Tigan).....	26
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la).....	27	trimethoprim tab 100 mg.....	6
tolterodine tartrate tab 1 mg, 2 mg (Detrol).....	27	TRIUMEQ.....	5
TOPICORT.....	45	TRIUMEQ PD.....	5
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle).....	37	tropicamide ophth soln 0.5%.....	42
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax).....	37	tropicamide ophth soln 1% (Mydracyl).....	43
toremifene citrate tab 60 mg (base equivalent) (Fareston).....	9	TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO, Blood Glucose Kit with Device - covered at \$0 copay per manufacturer coupon.....	47
torseamide tab 5 mg, 10 mg, 20 mg, 100 mg (Demadex).....	21	TRUE METRIX BLOOD GLUCOSE.....	47
TOUJEO MAX SOLOSTAR.....	15	TRUE METRIX SELF MONITORI.....	47
TOUJEO SOLOSTAR.....	16	TRUETRACK BLOOD GLUCOSE T.....	47
		TRUETRACK TEST.....	47

TRULANCE.....	27	VIREAD.....	5
TYMLOS.....	17	VITRAKVI.....	10
U		VIVELLE-DOT.....	11
UBRELVY.....	36	VIZIMPRO.....	10
UDENYCA.....	41	VONVENDI.....	41
UPTRAVI.....	22	voriconazole for susp 40 mg/ml (Vfend).....	3
UPTRAVI TITRATION PACK.....	22	voriconazole tab 50 mg, 200 mg (Vfend).....	3
ursodiol cap 300 mg (Actigall).....	27	VOSEVI.....	3
ursodiol tab 250 mg (Urso 250).....	27	VYNDAMAX.....	22
ursodiol tab 500 mg (Urso forte).....	27	VYNDAQEL.....	22
V		VYTORIN.....	21
valacyclovir hcl tab 500 mg, 1 gm (Valtrex).....	3	VYVANSE.....	31
VALCHLOR.....	46	W	
VALCYTE.....	3	warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin).....	41
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte).....	3	WELCHOL.....	21
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte).....	3	WILATE.....	41
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene).....	37	X	
valproic acid cap 250 mg (Depakene).....	37	XALKORI.....	10
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct).....	18	XARELTO.....	41
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan).....	18	XARELTO STARTER PACK.....	41
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin hcl).....	6	XELJANZ.....	35
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv).....	33	XELJANZ XR.....	35
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....	33	XELODA.....	10
VASCEPA.....	20	XIFAXAN.....	6
VENCLEXTA.....	10	XIGDUO XR.....	14
VENCLEXTA STARTING PACK.....	10	XIIDRA.....	43
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr).....	29	XOLAIR.....	25
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....	29	XTAMPZA ER.....	34
VENTOLIN HFA.....	25	XTANDI.....	10
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan).....	19	XULTOPHY 100/3.6.....	14
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr).....	19	Y	
verapamil hcl tab 40 mg.....	19	YONSA.....	10
verapamil hcl tab 80 mg, 120 mg (Calan).....	19	Z	
VERQUVO.....	22	zafirlukast tab 10 mg, 20 mg (Accolate).....	25
VERZENIO.....	10	zaleplon cap 5 mg, 10 mg (Sonata).....	30
VIAGRA.....	22	ZARONTIN.....	37
vigabatrin powd pack 500 mg (Sabril).....	37	ZARXIO.....	41
vigabatrin tab 500 mg (Sabril).....	37	ZEGALOGUE.....	14
VIOKACE.....	26	ZEJULA.....	10
		ZELBORAF.....	10
		ZEPOSIA.....	32
		ZEPOSIA 7-DAY STARTER PAC.....	32
		ZEPOSIA STARTER KIT.....	32
		ZIAGEN.....	5
		zidovudine cap 100 mg (Retrovir).....	5
		zidovudine syrup 10 mg/ml (Retrovir).....	5
		zidovudine tab 300 mg.....	5
		ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon).....	30
		ZOKINVY.....	48
		ZOLINZA.....	10

ZOLOFT.....	29
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr).....	30
zolpidem tartrate tab 5 mg, 10 mg (Ambien).....	30
zonisamide cap 50 mg.....	37
zonisamide cap 25 mg, 100 mg (Zonegran).....	37
ZYDELIG.....	10
ZYTIGA.....	10