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# **Federal Employees Health Benefits (FEHB) Program 2021 Formulary Guide (List of Covered Prescription Medications)**



## Pharmacy Benefits Management

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## Pharmacy Benefits Management

### Overview

This guide provides an overview of your pharmacy benefit. It explains the tiers for drug coverage, the process for getting certain drugs covered, your options for filling prescriptions, important phone numbers, and more.

This is a brief description of the features of the True Health New Mexico High-Option HMO Plan. Before making a final decision, please read the Plan's Federal Brochure (73-902). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal Brochure.

### **True Health New Mexico Customer Service: 844-508-4677**

Hours of operation: Monday through Friday, 8:00 a.m. to 5:00 p.m.

### **CVS Customer Service: 866-341-8561**

Hours of operation: 24 hours a day, 7 days a week.

## Understanding Coverage and Cost-Sharing

### Formulary

The Formulary, also known as your Preferred Drug List, is a list of prescription drugs that are covered under your plan. The inclusion of specific medications on the Health Plan formulary is based on the medication's effectiveness, safety, and value.

The formulary offers a wide selection of generic and brand-name prescription drugs suggested by the Pharmacy and Therapeutics (P&T) Committee, a group of physicians and pharmacists who research and evaluate medications. The formulary is periodically reviewed and updated throughout the year in order to ensure that our benefits package consistently and adequately meets your needs.

When you need a prescription medication, you and your doctor can choose from five different levels of the formulary. These are: Generics, Preferred Brands, Non-Preferred Brands, Preferred Specialty, and Non-Preferred Specialty. Each level has a different cost-share, which could be a copay or coinsurance, depending on your plan. This gives you and your doctor the freedom to choose the medication that is right for you. At the same time, this will help you to better budget your health care dollars.

### Tiers

**Generic Medications Tier** – have the lowest copayment/coinsurance. Generic drugs offer the same level of safety and quality as their brand-name equivalents. They have the same amount



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## Pharmacy Benefits Management

of active ingredients as brand-name medications. You are required to use a generic version of the drug if one is available. **Refer to the “generic drugs” section of your Summary of Benefits and Coverage for your plan’s cost-share amount.**

**Preferred Brand Medications Tier** – have the middle level copayment/coinsurance. These drugs are primarily brand medications and “preferred” because of their value and effectiveness. This tier may also include some generic medications. **Refer to the “preferred-brand drugs” section of your Summary of Benefits and Coverage for your plan’s cost-share amount.**

**Non-Preferred Brand Medications Tier** – have a higher copayment/coinsurance level. These medications are primarily brand drugs that are more expensive and have similar effectiveness as preferred brand medications. This tier may also include higher cost generic medications. **Refer to the “non-preferred-brand drugs” section of your Summary of Benefits and Coverage for your plan’s cost-share amount.**

**Preferred Specialty Medications Tier** – have a higher copayment/coinsurance level. These also include Specialty medications, which usually treat complex and rare conditions. These drugs can be high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhalant).

**Non-Preferred Specialty Medications Tier** – have the highest copayment/coinsurance level. These also include Specialty medications, which usually treat complex and rare conditions. These drugs can be high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhalant) and have similar effectiveness as preferred specialty medications.

**Affordable Care Act/Zero Cost-Share Preventative Drugs – ACA Tier** have a zero cost-share copay/co-insurance. These medications are brand and generic preventative drugs that may be covered at \$0 copay provided that certain clinical conditions are met.

### **\$0 Generics for Several Chronic Conditions**

Generic drug coverage is provided at no cost for certain medications used to treat asthma, bipolar disorder, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, depression, diabetes, hypercholesterolemia, and hypertension. This benefit does not apply to all plans; please refer to your Summary of Benefits and Coverage for your specific plan benefits. For a listing of these drugs, visit

<https://www.truehealthnewmexico.com/member-pharmacy-formulary/>.

### **Orally Administered Anti-Cancer Medications**



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## Pharmacy Benefits Management

Coverage of these medications are subject to the same **Prior Authorization** requirements as intravenously administered injected cancer medications covered by the Health Plan. Orally administered medications cannot cost more than an intravenously injected equivalent. Intravenously injected medications cannot cost more than orally administered medications.

**Non-Formulary Medications** may be covered if the formulary medications do not work for you. If you require a Non-Formulary medication, your doctor may request coverage for your Non-Preferred Brand Medications Tier or your Non-Preferred Specialty Medications Tier cost-share by making a request for a coverage exception.

## Understanding Our Symbols

### Prior Authorization

You will see the symbol “PA” (Prior Authorization) or “MNPA” (Medical Necessity Prior Authorization). Prior Authorization helps ensure that you’re using the best drugs in the safest way.

If you are currently taking or have recently been prescribed one of these drugs, please discuss possible alternatives or have your doctor request authorization by calling 866-823-1606.

Drugs that require prior authorization are often:

- Newer drugs for which the Health Plan wants to track usage.
- Non-formulary drugs that require the use of formulary drugs prior to coverage. These drugs are not used as a standard first option in treating a medical condition.
- Drugs with potential side effects that the Health Plan wants to monitor for patient safety.
- Drugs categorized as specialty medications.

### Step Therapy

You will see the symbol “ST” (Step Therapy) next to certain drugs on the formulary tables in this booklet. Step Therapy ensures you are taking the most effective medication at the best cost. This means trying the least expensive medications usually generic medications or drugs that are considered as the standard first-line treatment.

### How Step Therapy Works

- **Step 1:** When your prescribed drug is impacted by step therapy, first you will be asked to try generic or first-line treatment drugs. The drug recommended will be approved by the Food and Drug Administration (FDA) as providing the same health benefit at a much lower cost.



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## Pharmacy Benefits Management

- **Step 2:** If the generic drug in step 1 does not work for you, then you may be able to receive a brand-name drug. For more information on Step Therapy, call 866.823.1606.

### Quantity Limits

The symbol “QL” next to the drugs in this formulary booklet stands for Quantity Limits. To ensure you are getting the most cost-effective dose for your medication, a quantity limit or dose duration may be placed on certain drugs. These limits are based on FDA guidelines, clinical literature, and manufacturer’s instructions. Quantity limits promote appropriate use of the drug, prevent waste, and help control costs.

For some drugs, the dosing guidelines may recommend that patients take the drug one time a day in a larger dose instead of several times a day in smaller doses. The quantity limits follow the guidelines and cover one larger dose per day.

**Prescriptions for specialty medications are limited to a 30-day supply. For more information on quantity limits or dose durations, call 866-823-1606.**

### About Generic Drugs

Generic drugs have the same active ingredients as their brand-name equivalents but cost significantly less. Not all drugs have a generic equivalent. Generally, new drugs receive patent protection for 20 years. Once the patent expires, other pharmaceutical companies can produce the same drug in a generic formulation. Companies that make generic drugs do not have to invest large amounts of money in research, since the company making the brand-name equivalent has already done this. Also, generic companies do not need to advertise their drugs. As a result, generic drug makers can pass these savings on to you.

Generic drugs have the same active ingredients as brand-name drugs, but their inactive ingredients can vary. This is why the generic drug might look different from the brand-name drug. Inactive ingredients can be dyes used to color the drug or powders used to shape the tablets. Inactive ingredients do not affect how the generic drug works.

The FDA regulates generic drug manufacturers just as it regulates the makers of brand-name medications. The generic drug must pass strict FDA measurements to ensure that it delivers the same amount of the active ingredient in the same time frame as its brand-name counterpart. The manufacturer of the generic drug must prove that it produces its product under the same strict guidelines as the brand-name drug.

### Short-Term Medications



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## **Pharmacy Benefits Management**

These are drugs you need immediately. This includes medications used to treat short term infections, or to relieve pain temporarily. Locate the nearest retail network pharmacy by calling 844-508-4677. To fill your prescription, present your member ID card and written prescription and pay your copayment/co-insurance as described above.

## **Long-Term Medications**

These are drugs you take on a regular basis. These could be drugs to treat asthma, high blood pressure, diabetes, etc. These medications can be mailed to your home for up to a 90-day supply. Please call 844-508-4677 to learn more about your mail-order options.

## **Specialty Medications**

Specialty medications treat specific medical conditions such as cancer, hemophilia, hepatitis, multiple sclerosis, psoriasis, pulmonary arterial hypertension, respiratory syncytial virus, rheumatoid arthritis, and more. You can fill these prescriptions through CVS Specialty Pharmacy. CVS Specialty Pharmacy is a pharmacy that provides specialty medications. Please call 800-237-2767 between the hours of 6:30 a.m. to 8 p.m. (CT) Monday through Friday to learn more about filling your specialty medication.

## **How to Fill Your Prescription Medications**

### **Filling Your Prescription When Traveling**

When you travel outside of your local area, thousands of pharmacies across the country will honor your Health Plan member ID card. To locate a participating pharmacy, call Customer Service at 844-508-4677.

To fill a prescription at a participating out-of-area pharmacy, present your Health Plan member ID card. Some pharmacies may ask you to pay the full price of the medication. If that happens:

- Submit a Direct Reimbursement Claim form to the Health Plan at:  
CVS Caremark – RxClaim  
P.O Box 52136  
Phoenix, AZ 85072-2136
- Or you may call 844-508-4677 for assistance.
- If your claim is approved, you will be reimbursed the amount that you paid for the medication, less the appropriate copayment.

If you will be away from home for an extended period of time, or if you will be traveling outside of the country, you may want to use our mail-order service so that you receive a 90-day supply before you leave home.



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## Pharmacy Benefits Management

### Medication Supplies Not Covered by the Health Plan

Medications received at no charge to the member (workers' compensation, medications purchased with a manufacturer's coupon, etc.) will not be covered.

Prescriptions that are written more than a year ago will not be covered. Your doctor will need to write a new prescription.

### List of Abbreviations

**ACA:** Affordable Care Act.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service at 844-508-4677.

**OTC:** Over the Counter. An OTC drug is a non-prescription drug.

**PA:** Prior Authorization. The Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**MNPA:** Medical Necessity Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval for the medical necessity of the drug before you fill your prescription. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Health Plan limits the amount of the drug that we will cover.

**ST:** Step Therapy. In some cases, the Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

**GEN:** Generic Medications Tier.

**PB:** Preferred Brand Medications Tier.

**NPB:** Non-Preferred Brand Medications Tier.





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## **Pharmacy Benefits Management**

**PS:** Preferred Specialty Medications Tier.

**NPS:** Non-Preferred Specialty Medications Tier.

## 2021 FEHB eff 04/01/2021

### Drug Name Drug Tier Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

#### AMPHETAMINES

|  |     |        |
|--|-----|--------|
| <i>amphetamine sulfate tab 5 mg</i>                    | NPB | QL     |
| <i>amphetamine sulfate tab 10 mg</i>                   | NPB | QL     |
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>  | GEN | QL     |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | GEN | QL     |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | GEN | QL     |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | GEN | QL     |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | GEN | QL     |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | GEN | QL     |
| <i>amphetamine-dextroamphetamine tab 5 mg</i>          | GEN | QL     |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i>        | GEN | QL     |
| <i>amphetamine-dextroamphetamine tab 10 mg</i>         | GEN | QL     |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i>       | GEN | QL     |
| <i>amphetamine-dextroamphetamine tab 15 mg</i>         | GEN | QL     |
| <i>amphetamine-dextroamphetamine tab 20 mg</i>         | GEN | QL     |
| <i>amphetamine-dextroamphetamine tab 30 mg</i>         | GEN | QL     |
| <i>dextroamphetamine sulfate cap er 24hr 5 mg</i>      | NPB | QL     |
| <i>dextroamphetamine sulfate cap er 24hr 10 mg</i>     | NPB | QL     |
| <i>dextroamphetamine sulfate cap er 24hr 15 mg</i>     | NPB | QL     |
| <i>dextroamphetamine sulfate tab 5 mg</i>              | GEN |        |
| <i>dextroamphetamine sulfate tab 5 mg</i>              | GEN | QL     |
| <i>dextroamphetamine sulfate tab 10 mg</i>             | GEN | QL     |
| VYVANSE CAP 10MG                                       | NPB | PA; QL |
| VYVANSE CAP 20MG                                       | NPB | PA; QL |
| VYVANSE CAP 30MG                                       | NPB | PA; QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

1

**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| VYVANSE CAP 40MG  | NPB       | PA; QL              |
| VYVANSE CAP 50MG  | NPB       | PA; QL              |
| VYVANSE CAP 60MG  | NPB       | PA; QL              |
| VYVANSE CAP 70MG  | NPB       | PA; QL              |
| <b>ANALEPTICS</b>   |           |                     |
| <i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> | GEN       |                     |
| <b>ANOREXIANTS NON-AMPHETAMINE</b>                                |           |                     |
| <i>phentermine hcl cap 15 mg</i>                                  | GEN       | PA; QL              |
| <i>phentermine hcl cap 30 mg</i>                                  | GEN       | PA; QL              |
| <i>phentermine hcl tab 37.5 mg</i>                                | GEN       | PA; QL              |
| <b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>     |           |                     |
| <i>atomoxetine hcl cap 10 mg (base equiv)</i>                     | GEN       | QL                  |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i>                     | GEN       | QL                  |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i>                     | GEN       | QL                  |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i>                     | GEN       | QL                  |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i>                     | GEN       | QL                  |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i>                     | GEN       | QL                  |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i>                    | GEN       | QL                  |
| <i>clonidine hcl tab er 12hr 0.1 mg</i>                           | GEN       | QL                  |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>               | GEN       | QL                  |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>               | GEN       | QL                  |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>               | GEN       | QL                  |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>               | GEN       | QL                  |
| <b>STIMULANTS - MISC.</b>   |           |                     |
| <i>armodafinil tab 50 mg</i>                                      | PS        | PA; QL              |
| <i>armodafinil tab 150 mg</i>                                     | PS        | PA; QL              |
| <i>armodafinil tab 200 mg</i>                                     | PS        | PA; QL              |
| <i>armodafinil tab 250 mg</i>                                     | PS        | PA; QL              |
| <i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>                   | NPB       | QL                  |
| <i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>                  | NPB       | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

2

**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>              | NPB       | QL                  |
| <i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>              | NPB       | QL                  |
| <i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>              | NPB       | QL                  |
| <i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>              | NPB       | QL                  |
| <i>dexmethylphenidate hcl tab 2.5 mg</i>                      | GEN       | QL                  |
| <i>dexmethylphenidate hcl tab 5 mg</i>                        | GEN       | QL                  |
| <i>dexmethylphenidate hcl tab 10 mg</i>                       | GEN       | QL                  |
| <i>methylphenidate hcl cap er 10 mg (cd)</i>                  | GEN       | QL                  |
| <i>methylphenidate hcl cap er 20 mg (cd)</i>                  | GEN       | QL                  |
| <i>methylphenidate hcl cap er 24hr 20 mg (la)</i>             | GEN       | QL                  |
| <i>methylphenidate hcl cap er 24hr 30 mg (la)</i>             | GEN       | QL                  |
| <i>methylphenidate hcl cap er 24hr 40 mg (la)</i>             | GEN       | QL                  |
| <i>methylphenidate hcl cap er 30 mg (cd)</i>                  | GEN       | QL                  |
| <i>methylphenidate hcl cap er 40 mg (cd)</i>                  | GEN       | QL                  |
| <i>methylphenidate hcl cap er 50 mg (cd)</i>                  | GEN       | QL                  |
| <i>methylphenidate hcl cap er 60 mg (cd)</i>                  | GEN       | QL                  |
| <i>methylphenidate hcl chew tab 2.5 mg</i>                    | GEN       | QL                  |
| <i>methylphenidate hcl chew tab 5 mg</i>                      | GEN       | QL                  |
| <i>methylphenidate hcl chew tab 10 mg</i>                     | GEN       | QL                  |
| <i>methylphenidate hcl soln 5 mg/5ml</i>                      | NPB       | QL                  |
| <i>methylphenidate hcl soln 10 mg/5ml</i>                     | NPB       | QL                  |
| <i>methylphenidate hcl tab 5 mg</i>                           | GEN       | QL                  |
| <i>methylphenidate hcl tab 10 mg</i>                          | GEN       | QL                  |
| <i>methylphenidate hcl tab 20 mg</i>                          | GEN       | QL                  |
| <i>methylphenidate hcl tab er 10 mg</i>                       | NPB       | QL                  |
| <i>methylphenidate hcl tab er 20 mg</i>                       | GEN       |                     |
| <i>methylphenidate hcl tab er 20 mg</i>                       | GEN       | QL                  |
| <i>methylphenidate hcl tab er 24hr 18 mg</i>                  | NPB       | QL                  |
| <i>methylphenidate hcl tab er 24hr 27 mg</i>                  | NPB       | QL                  |
| <i>methylphenidate hcl tab er 24hr 36 mg</i>                  | NPB       | QL                  |
| <i>methylphenidate hcl tab er 24hr 54 mg</i>                  | NPB       | QL                  |
| <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> | NPB       | QL                  |
| <i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> | NPB       | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

3

**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> | NPB       | QL                  |
| <i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> | NPB       | QL                  |
| <i>modafinil tab 100 mg</i>                                   | NPB       | PA; QL              |
| <i>modafinil tab 200 mg</i>                                   | NPB       | PA; QL              |

## ALLERGENIC EXTRACTS/BIOLOGICALS MISC

### ALLERGENIC EXTRACTS

|                     |    |        |
|---------------------|----|--------|
| GRASTEK SUB 2800BAU | PS | PA; QL |
| ODACTRA SUB         | PS | PA; QL |
| ORALAIR SUB 300 IR  | PS | PA; QL |
| RAGWITEK SUB        | PS | PA; QL |

### BIOLOGICALS MISC

|                   |    |    |
|-------------------|----|----|
| ADAGEN INJ 250/ML | PS | PA |
|-------------------|----|----|

## AMINOGLYCOSIDES

### AMINOGLYCOSIDES

|   |     |    |
|---|-----|----|
| <i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>                  | GEN |    |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>                | GEN |    |
| BETHKIS NEB 300/4ML   | PS  | QL |
| GENTAM/NAACL INJ 0.9MG/ML   | GEN |    |
| GENTAM/NAACL INJ 1.4MG/ML   | GEN |    |
| <i>gentamicin in saline inj 0.8 mg/ml</i>                         | GEN |    |
| <i>gentamicin in saline inj 1 mg/ml</i>                           | GEN |    |
| <i>gentamicin in saline inj 1.2 mg/ml</i>                         | GEN |    |
| <i>gentamicin in saline inj 1.6 mg/ml</i>                         | GEN |    |
| <i>gentamicin in saline inj 2 mg/ml</i>                           | GEN |    |
| <i>gentamicin sulfate inj 10 mg/ml</i>                            | GEN |    |
| <i>gentamicin sulfate inj 40 mg/ml</i>                            | GEN |    |
| <i>gentamicin sulfate iv soln 10 mg/ml</i>                        | GEN |    |
| <i>neomycin sulfate tab 500 mg</i>                                | GEN |    |
| <i>paromomycin sulfate cap 250 mg</i>                             | GEN |    |
| <i>streptomycin sulfate for inj 1 gm</i>                          | NPB |    |
| <i>tobramycin nebu soln 300 mg/5ml</i>                            | PS  | QL |
| <i>tobramycin sulfate for inj 1.2 gm</i>                          | GEN |    |
| <i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i> | GEN |    |
| <i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>   | GEN |    |
| <i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>          | GEN |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> | GEN       |                     |

## ANALGESICS - ANTI-INFLAMMATORY

### ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

|                         |    |        |
|-------------------------|----|--------|
| HUMIRA INJ 10/0.1ML     | PS | PA; QL |
| HUMIRA INJ 10MG/0.2     | PS | PA; QL |
| HUMIRA INJ 20/0.2ML     | PS | PA; QL |
| HUMIRA INJ 40/0.4ML     | PS | PA; QL |
| HUMIRA KIT 20MG/0.4     | PS | PA; QL |
| HUMIRA KIT 40MG/0.8     | PS | PA; QL |
| HUMIRA PEDIA INJ CROHNS | PS | PA; QL |
| HUMIRA PEN INJ 40/0.4ML | PS | PA; QL |
| HUMIRA PEN INJ 40MG/0.8 | PS | PA; QL |
| HUMIRA PEN KIT CD/UC/HS | PS | PA; QL |
| HUMIRA PEN KIT PS/UV    | PS | PA; QL |

### ANTIRHEUMATIC - ENZYME INHIBITORS

|                     |    |        |
|---------------------|----|--------|
| XELJANZ TAB 5MG     | PS | PA; QL |
| XELJANZ TAB 10MG    | PS | PA; QL |
| XELJANZ XR TAB 11MG | PS | PA; QL |

### ANTIRHEUMATIC ANTIMETABOLITES

|                     |    |                               |
|---------------------|----|-------------------------------|
| OTREXUP INJ 7.5/0.4 | PS | PA; QL                        |
| OTREXUP INJ 10MG    | PS | PA, QL (1.6 / 21 days);<br>QL |
| OTREXUP INJ 15MG    | PS | PA, QL (1.6 / 21 days);<br>QL |
| OTREXUP INJ 20MG    | PS | PA; QL                        |
| OTREXUP INJ 25MG    | PS | PA; QL                        |
| RASUVO INJ 7.5MG    | PS | PA; QL                        |
| RASUVO INJ 10MG     | PS | PA; QL                        |
| RASUVO INJ 12.5MG   | PS | PA; QL                        |
| RASUVO INJ 15MG     | PS | PA; QL                        |
| RASUVO INJ 17.5MG   | PS | PA; QL                        |
| RASUVO INJ 22.5MG   | PS | PA; QL                        |
| RASUVO INJ 25MG     | PS | PA; QL                        |
| RASUVO INJ 27.5MG   | PS | PA; QL                        |
| RASUVO INJ 30MG     | PS | PA; QL                        |

### GOLD COMPOUNDS

|                 |    |  |
|-----------------|----|--|
| RIDAURA CAP 3MG | PS |  |
|-----------------|----|--|

### INTERLEUKIN-1 BLOCKERS

|                    |    |        |
|--------------------|----|--------|
| ARCALYST INJ 220MG | PS | PA; QL |
|--------------------|----|--------|

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>              |           |                     |
| KINERET INJ  | PS        | MNPA                |
| <b>INTERLEUKIN-1BETA BLOCKERS</b>                              |           |                     |
| ILARIS INJ 150MG   | NPS       | PA; QL              |
| <b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>          |           |                     |
| CALDOLOR INJ 800/8ML   | NPB       |                     |
| <i>celecoxib cap 50 mg</i>                                     | NPB       | ST                  |
| <i>celecoxib cap 100 mg</i>                                    | NPB       | ST; QL              |
| <i>celecoxib cap 200 mg</i>                                    | NPB       | ST; QL              |
| <i>celecoxib cap 400 mg</i>                                    | NPB       | ST; QL              |
| <i>diclofenac potassium tab 50 mg</i>                          | GEN       |                     |
| <i>diclofenac sodium tab delayed release 25 mg</i>             | GEN       |                     |
| <i>diclofenac sodium tab delayed release 50 mg</i>             | GEN       |                     |
| <i>diclofenac sodium tab delayed release 75 mg</i>             | GEN       |                     |
| <i>diclofenac sodium tab er 24hr 100 mg</i>                    | GEN       |                     |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | GEN       |                     |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | GEN       |                     |
| <i>etodolac cap 200 mg</i>                                     | GEN       |                     |
| <i>etodolac cap 300 mg</i>                                     | GEN       |                     |
| <i>etodolac tab 400 mg</i>                                     | GEN       |                     |
| <i>etodolac tab 500 mg</i>                                     | GEN       |                     |
| <i>fenoprofen calcium tab 600 mg</i>                           | NPB       | PA                  |
| <i>flurbiprofen tab 50 mg</i>                                  | GEN       |                     |
| <i>flurbiprofen tab 100 mg</i>                                 | GEN       |                     |
| <i>ibuprofen tab 400 mg</i>                                    | GEN       |                     |
| <i>ibuprofen tab 600 mg</i>                                    | GEN       |                     |
| <i>ibuprofen tab 800 mg</i>                                    | GEN       |                     |
| <i>indomethacin cap 25 mg</i>                                  | GEN       |                     |
| <i>indomethacin cap 50 mg</i>                                  | GEN       |                     |
| <i>indomethacin cap er 75 mg</i>                               | GEN       |                     |
| <i>ketoprofen cap 50 mg</i>                                    | GEN       |                     |
| <i>ketoprofen cap 75 mg</i>                                    | GEN       |                     |
| <i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>      | GEN       | QL                  |
| <i>ketorolac tromethamine inj 15 mg/ml</i>                     | GEN       | QL                  |
| <i>ketorolac tromethamine inj 30 mg/ml</i>                     | GEN       | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>ketorolac tromethamine inj 300 mg/10ml (30 mg/ml)</i>  | GEN       | QL                  |
| <i>ketorolac tromethamine tab 10 mg</i>                   | GEN       | QL                  |
| <i>meclofenamate sodium cap 50 mg</i>                     | NPB       | PA                  |
| <i>mefenamic acid cap 250 mg</i>                          | NPB       | PA                  |
| <i>meloxicam susp 7.5 mg/5ml</i>                          | NPB       |                     |
| <i>meloxicam tab 7.5 mg</i>                               | GEN       |                     |
| <i>meloxicam tab 15 mg</i>                                | GEN       |                     |
| <i>nabumetone tab 500 mg</i>                              | GEN       |                     |
| <i>nabumetone tab 750 mg</i>                              | GEN       |                     |
| <i>naproxen susp 125 mg/5ml</i>                           | GEN       |                     |
| <i>naproxen tab 250 mg</i>                                | GEN       |                     |
| <i>naproxen tab 375 mg</i>                                | GEN       |                     |
| <i>naproxen tab 500 mg</i>                                | GEN       |                     |
| <i>naproxen tab ec 375 mg</i>                             | GEN       |                     |
| <i>naproxen tab ec 500 mg</i>                             | GEN       |                     |
| <i>sulindac tab 150 mg</i>                                | GEN       |                     |
| <i>sulindac tab 200 mg</i>                                | GEN       |                     |
| <i>tolmetin sodium cap 400 mg</i>                         | GEN       |                     |
| <i>tolmetin sodium tab 200 mg</i>                         | NPB       | PA                  |
| <i>tolmetin sodium tab 600 mg</i>                         | GEN       |                     |
| <b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>              |           |                     |
| OTEZLA TAB 10/20/30                                       | PS        | PA; QL              |
| OTEZLA TAB 30MG   | PS        | PA; QL              |
| <b>PYRIMIDINE SYNTHESIS INHIBITORS</b>                    |           |                     |
| <i>leflunomide tab 10 mg</i>                              | GEN       |                     |
| <i>leflunomide tab 20 mg</i>                              | GEN       |                     |
| <b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>      |           |                     |
| ENBREL INJ 25/0.5ML                                       | PS        | PA; QL              |
| ENBREL INJ 25MG   | PS        | PA; QL              |
| ENBREL INJ 50MG/ML  | PS        | PA; QL              |
| ENBREL MINI INJ 50MG/ML                                   | PS        | PA; QL              |
| ENBREL SRCLK INJ 50MG/ML                                  | PS        | PA; QL              |
| <b>ANALGESICS - NONNARCOTIC</b>                           |           |                     |
| <b>ANALGESIC COMBINATIONS</b>                             |           |                     |
| <i>butalbital-acetaminophen tab 50-325 mg</i>             | GEN       |                     |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | GEN       |                     |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> | GEN       |                     |

### **SALICYLATES**

|   |     |  |
|---|-----|--|
| <i>aspirin chew tab 81 mg</i>                             | ACA |  |
| ASPIRIN TAB 81MG  | ACA |  |
| <i>aspirin tab 325 mg</i>                                 | ACA |  |
| <i>aspirin tab delayed release 81 mg</i>                  | ACA |  |
| <i>aspirin tab delayed release 325 mg</i>                 | ACA |  |
| <i>choline &amp; magnesium salicylates liq 500 mg/5ml</i> | GEN |  |
| <i>diflunisal tab 500 mg</i>                              | GEN |  |
| HALFPRIN TAB 162MG EC                                     | ACA |  |
| <i>salsalate tab 500 mg</i>                               | GEN |  |
| <i>salsalate tab 750 mg</i>                               | GEN |  |
| ST JOSEPH CHW 75MG ADU                                    | ACA |  |

### **ANALGESICS - OPIOID**

#### **OPIOID AGONISTS**

|  |     |            |
|--|-----|------------|
| <i>codeine sulfate tab 15 mg</i>                     | GEN | ST, PA     |
| <i>codeine sulfate tab 30 mg</i>                     | GEN | ST, PA     |
| <i>codeine sulfate tab 60 mg</i>                     | GEN | ST, PA     |
| DEMEROL INJ 25MG/0.5                                 | NPB | ST         |
| DEMEROL INJ 75MG/1.5                                 | NPB | ST         |
| DEMEROL INJ 75MG/ML                                  | NPB | ST         |
| DEMEROL INJ 100/2ML                                  | NPB | ST         |
| EMBEDA CAP 20-0.8MG                                  | NPB | ST, PA; QL |
| EMBEDA CAP 30-1.2MG                                  | NPB | ST, PA; QL |
| EMBEDA CAP 50-2MG                                    | NPB | ST, PA; QL |
| EMBEDA CAP 60-2.4MG                                  | NPB | ST, PA; QL |
| EMBEDA CAP 80-3.2MG                                  | NPB | ST, PA; QL |
| EMBEDA CAP 100-4MG                                   | NPB | ST, PA; QL |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i>  | PS  | ST, PA; QL |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i>  | PS  | ST, PA; QL |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i>  | PS  | ST, PA; QL |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i>  | PS  | ST, PA; QL |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i> | PS  | ST, PA; QL |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i> | PS  | ST, PA; QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>fentanyl citrate pf soln cartridge 100 mcg/2ml</i> | GEN       | ST, PA              |
| <i>fentanyl td patch 72hr 12 mcg/hr</i>               | GEN       | ST, PA; QL          |
| <i>fentanyl td patch 72hr 25 mcg/hr</i>               | GEN       | ST, PA; QL          |
| <i>fentanyl td patch 72hr 50 mcg/hr</i>               | GEN       | ST, PA; QL          |
| <i>fentanyl td patch 72hr 75 mcg/hr</i>               | GEN       | ST, PA; QL          |
| <i>fentanyl td patch 72hr 100 mcg/hr</i>              | GEN       | ST, PA; QL          |
| HYDROMORPHON SUP 3MG                                  | GEN       | ST, PA              |
| <i>hydromorphone hcl inj 1 mg/ml</i>                  | GEN       | ST                  |
| <i>hydromorphone hcl inj 2 mg/ml</i>                  | GEN       | ST                  |
| <i>hydromorphone hcl inj 4 mg/ml</i>                  | GEN       | ST                  |
| <i>hydromorphone hcl tab 2 mg</i>                     | GEN       | ST, PA              |
| <i>hydromorphone hcl tab 4 mg</i>                     | GEN       | ST, PA              |
| <i>hydromorphone hcl tab 8 mg</i>                     | GEN       | ST, PA              |
| <i>hydromorphone hcl tab er 24hr 8 mg</i>             | GEN       | ST, PA; QL          |
| <i>hydromorphone hcl tab er 24hr 12 mg</i>            | GEN       | ST, PA; QL          |
| <i>hydromorphone hcl tab er 24hr 16 mg</i>            | GEN       | ST, PA; QL          |
| <i>hydromorphone hcl tab er 24hr 32 mg</i>            | GEN       | ST, PA; QL          |
| <i>levorphanol tartrate tab 2 mg</i>                  | GEN       | ST, PA              |
| <i>meperidine hcl inj 10 mg/ml</i>                    | GEN       | ST                  |
| <i>meperidine hcl oral soln 50 mg/5ml</i>             | GEN       | ST, PA              |
| <i>meperidine hcl tab 50 mg</i>                       | GEN       | ST, PA              |
| <i>meperidine hcl tab 100 mg</i>                      | GEN       | ST, PA              |
| <i>methadone hcl conc 10 mg/ml</i>                    | GEN       | ST, PA              |
| <i>methadone hcl soln 5 mg/5ml</i>                    | GEN       | ST, PA              |
| <i>methadone hcl soln 10 mg/5ml</i>                   | GEN       | ST, PA              |
| <i>methadone hcl tab 5 mg</i>                         | GEN       | ST, PA              |
| <i>methadone hcl tab 10 mg</i>                        | GEN       | ST, PA              |
| <i>methadone hcl tab for oral susp 40 mg</i>          | GEN       | ST, PA              |
| MORPHINE SUL INJ 2MG/ML                               | GEN       | ST                  |
| MORPHINE SUL INJ 4MG/ML                               | GEN       | ST                  |
| MORPHINE SUL INJ 5MG/ML                               | GEN       | ST                  |
| MORPHINE SUL INJ 10/0.7ML                             | GEN       | ST                  |
| MORPHINE SUL INJ 150/30ML                             | GEN       | ST                  |
| MORPHINE SUL SUP 30MG                                 | GEN       | ST, PA              |
| <i>morphine sulfate inj 8 mg/ml</i>                   | GEN       | ST                  |
| <i>morphine sulfate inj 10 mg/ml</i>                  | GEN       | ST                  |
| <i>morphine sulfate inj 15 mg/ml</i>                  | GEN       | ST                  |
| <i>morphine sulfate inj pf 0.5 mg/ml</i>              | GEN       | ST                  |
| <i>morphine sulfate inj pf 1 mg/ml</i>                | GEN       | ST                  |
| <i>morphine sulfate iv soln 1 mg/ml</i>               | GEN       | ST                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>morphine sulfate iv soln 25 mg/ml</i>                | GEN       | ST                  |
| <i>morphine sulfate iv soln 50 mg/ml</i>                | GEN       | ST                  |
| <i>morphine sulfate iv soln pf 10 mg/ml</i>             | GEN       | ST                  |
| <i>morphine sulfate iv soln pf 15 mg/ml</i>             | GEN       | ST                  |
| <i>morphine sulfate oral soln 10 mg/5ml</i>             | GEN       | ST, PA              |
| <i>morphine sulfate oral soln 20 mg/5ml</i>             | GEN       | ST, PA              |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | GEN       | ST, PA              |
| <i>morphine sulfate suppos 5 mg</i>                     | GEN       | ST, PA              |
| <i>morphine sulfate suppos 10 mg</i>                    | GEN       | ST, PA              |
| <i>morphine sulfate suppos 20 mg</i>                    | GEN       | ST, PA              |
| <i>morphine sulfate tab 15 mg</i>                       | GEN       | ST, PA; QL          |
| <i>morphine sulfate tab 30 mg</i>                       | GEN       | ST, PA              |
| <i>morphine sulfate tab er 15 mg</i>                    | GEN       | ST, PA              |
| <i>morphine sulfate tab er 15 mg</i>                    | GEN       | ST, PA; QL          |
| <i>morphine sulfate tab er 30 mg</i>                    | GEN       | ST, PA; QL          |
| <i>morphine sulfate tab er 60 mg</i>                    | GEN       | ST, PA              |
| <i>morphine sulfate tab er 60 mg</i>                    | GEN       | ST, PA; QL          |
| <i>morphine sulfate tab er 100 mg</i>                   | GEN       | ST, PA              |
| <i>morphine sulfate tab er 100 mg</i>                   | GEN       | ST, PA; QL          |
| <i>morphine sulfate tab er 200 mg</i>                   | GEN       | ST, PA; QL          |
| NUCYNTA ER TAB 50MG                                     | NPB       | ST, PA; QL          |
| NUCYNTA ER TAB 100MG                                    | NPB       | ST, PA; QL          |
| NUCYNTA ER TAB 150MG                                    | NPB       | ST, PA; QL          |
| NUCYNTA ER TAB 200MG                                    | NPB       | ST, PA; QL          |
| NUCYNTA ER TAB 250MG                                    | NPB       | ST, PA; QL          |
| NUCYNTA TAB 50MG  | NPB       | ST, PA; QL          |
| NUCYNTA TAB 75MG  | NPB       | ST, PA; QL          |
| NUCYNTA TAB 100MG                                       | NPB       | ST, PA; QL          |
| <i>oxycodone hcl cap 5 mg</i>                           | GEN       | ST, PA              |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>         | GEN       | ST, PA              |
| <i>oxycodone hcl soln 5 mg/5ml</i>                      | GEN       | ST, PA              |
| <i>oxycodone hcl tab 5 mg</i>                           | GEN       | ST, PA              |
| <i>oxycodone hcl tab 10 mg</i>                          | GEN       | ST, PA              |
| <i>oxycodone hcl tab 15 mg</i>                          | GEN       | ST, PA              |
| <i>oxycodone hcl tab 20 mg</i>                          | GEN       | ST, PA              |
| <i>oxycodone hcl tab 30 mg</i>                          | GEN       | ST, PA              |
| <i>oxycodone hcl tab er 12hr deter 10 mg</i>            | NPB       | ST, PA; QL          |
| <i>oxycodone hcl tab er 12hr deter 15 mg</i>            | NPB       | ST, PA; QL          |
| <i>oxycodone hcl tab er 12hr deter 20 mg</i>            | NPB       | ST, PA; QL          |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>oxycodone hcl tab er 12hr deter 30 mg</i>                    | NPB       | ST, PA; QL          |
| <i>oxycodone hcl tab er 12hr deter 40 mg</i>                    | NPB       | ST, PA; QL          |
| <i>oxycodone hcl tab er 12hr deter 60 mg</i>                    | NPB       | ST, PA; QL          |
| <i>oxycodone hcl tab er 12hr deter 80 mg</i>                    | NPB       | ST, PA; QL          |
| <i>oxymorphone hcl tab 5 mg</i>                                 | GEN       | ST, PA              |
| <i>oxymorphone hcl tab 10 mg</i>                                | GEN       | ST, PA              |
| <i>oxymorphone hcl tab er 12hr 5 mg</i>                         | GEN       | ST, PA; QL          |
| <i>oxymorphone hcl tab er 12hr 7.5 mg</i>                       | GEN       | ST, PA; QL          |
| <i>oxymorphone hcl tab er 12hr 10 mg</i>                        | GEN       | ST, PA; QL          |
| <i>oxymorphone hcl tab er 12hr 15 mg</i>                        | GEN       | ST, PA; QL          |
| <i>oxymorphone hcl tab er 12hr 20 mg</i>                        | GEN       | ST, PA; QL          |
| <i>oxymorphone hcl tab er 12hr 30 mg</i>                        | GEN       | ST, PA; QL          |
| <i>oxymorphone hcl tab er 12hr 40 mg</i>                        | GEN       | ST, PA; QL          |
| <i>tramadol hcl tab 50 mg</i>                                   | GEN       | ST, PA; QL          |
| <i>tramadol hcl tab er 24hr 100 mg</i>                          | GEN       | ST, PA; QL          |
| <i>tramadol hcl tab er 24hr 200 mg</i>                          | GEN       | ST, PA; QL          |
| <i>tramadol hcl tab er 24hr 300 mg</i>                          | GEN       | ST, PA; QL          |
| <i>tramadol hcl tab er 24hr biphasic release 100 mg</i>         | GEN       | ST, PA; QL          |
| <i>tramadol hcl tab er 24hr biphasic release 200 mg</i>         | GEN       | ST, PA; QL          |
| <i>tramadol hcl tab er 24hr biphasic release 300 mg</i>         | GEN       | ST, PA; QL          |
| ZOHYDRO ER CAP 10MG   | NPB       | ST, PA; QL          |
| ZOHYDRO ER CAP 15MG   | NPB       | ST, PA; QL          |
| ZOHYDRO ER CAP 20MG   | NPB       | ST, PA; QL          |
| ZOHYDRO ER CAP 30MG   | NPB       | ST, PA; QL          |
| ZOHYDRO ER CAP 40MG   | NPB       | ST, PA; QL          |
| ZOHYDRO ER CAP 50MG   | NPB       | ST, PA; QL          |
| <b>OPIOID COMBINATIONS</b>                                      |           |                     |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>              | GEN       | ST, PA              |
| <i>acetaminophen w/ codeine tab 300-15 mg</i>                   | GEN       | ST, PA              |
| <i>acetaminophen w/ codeine tab 300-30 mg</i>                   | GEN       | ST, PA              |
| <i>acetaminophen w/ codeine tab 300-60 mg</i>                   | GEN       | ST, PA              |
| <i>aspirin-caffeine-dihydrocodeine cap 356.4-30-16 mg</i>       | GEN       | ST                  |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | GEN       | ST, PA              |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | GEN       | ST, PA              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> | GEN       | ST, PA              |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>         | GEN       | ST, PA              |
| <i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>          | GEN       | ST                  |
| <i>hydrocodone-acetaminophen tab 2.5-325 mg</i>               | GEN       | ST, PA              |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i>                 | GEN       | ST, PA              |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i>               | GEN       | ST, PA              |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i>                | GEN       | ST, PA              |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i>                     | GEN       | ST, PA              |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i>                     | GEN       | ST, PA; QL          |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i>                   | GEN       | ST, PA; QL          |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i>                    | GEN       | ST, PA; QL          |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>              | GEN       | ST, PA              |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i>                | GEN       | ST, PA              |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>              | GEN       | ST, PA              |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i>               | GEN       | ST, PA              |
| <i>oxycodone-aspirin tab 4.8355-325 mg</i>                    | GEN       | ST, PA              |
| <i>oxycodone-ibuprofen tab 5-400 mg</i>                       | GEN       | ST, PA; QL          |
| REPRESXAIN TAB 2.5-200  | GEN       | ST; QL              |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i>                 | GEN       | ST, PA; QL          |
| XARTEMIS XR TAB 7.5-325                                       | NPB       | ST, PA; QL          |

### **OPIOID PARTIAL AGONISTS**

|   |     |    |
|---|-----|----|
| BUNAVAIL MIS 2.1-0.3  | NPB | QL |
| BUNAVAIL MIS 4.2-0.7  | NPB | QL |
| BUNAVAIL MIS 6.3-1MG  | NPB | QL |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i>                   | ACA | QL |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i>                   | ACA | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | GEN | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>   | GEN | QL |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>   | GEN | QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | GEN       | QL                  |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | ACA       | QL                  |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>   | ACA       | QL                  |
| <i>buprenorphine td patch weekly 5 mcg/hr</i>                      | NPB       | PA; QL              |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i>                    | NPB       | PA; QL              |
| <i>buprenorphine td patch weekly 10 mcg/hr</i>                     | NPB       | PA; QL              |
| <i>buprenorphine td patch weekly 15 mcg/hr</i>                     | NPB       | PA; QL              |
| <i>buprenorphine td patch weekly 20 mcg/hr</i>                     | NPB       | PA; QL              |
| <i>butorphanol tartrate inj 1 mg/ml</i>                            | GEN       | ST                  |
| <i>butorphanol tartrate inj 2 mg/ml</i>                            | GEN       | ST                  |
| <i>butorphanol tartrate nasal soln 10 mg/ml</i>                    | GEN       | ST, PA; QL          |
| <i>nalbuphine hcl inj 10 mg/ml</i>                                 | GEN       | ST                  |
| <i>nalbuphine hcl inj 20 mg/ml</i>                                 | GEN       | ST                  |
| <i>pentazocine w/ naloxone tab 50-0.5 mg</i>                       | GEN       | ST, PA              |
| TALWIN INJ 30MG/ML   | NPB       | ST                  |
| ZUBSOLV SUB 0.7-0.18   | NPB       | QL                  |
| ZUBSOLV SUB 1.4-0.36   | NPB       | QL                  |
| ZUBSOLV SUB 2.9-0.71   | NPB       | QL                  |
| ZUBSOLV SUB 5.7-1.4  | NPB       | QL                  |
| ZUBSOLV SUB 8.6-2.1  | NPB       | QL                  |
| ZUBSOLV SUB 11.4-2.9   | NPB       | QL                  |

## ANDROGENS-ANABOLIC

### ANABOLIC STEROIDS

|                               |     |    |
|-------------------------------|-----|----|
| ANADROL-50 TAB 50MG           | NPB | PA |
| <i>oxandrolone tab 2.5 mg</i> | GEN | PA |
| <i>oxandrolone tab 10 mg</i>  | GEN | PA |

### ANDROGENS

|   |     |    |
|---|-----|----|
| ANDROXY TAB 10MG                                      | GEN | PA |
| AVEED INJ 750/3ML                                     | NPB | PA |
| AXIRON SOL 30MG/ACT                                   | PB  | PA |
| <i>danazol cap 50 mg</i>                              | GEN | PA |
| <i>danazol cap 100 mg</i>                             | GEN | PA |
| <i>danazol cap 200 mg</i>                             | GEN | PA |
| METHITEST TAB 10MG                                    | NPB | PA |
| <i>methyltestosterone cap 10 mg</i>                   | PS  | PA |
| STRIANT MIS 30MG                                      | NPB | PA |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | GEN |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>testosterone cypionate im inj in oil 200 mg/ml</i> | GEN       |                     |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i> | GEN       |                     |
| TESTOSTERONE SOL 30MG/ACT                             | PB        | PA                  |
| <i>testosterone td gel 10mg/act (2%)</i>              | GEN       | PA                  |
| <i>testosterone td gel 12.5 mg/act (1%)</i>           | GEN       | PA                  |
| <i>testosterone td gel 20.25 mg/act (1.62%)</i>       | GEN       | PA                  |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i>           | GEN       | PA                  |
| <i>testosterone td gel 50 mg/5gm (1%)</i>             | GEN       | PA                  |

## ANORECTAL AND RELATED PRODUCTS

### INTRARECTAL STEROIDS

|   |     |  |
|---|-----|--|
| <i>hydrocortisone enema 100 mg/60ml</i> | GEN |  |
|---|-----|--|

### RECTAL COMBINATIONS

|  |     |  |
|--|-----|--|
| <i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>   | GEN |  |
| <i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i> | GEN |  |
| <i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>    | GEN |  |

### RECTAL STEROIDS

|   |     |  |
|---|-----|--|
| <i>hydrocortisone perianal cream 2.5%</i> | GEN |  |
|---|-----|--|

### VASODILATING AGENTS

|                 |     |    |
|-----------------|-----|----|
| RECTIV OIN 0.4% | NPB | PA |
|-----------------|-----|----|

## ANTHELMINTICS

### ANTHELMINTICS

|                                |     |  |
|--------------------------------|-----|--|
| <i>albendazole tab 200 mg</i>  | GEN |  |
| <i>ivermectin tab 3 mg</i>     | GEN |  |
| <i>praziquantel tab 600 mg</i> | GEN |  |
| STROMEKTOL TAB 3MG             | PB  |  |

## ANTI-INFECTIVE AGENTS - MISC.

### ANTI-INFECTIVE AGENTS - MISC.

|   |     |  |
|---|-----|--|
| <i>bacitracin intramuscular for soln 50000 unit</i>     | GEN |  |
| METRONIDAZOL INJ 5MG/ML                                 | GEN |  |
| <i>metronidazole cap 375 mg</i>                         | GEN |  |
| <i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> | GEN |  |
| <i>metronidazole tab 250 mg</i>                         | GEN |  |
| <i>metronidazole tab 500 mg</i>                         | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>pentamidine isethionate for nebulization soln 300 mg</i> | GEN       |                     |
| <i>tinidazole tab 250 mg</i>                                | GEN       |                     |
| <i>tinidazole tab 500 mg</i>                                | GEN       |                     |
| <i>trimethoprim tab 100 mg</i>                              | GEN       |                     |
| <i>vancomycin hcl cap 125 mg</i>                            | PS        |                     |
| <i>vancomycin hcl cap 250 mg</i>                            | PS        |                     |
| <i>vancomycin hcl for inj 1000 mg</i>                       | GEN       |                     |
| XIFAXAN TAB 200MG   | PS        | PA                  |
| XIFAXAN TAB 550MG   | PS        | PA; QL              |

### **ANTI-INFECTIVE MISC. - COMBINATIONS**

|   |     |  |
|---|-----|--|
| <i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i> | GEN |  |
| <i>*methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg***</i>    | GEN |  |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>          | GEN |  |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>             | GEN |  |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>                  | GEN |  |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>                 | GEN |  |

### **ANTIPROTOZOAL AGENTS**

|                                   |     |    |
|-----------------------------------|-----|----|
| ALINIA SUS 100/5ML                | PS  | PA |
| ALINIA TAB 500MG                  | PS  | PA |
| <i>atovaquone susp 750 mg/5ml</i> | GEN |    |

### **CARBAPENEMS**

|  |     |  |
|--|-----|--|
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | GEN |  |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | GEN |  |
| INVANZ INJ 1GM   | NPB |  |
| <i>meropenem iv for soln 1 gm</i>                      | GEN |  |
| <i>meropenem iv for soln 500 mg</i>                    | GEN |  |

### **CHLORAMPHENICOLS**

|   |     |  |
|---|-----|--|
| <i>chloramphenicol sodium succinate for iv inj 1 gm</i> | GEN |  |
|---|-----|--|

### **GLYCOPEPTIDES**

|                        |     |    |
|------------------------|-----|----|
| FIRVANQ SOL 25MG/ML    | PB  | QL |
| FIRVANQ SOL 50MG/ML    | PB  | QL |
| VANCOMYC/D5W INJ 500MG | NPB |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| VANCOMYC/D5W INJ 750MG   | NPB       |                     |
| <i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>         | GEN       |                     |
| <i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>        | GEN       |                     |
| <i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>       | GEN       |                     |
| VANCOMYCIN INJ 750MG   | GEN       |                     |
| VIBATIV INJ 250MG  | NPB       |                     |
| VIBATIV INJ 750MG  | NPB       |                     |
| <b>KETOLIDES</b>   |           |                     |
| KETEK TAB 300MG  | NPB       | QL                  |
| KETEK TAB 400MG  | NPB       | QL                  |
| <b>LEPROSTATICS</b>  |           |                     |
| <i>dapsone tab 25 mg</i>   | GEN       |                     |
| <i>dapsone tab 100 mg</i>  | GEN       |                     |
| <b>LINCOSAMIDES</b>  |           |                     |
| <i>clindamycin hcl cap 75 mg</i>                                 | GEN       |                     |
| <i>clindamycin hcl cap 150 mg</i>                                | GEN       |                     |
| <i>clindamycin hcl cap 300 mg</i>                                | GEN       |                     |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | GEN       |                     |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>          | GEN       |                     |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>          | GEN       |                     |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>          | GEN       |                     |
| <i>clindamycin phosphate inj 300 mg/2ml</i>                      | GEN       |                     |
| <i>clindamycin phosphate inj 600 mg/4ml</i>                      | GEN       |                     |
| <i>clindamycin phosphate iv soln 300 mg/2ml</i>                  | GEN       |                     |
| <b>MONOBACTAMS</b>   |           |                     |
| AZACTAM/DEX INJ 1GM  | NPB       |                     |
| AZACTAM/DEX INJ 2GM  | NPB       |                     |
| <i>aztreonam for inj 1 gm</i>                                    | GEN       |                     |
| <i>aztreonam for inj 2 gm</i>                                    | GEN       |                     |
| CAYSTON INH 75MG   | PS        | QL                  |
| <b>OXAZOLIDINONES</b>  |           |                     |
| <i>linezolid for susp 100 mg/5ml</i>                             | NPB       | QL                  |
| <i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>    | GEN       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name                   | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|---------------------|
| <i>linezolid tab 600 mg</i> | NPB       | QL                  |
| ZYVOX SOL 2MG/ML            | NPB       |                     |

### **PLEUROMUTILINS**

|                   |    |        |
|-------------------|----|--------|
| XENLETA TAB 600MG | PS | PA; QL |
|-------------------|----|--------|

### **POLYMYXINS**

|   |     |  |
|---|-----|--|
| <i>colistimethate sod for inj 150 mg (colistin base activity)</i> | GEN |  |
| <i>polymyxin b sulfate for inj 500000 unit</i>                    | GEN |  |

### **URINARY ANTI-INFECTIVES**

|   |     |    |
|---|-----|----|
| <i>methenamine hippurate tab 1 gm</i>                         | GEN |    |
| <i>methenamine mandelate tab 0.5 gm</i>                       | GEN |    |
| <i>methenamine mandelate tab 1 gm</i>                         | GEN |    |
| MONUROL PAK GRANULES  | NPB | PA |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i>              | GEN |    |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i>              | GEN |    |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i>             | GEN |    |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> | GEN |    |

## **ANTIANGINAL AGENTS**

### **ANTIANGINALS-OTHER**

|                                       |     |  |
|---------------------------------------|-----|--|
| <i>ranolazine tab er 12hr 500 mg</i>  | GEN |  |
| <i>ranolazine tab er 12hr 1000 mg</i> | GEN |  |

### **NITRATES**

|  |     |  |
|--|-----|--|
| <i>isosorbide dinitrate tab 5 mg</i>             | GEN |  |
| <i>isosorbide dinitrate tab 10 mg</i>            | GEN |  |
| <i>isosorbide dinitrate tab 20 mg</i>            | GEN |  |
| <i>isosorbide dinitrate tab 30 mg</i>            | GEN |  |
| <i>isosorbide dinitrate tab er 40 mg</i>         | GEN |  |
| <i>isosorbide mononitrate tab 10 mg</i>          | GEN |  |
| <i>isosorbide mononitrate tab 20 mg</i>          | GEN |  |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i>  | GEN |  |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i>  | GEN |  |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> | GEN |  |
| NITRO-BID OIN 2%                                 | GEN |  |
| NITRO-DUR DIS 0.3MG/HR                           | NPB |  |
| NITRO-DUR DIS 0.8MG/HR                           | NPB |  |
| NITROGLYCER INJ 5MG/ML                           | GEN |  |
| <i>nitroglycerin cap er 2.5 mg</i>               | GEN |  |
| <i>nitroglycerin cap er 6.5 mg</i>               | GEN |  |
| <i>nitroglycerin cap er 9 mg</i>                 | GEN |  |
| <i>nitroglycerin iv soln 100 mcg/ml in d5w</i>   | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>nitroglycerin iv soln 200 mcg/ml in d5w</i>            | GEN       |                     |
| <i>nitroglycerin iv soln 400 mcg/ml in d5w</i>            | GEN       |                     |
| <i>nitroglycerin lingual aerosol 400 mcg/spray</i>        | GEN       |                     |
| <i>nitroglycerin sl tab 0.3 mg</i>                        | GEN       |                     |
| <i>nitroglycerin sl tab 0.4 mg</i>                        | GEN       |                     |
| <i>nitroglycerin sl tab 0.6 mg</i>                        | GEN       |                     |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>              | GEN       |                     |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>              | GEN       |                     |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>              | GEN       |                     |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>              | GEN       |                     |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | GEN       |                     |

## ANTI-ANXIETY AGENTS

### ANTI-ANXIETY AGENTS - MISC.

|   |     |  |
|---|-----|--|
| <i>bupirone hcl tab 5 mg</i>            | GEN |  |
| <i>bupirone hcl tab 7.5 mg</i>          | GEN |  |
| <i>bupirone hcl tab 10 mg</i>           | GEN |  |
| <i>bupirone hcl tab 15 mg</i>           | GEN |  |
| <i>bupirone hcl tab 30 mg</i>           | GEN |  |
| <i>droperidol inj 2.5 mg/ml</i>         | GEN |  |
| <i>hydroxyzine hcl im soln 25 mg/ml</i> | GEN |  |
| <i>hydroxyzine hcl im soln 50 mg/ml</i> | GEN |  |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i>  | GEN |  |
| <i>hydroxyzine hcl tab 10 mg</i>        | GEN |  |
| <i>hydroxyzine hcl tab 25 mg</i>        | GEN |  |
| <i>hydroxyzine hcl tab 50 mg</i>        | GEN |  |
| <i>hydroxyzine pamoate cap 25 mg</i>    | GEN |  |
| <i>hydroxyzine pamoate cap 50 mg</i>    | GEN |  |
| <i>hydroxyzine pamoate cap 100 mg</i>   | GEN |  |
| <i>meprobamate tab 200 mg</i>           | GEN |  |
| <i>meprobamate tab 400 mg</i>           | GEN |  |

### BENZODIAZEPINES

|   |     |    |
|---|-----|----|
| ALPRAZOLAM CON 1 MG/ML                              | GEN |    |
| <i>alprazolam orally disintegrating tab 0.5 mg</i>  | GEN | ST |
| <i>alprazolam orally disintegrating tab 0.25 mg</i> | GEN | ST |
| <i>alprazolam orally disintegrating tab 1 mg</i>    | GEN | ST |
| <i>alprazolam orally disintegrating tab 2 mg</i>    | GEN | ST |
| <i>alprazolam tab 0.5 mg</i>                        | GEN |    |
| <i>alprazolam tab 0.25 mg</i>                       | GEN |    |
| <i>alprazolam tab 1 mg</i>                          | GEN |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                                  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>alprazolam tab 2 mg</i>                 | GEN       |                     |
| <i>alprazolam tab er 24hr 0.5 mg</i>       | GEN       |                     |
| <i>alprazolam tab er 24hr 1 mg</i>         | GEN       |                     |
| <i>alprazolam tab er 24hr 2 mg</i>         | GEN       |                     |
| <i>alprazolam tab er 24hr 3 mg</i>         | GEN       |                     |
| <i>chlordiazepoxide hcl cap 5 mg</i>       | GEN       |                     |
| <i>chlordiazepoxide hcl cap 10 mg</i>      | GEN       |                     |
| <i>chlordiazepoxide hcl cap 25 mg</i>      | GEN       |                     |
| <i>clorazepate dipotassium tab 3.75 mg</i> | GEN       |                     |
| <i>clorazepate dipotassium tab 7.5 mg</i>  | GEN       |                     |
| <i>clorazepate dipotassium tab 15 mg</i>   | GEN       |                     |
| <i>diazepam conc 5 mg/ml</i>               | GEN       |                     |
| <i>diazepam inj 5 mg/ml</i>                | GEN       |                     |
| DIAZEPAM INJ 10MG/2ML                      | GEN       |                     |
| <i>diazepam oral soln 1 mg/ml</i>          | GEN       |                     |
| <i>diazepam tab 2 mg</i>                   | GEN       |                     |
| <i>diazepam tab 5 mg</i>                   | GEN       |                     |
| <i>diazepam tab 10 mg</i>                  | GEN       |                     |
| <i>lorazepam conc 2 mg/ml</i>              | GEN       |                     |
| <i>lorazepam inj 2 mg/ml</i>               | GEN       |                     |
| <i>lorazepam inj 4 mg/ml</i>               | GEN       |                     |
| <i>lorazepam tab 0.5 mg</i>                | GEN       |                     |
| <i>lorazepam tab 1 mg</i>                  | GEN       |                     |
| <i>lorazepam tab 2 mg</i>                  | GEN       |                     |
| <i>oxazepam cap 10 mg</i>                  | GEN       |                     |
| <i>oxazepam cap 15 mg</i>                  | GEN       |                     |
| <i>oxazepam cap 30 mg</i>                  | GEN       |                     |

## ANTIARRHYTHMICS

### ANTIARRHYTHMICS TYPE I-A

|  |     |  |
|--|-----|--|
| <i>disopyramide phosphate cap 100 mg</i> | GEN |  |
| <i>disopyramide phosphate cap 150 mg</i> | GEN |  |
| <i>procainamide hcl inj 100 mg/ml</i>    | GEN |  |
| PROCAINAMIDE INJ 500MG/ML                | GEN |  |
| QUINIDINE GL INJ 80MG/ML                 | GEN |  |
| <i>quinidine gluconate tab er 324 mg</i> | GEN |  |
| <i>quinidine sulfate tab 200 mg</i>      | GEN |  |
| <i>quinidine sulfate tab 300 mg</i>      | GEN |  |
| <i>quinidine sulfate tab er 300 mg</i>   | GEN |  |

### ANTIARRHYTHMICS TYPE I-B

|                                  |     |  |
|----------------------------------|-----|--|
| <i>mexiletine hcl cap 150 mg</i> | GEN |  |
| <i>mexiletine hcl cap 200 mg</i> | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>mexiletine hcl cap 250 mg</i>                                 | GEN       |                     |
| <b>ANTIARRHYTHMICS TYPE I-C</b>                                  |           |                     |
| <i>flecainide acetate tab 50 mg</i>                              | GEN       |                     |
| <i>flecainide acetate tab 100 mg</i>                             | GEN       |                     |
| <i>flecainide acetate tab 150 mg</i>                             | GEN       |                     |
| <i>propafenone hcl cap er 12hr 225 mg</i>                        | GEN       |                     |
| <i>propafenone hcl cap er 12hr 325 mg</i>                        | GEN       |                     |
| <i>propafenone hcl cap er 12hr 425 mg</i>                        | GEN       |                     |
| <i>propafenone hcl tab 150 mg</i>                                | GEN       |                     |
| <i>propafenone hcl tab 225 mg</i>                                | GEN       |                     |
| <i>propafenone hcl tab 300 mg</i>                                | GEN       |                     |
| <b>ANTIARRHYTHMICS TYPE III</b>                                  |           |                     |
| <i>amiodarone hcl tab 100 mg</i>                                 | GEN       |                     |
| <i>amiodarone hcl tab 200 mg</i>                                 | GEN       |                     |
| <i>amiodarone hcl tab 400 mg</i>                                 | GEN       |                     |
| <i>dofetilide cap 125 mcg (0.125 mg)</i>                         | GEN       | QL                  |
| <i>dofetilide cap 250 mcg (0.25 mg)</i>                          | GEN       | QL                  |
| <i>dofetilide cap 500 mcg (0.5 mg)</i>                           | GEN       | QL                  |
| MULTAQ TAB 400MG   | PB        |                     |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>                   |           |                     |
| <b>ANTI-INFLAMMATORY AGENTS</b>                                  |           |                     |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i>                       | GEN       |                     |
| <b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>                     |           |                     |
| XOLAIR INJ 75/0.5  | PS        | PA                  |
| XOLAIR INJ 150MG/ML  | PS        | PA                  |
| XOLAIR SOL 150MG   | PS        | PA; QL              |
| <b>BRONCHODILATORS - ANTICHOLINERGICS</b>                        |           |                     |
| ATROVENT HFA AER 17MCG   | NPB       |                     |
| INCRUSE ELPT INH 62.5MCG   | PB        |                     |
| <i>ipratropium bromide inhal soln 0.02%</i>                      | GEN       |                     |
| SPIRIVA AER 1.25MCG  | PB        |                     |
| SPIRIVA CAP HANDIHLR   | PB        |                     |
| SPIRIVA SPR 2.5MCG   | PB        |                     |
| <b>LEUKOTRIENE MODULATORS</b>                                    |           |                     |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i>             | GEN       | QL                  |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i>             | GEN       | QL                  |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | GEN       | QL                  |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>montelukast sodium tab 10 mg (base equiv)</i> | GEN       | QL                  |
| <i>zafirlukast tab 10 mg</i>                     | GEN       |                     |
| <i>zafirlukast tab 20 mg</i>                     | GEN       |                     |
| <i>zileuton tab er 12hr 600 mg</i>               | PS        | ST; QL              |
| ZYFLO TAB 600MG                                  | NPS       |                     |

### **SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

|                     |     |    |
|---------------------|-----|----|
| DALIRESP TAB 500MCG | NPB | PA |
|---------------------|-----|----|

### **STEROID INHALANTS**

|   |     |  |
|---|-----|--|
| ARNUITY ELPT INH 100MCG                       | PB  |  |
| ARNUITY ELPT INH 200MCG                       | PB  |  |
| <i>budesonide inhalation susp 0.5 mg/2ml</i>  | GEN |  |
| <i>budesonide inhalation susp 0.25 mg/2ml</i> | GEN |  |
| <i>budesonide inhalation susp 1 mg/2ml</i>    | GEN |  |
| FLOVENT DISK AER 50MCG                        | PB  |  |
| FLOVENT DISK AER 100MCG                       | PB  |  |
| FLOVENT DISK AER 250MCG                       | PB  |  |
| FLOVENT HFA AER 44MCG                         | PB  |  |
| FLOVENT HFA AER 110MCG                        | PB  |  |
| FLOVENT HFA AER 220MCG                        | PB  |  |
| PULMICORT INH 90MCG                           | PB  |  |
| PULMICORT INH 180MCG                          | PB  |  |
| QVAR AER 40MCG                                | PB  |  |
| QVAR AER 80MCG                                | PB  |  |
| QVAR REDIIHA AER 80MCG                        | PB  |  |
| QVAR REDIIHAL AER 40MCG                       | PB  |  |

### **SYMPATHOMIMETICS**

|  |     |    |
|--|-----|----|
| ADVAIR DISKU AER 100/50  | PB  |    |
| ADVAIR DISKU AER 250/50  | PB  |    |
| ADVAIR DISKU AER 500/50  | PB  |    |
| ADVAIR HFA AER 45/21   | PB  |    |
| ADVAIR HFA AER 115/21  | PB  |    |
| ADVAIR HFA AER 230/21  | PB  |    |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | GEN | QL |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>                  | GEN |    |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>        | GEN |    |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>             | GEN |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>        | GEN       |                     |
| <i>albuterol sulfate syrup 2 mg/5ml</i>                            | GEN       |                     |
| <i>albuterol sulfate tab 2 mg</i>                                  | GEN       |                     |
| <i>albuterol sulfate tab 4 mg</i>                                  | GEN       |                     |
| <i>albuterol sulfate tab er 12hr 4 mg</i>                          | GEN       |                     |
| <i>albuterol sulfate tab er 12hr 8 mg</i>                          | GEN       |                     |
| ANORO ELLIPTA AER 62.5-25  | PB        |                     |
| ARCAPTA CAP 75MCG  | NPB       | ST                  |
| BREO ELLIPTA INH 100-25  | PB        |                     |
| BREO ELLIPTA INH 200-25  | PB        |                     |
| BROVANA NEB 15MCG  | NPB       |                     |
| COMBIVENT AER 20-100   | PB        |                     |
| FORADIL CAP AEROLIZE   | PB        |                     |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>           | GEN       |                     |
| <i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>         | GEN       |                     |
| <i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>         | GEN       |                     |
| <i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>         | GEN       |                     |
| <i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>  | GEN       |                     |
| <i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> | NPB       |                     |
| MAXAIR AUTOH AER 200MCG  | NPB       |                     |
| <i>metaproterenol sulfate syrup 10 mg/5ml</i>                      | GEN       |                     |
| <i>metaproterenol sulfate tab 10 mg</i>                            | GEN       |                     |
| <i>metaproterenol sulfate tab 20 mg</i>                            | GEN       |                     |
| PERFOROMIST NEB 20MCG  | NPB       |                     |
| PROAIR HFA AER   | PB        | PA; QL              |
| PROVENTIL AER HFA  | PB        | PA; QL              |
| SEREVENT DIS AER 50MCG   | PB        |                     |
| STIOLTO AER 2.5-2.5  | PB        |                     |
| STRIVERDI AER 2.5MCG   | NPB       |                     |
| SYMBICORT AER 80-4.5   | PB        |                     |
| SYMBICORT AER 160-4.5  | PB        |                     |
| <i>terbutaline sulfate inj 1 mg/ml</i>                             | GEN       |                     |
| <i>terbutaline sulfate tab 2.5 mg</i>                              | GEN       |                     |
| <i>terbutaline sulfate tab 5 mg</i>                                | GEN       |                     |
| VENTOLIN HFA AER   | PB        | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                              | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>XANTHINES</b>                       |           |                     |
| <i>aminophylline inj 25 mg/ml</i>      | GEN       |                     |
| <i>theophylline soln 80 mg/15ml</i>    | GEN       |                     |
| <i>theophylline tab er 12hr 100 mg</i> | GEN       |                     |
| <i>theophylline tab er 12hr 200 mg</i> | GEN       |                     |
| <i>theophylline tab er 12hr 300 mg</i> | GEN       |                     |
| <i>theophylline tab er 12hr 450 mg</i> | GEN       |                     |
| <i>theophylline tab er 24hr 400 mg</i> | GEN       |                     |
| <i>theophylline tab er 24hr 600 mg</i> | GEN       |                     |

## ANTICOAGULANTS

### COUMARIN ANTICOAGULANTS

|                                   |     |  |
|-----------------------------------|-----|--|
| <i>warfarin sodium tab 1 mg</i>   | GEN |  |
| <i>warfarin sodium tab 2 mg</i>   | GEN |  |
| <i>warfarin sodium tab 2.5 mg</i> | GEN |  |
| <i>warfarin sodium tab 3 mg</i>   | GEN |  |
| <i>warfarin sodium tab 4 mg</i>   | GEN |  |
| <i>warfarin sodium tab 5 mg</i>   | GEN |  |
| <i>warfarin sodium tab 6 mg</i>   | GEN |  |
| <i>warfarin sodium tab 7.5 mg</i> | GEN |  |
| <i>warfarin sodium tab 10 mg</i>  | GEN |  |

### DIRECT FACTOR XA INHIBITORS

|                          |    |    |
|--------------------------|----|----|
| ELIQUIS TAB 2.5MG        | PB | QL |
| ELIQUIS TAB 5MG          | PB | QL |
| XARELTO STAR TAB 15/20MG | PB | QL |
| XARELTO TAB 2.5MG        | PB | QL |
| XARELTO TAB 10MG         | PB | QL |
| XARELTO TAB 15MG         | PB | QL |
| XARELTO TAB 20MG         | PB | QL |

### HEPARINS AND HEPARINOID-LIKE AGENTS

|  |    |    |
|--|----|----|
| <i>enoxaparin sodium inj 30 mg/0.3ml</i>                 | PS |    |
| <i>enoxaparin sodium inj 40 mg/0.4ml</i>                 | PS |    |
| <i>enoxaparin sodium inj 60 mg/0.6ml</i>                 | PS |    |
| <i>enoxaparin sodium inj 80 mg/0.8ml</i>                 | PS |    |
| <i>enoxaparin sodium inj 100 mg/ml</i>                   | PS |    |
| <i>enoxaparin sodium inj 120 mg/0.8ml</i>                | PS |    |
| <i>enoxaparin sodium inj 150 mg/ml</i>                   | PS |    |
| <i>enoxaparin sodium inj 300 mg/3ml</i>                  | PS |    |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | PS | QL |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>   | PS | QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>            | PS        | QL                  |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>             | PS        | QL                  |
| FRAGMIN INJ 2500/0.2  | PS        | QL                  |
| FRAGMIN INJ 5000/0.2  | PS        | QL                  |
| FRAGMIN INJ 7500/0.3  | PS        | QL                  |
| FRAGMIN INJ 10000/ML  | PS        | QL                  |
| FRAGMIN INJ 12500UNT  | PS        | QL                  |
| FRAGMIN INJ 15000UNT  | PS        | QL                  |
| FRAGMIN INJ 18000UNT  | PS        | QL                  |
| FRAGMIN INJ 95000UNT  | PS        | QL                  |
| HEP SOD/NACL INJ 25000UNT   | GEN       |                     |
| <i>heparin sodium (porcine) 100 unit/ml in d5w</i>                  | GEN       |                     |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i>                    | GEN       |                     |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i>                    | GEN       |                     |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i>                   | GEN       |                     |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i>                   | GEN       |                     |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>              | GEN       |                     |
| <i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> | GEN       |                     |
| <i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> | GEN       |                     |
| <b>THROMBIN INHIBITORS</b>  |           |                     |
| ARGATROBAN INJ 50/50ML  | NPB       |                     |
| <i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i> | GEN       |                     |
| <b>ANTICONSULSANTS</b>  |           |                     |
| <b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>                          |           |                     |
| FYCOMPA SUS 0.5MG/ML  | NPB       | QL                  |
| FYCOMPA TAB 2MG   | NPB       | PA; QL              |
| FYCOMPA TAB 4MG   | NPB       | PA; QL              |
| FYCOMPA TAB 6MG   | NPB       | PA; QL              |
| FYCOMPA TAB 8MG   | NPB       | PA; QL              |
| FYCOMPA TAB 10MG  | NPB       | PA; QL              |
| FYCOMPA TAB 12MG  | NPB       | PA; QL              |
| <b>ANTICONSULSANTS - BENZODIAZEPINES</b>                            |           |                     |
| <i>clobazam suspension 2.5 mg/ml</i>                                | NPB       | PA; QL              |
| <i>clobazam tab 10 mg</i>   | NPB       | PA; QL              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>clobazam tab 20 mg</i>                            | NPB       | PA; QL              |
| <i>clonazepam orally disintegrating tab 0.5 mg</i>   | GEN       |                     |
| <i>clonazepam orally disintegrating tab 0.25 mg</i>  | GEN       |                     |
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | GEN       |                     |
| <i>clonazepam orally disintegrating tab 1 mg</i>     | GEN       |                     |
| <i>clonazepam orally disintegrating tab 2 mg</i>     | GEN       |                     |
| <i>clonazepam tab 0.5 mg</i>                         | GEN       |                     |
| <i>clonazepam tab 1 mg</i>                           | GEN       |                     |
| <i>clonazepam tab 2 mg</i>                           | GEN       |                     |
| <i>diazepam rectal gel delivery system 2.5 mg</i>    | GEN       |                     |
| <i>diazepam rectal gel delivery system 10 mg</i>     | GEN       |                     |
| <i>diazepam rectal gel delivery system 20 mg</i>     | GEN       | QL                  |

#### **ANTICONVULSANTS - MISC.**

|   |     |        |
|---|-----|--------|
| APTIOM TAB 200MG                        | NPB | PA; QL |
| APTIOM TAB 400MG                        | NPB | PA; QL |
| APTIOM TAB 600MG                        | NPB | PA; QL |
| APTIOM TAB 800MG                        | NPB | PA; QL |
| BANZEL SUS 40MG/ML                      | NPB | PA     |
| BANZEL TAB 200MG                        | NPB | PA     |
| BANZEL TAB 400MG                        | NPB | PA     |
| <i>carbamazepine cap er 12hr 100 mg</i> | GEN |        |
| <i>carbamazepine cap er 12hr 200 mg</i> | GEN |        |
| <i>carbamazepine cap er 12hr 300 mg</i> | GEN |        |
| <i>carbamazepine chew tab 100 mg</i>    | GEN |        |
| <i>carbamazepine susp 100 mg/5ml</i>    | GEN |        |
| <i>carbamazepine tab 200 mg</i>         | GEN |        |
| <i>carbamazepine tab er 12hr 100 mg</i> | GEN |        |
| <i>carbamazepine tab er 12hr 200 mg</i> | GEN |        |
| <i>carbamazepine tab er 12hr 400 mg</i> | GEN |        |
| DIACOMIT CAP 250MG                      | PS  | PA; QL |
| DIACOMIT CAP 500MG                      | PS  | PA; QL |
| DIACOMIT PAK 250MG                      | PS  | PA; QL |
| DIACOMIT PAK 500MG                      | PS  | PA; QL |
| EPIDIOLEX SOL 100MG/ML                  | PS  | PA     |
| <i>gabapentin cap 100 mg</i>            | GEN |        |
| <i>gabapentin cap 300 mg</i>            | GEN |        |
| <i>gabapentin cap 400 mg</i>            | GEN |        |
| <i>gabapentin oral soln 250 mg/5ml</i>  | GEN |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>gabapentin tab 600 mg</i>                        | GEN       |                     |
| <i>gabapentin tab 800 mg</i>                        | GEN       |                     |
| LAMICTAL CHW 2MG                                    | GEN       |                     |
| <i>lamotrigine orally disintegrating tab 25 mg</i>  | NPB       |                     |
| <i>lamotrigine orally disintegrating tab 50 mg</i>  | NPB       |                     |
| <i>lamotrigine orally disintegrating tab 100 mg</i> | NPB       |                     |
| <i>lamotrigine orally disintegrating tab 200 mg</i> | NPB       |                     |
| <i>lamotrigine tab 25 mg</i>                        | GEN       |                     |
| <i>lamotrigine tab 100 mg</i>                       | GEN       |                     |
| <i>lamotrigine tab 150 mg</i>                       | GEN       |                     |
| <i>lamotrigine tab 200 mg</i>                       | GEN       |                     |
| <i>lamotrigine tab chewable dispersible 5 mg</i>    | GEN       |                     |
| <i>lamotrigine tab chewable dispersible 25 mg</i>   | GEN       |                     |
| <i>lamotrigine tab er 24hr 50 mg</i>                | GEN       |                     |
| <i>lamotrigine tab er 24hr 250 mg</i>               | GEN       |                     |
| <i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>     | GEN       |                     |
| <i>levetiracetam oral soln 100 mg/ml</i>            | GEN       |                     |
| <i>levetiracetam tab 250 mg</i>                     | GEN       |                     |
| <i>levetiracetam tab 500 mg</i>                     | GEN       |                     |
| <i>levetiracetam tab 750 mg</i>                     | GEN       |                     |
| <i>levetiracetam tab 1000 mg</i>                    | GEN       |                     |
| <i>levetiracetam tab er 24hr 500 mg</i>             | GEN       | QL                  |
| <i>levetiracetam tab er 24hr 750 mg</i>             | GEN       | QL                  |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>     | GEN       |                     |
| <i>oxcarbazepine tab 150 mg</i>                     | GEN       |                     |
| <i>oxcarbazepine tab 300 mg</i>                     | GEN       |                     |
| <i>oxcarbazepine tab 600 mg</i>                     | GEN       |                     |
| POTIGA TAB 50MG                                     | NPB       | PA; QL              |
| POTIGA TAB 200MG                                    | NPB       | PA; QL              |
| POTIGA TAB 300MG                                    | NPB       | PA; QL              |
| POTIGA TAB 400MG                                    | NPB       | PA; QL              |
| <i>pregabalin cap 25 mg</i>                         | GEN       | PA; QL              |
| <i>pregabalin cap 50 mg</i>                         | GEN       | PA; QL              |
| <i>pregabalin cap 75 mg</i>                         | GEN       | PA; QL              |
| <i>pregabalin cap 100 mg</i>                        | GEN       | PA; QL              |
| <i>pregabalin cap 150 mg</i>                        | GEN       | PA; QL              |
| <i>pregabalin cap 200 mg</i>                        | GEN       | PA; QL              |
| <i>pregabalin cap 225 mg</i>                        | GEN       | PA; QL              |
| <i>pregabalin cap 300 mg</i>                        | GEN       | PA; QL              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>pregabalin soln 20 mg/ml</i>                                  | GEN       | PA; QL              |
| <i>primidone tab 50 mg</i>                                       | GEN       |                     |
| <i>primidone tab 250 mg</i>                                      | GEN       |                     |
| <i>topiramate cap er 24hr sprinkle 25 mg</i>                     | GEN       |                     |
| <i>topiramate cap er 24hr sprinkle 50 mg</i>                     | GEN       |                     |
| <i>topiramate cap er 24hr sprinkle 100 mg</i>                    | GEN       |                     |
| <i>topiramate cap er 24hr sprinkle 150 mg</i>                    | GEN       |                     |
| <i>topiramate cap er 24hr sprinkle 200 mg</i>                    | GEN       |                     |
| <i>topiramate sprinkle cap 15 mg</i>                             | GEN       | QL                  |
| <i>topiramate sprinkle cap 25 mg</i>                             | GEN       | QL                  |
| <i>topiramate tab 25 mg</i>                                      | GEN       |                     |
| <i>topiramate tab 25 mg</i>                                      | GEN       | QL                  |
| <i>topiramate tab 50 mg</i>                                      | GEN       |                     |
| <i>topiramate tab 100 mg</i>                                     | GEN       |                     |
| <i>topiramate tab 200 mg</i>                                     | GEN       |                     |
| VIMPAT INJ 200MG/20  | NPB       | PA                  |
| VIMPAT SOL 10MG/ML   | NPB       | PA                  |
| VIMPAT TAB 50MG  | NPB       | PA                  |
| VIMPAT TAB 100MG   | NPB       | PA                  |
| VIMPAT TAB 150MG   | NPB       | PA                  |
| VIMPAT TAB 200MG   | NPB       | PA                  |
| <i>zonisamide cap 25 mg</i>                                      | GEN       |                     |
| <i>zonisamide cap 50 mg</i>                                      | GEN       |                     |
| <i>zonisamide cap 100 mg</i>                                     | GEN       |                     |
| <b>CARBAMATES</b>  |           |                     |
| <i>felbamate susp 600 mg/5ml</i>                                 | GEN       |                     |
| <i>felbamate tab 400 mg</i>                                      | GEN       |                     |
| <i>felbamate tab 600 mg</i>                                      | GEN       |                     |
| <b>GABA MODULATORS</b>   |           |                     |
| <i>tiagabine hcl tab 2 mg</i>                                    | GEN       |                     |
| <i>tiagabine hcl tab 4 mg</i>                                    | GEN       |                     |
| <i>tiagabine hcl tab 12 mg</i>                                   | GEN       |                     |
| <i>tiagabine hcl tab 16 mg</i>                                   | GEN       |                     |
| <i>vigabatrin powd pack 500 mg</i>                               | PS        | PA; QL              |
| <i>vigabatrin tab 500 mg</i>                                     | PS        | PA; QL              |
| <b>HYDANTOINS</b>  |           |                     |
| DILANTIN CAP 30MG  | PB        |                     |
| <i>fosphenytoin sodium inj 100 mg/2ml<br/>(phenytoin equiv)</i>  | GEN       |                     |
| <i>fosphenytoin sodium inj 500 mg/10ml<br/>(phenytoin equiv)</i> | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                                   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PEGANONE TAB 250MG                          | NPB       | PA                  |
| <i>phenytoin chew tab 50 mg</i>             | GEN       |                     |
| <i>phenytoin sodium extended cap 100 mg</i> | GEN       |                     |
| <i>phenytoin sodium extended cap 200 mg</i> | GEN       |                     |
| <i>phenytoin sodium extended cap 300 mg</i> | GEN       |                     |
| <i>phenytoin sodium inj 50 mg/ml</i>        | GEN       |                     |
| <i>phenytoin susp 125 mg/5ml</i>            | GEN       |                     |

### **SUCCINIMIDES**

|                                     |     |  |
|-------------------------------------|-----|--|
| CELONTIN CAP 300MG                  | PB  |  |
| <i>ethosuximide cap 250 mg</i>      | GEN |  |
| <i>ethosuximide soln 250 mg/5ml</i> | GEN |  |

### **VALPROIC ACID**

|  |     |  |
|--|-----|--|
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | GEN |  |
| <i>divalproex sodium tab delayed release 125 mg</i>          | GEN |  |
| <i>divalproex sodium tab delayed release 250 mg</i>          | GEN |  |
| <i>divalproex sodium tab delayed release 500 mg</i>          | GEN |  |
| <i>divalproex sodium tab er 24 hr 250 mg</i>                 | GEN |  |
| <i>divalproex sodium tab er 24 hr 500 mg</i>                 | GEN |  |
| <i>valproate sodium inj 100 mg/ml</i>                        | GEN |  |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>    | GEN |  |
| <i>valproic acid cap 250 mg</i>                              | GEN |  |

### **ANTIDEPRESSANTS**

#### **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

|  |     |  |
|--|-----|--|
| <i>mirtazapine orally disintegrating tab 15 mg</i> | GEN |  |
| <i>mirtazapine orally disintegrating tab 30 mg</i> | GEN |  |
| <i>mirtazapine orally disintegrating tab 45 mg</i> | GEN |  |
| <i>mirtazapine tab 7.5 mg</i>                      | GEN |  |
| <i>mirtazapine tab 15 mg</i>                       | GEN |  |
| <i>mirtazapine tab 30 mg</i>                       | GEN |  |
| <i>mirtazapine tab 45 mg</i>                       | GEN |  |

#### **ANTIDEPRESSANTS - MISC.**

|   |     |  |
|---|-----|--|
| <i>bupropion hcl tab 75 mg</i>          | GEN |  |
| <i>bupropion hcl tab 100 mg</i>         | GEN |  |
| <i>bupropion hcl tab er 12hr 100 mg</i> | GEN |  |
| <i>bupropion hcl tab er 12hr 150 mg</i> | GEN |  |
| <i>bupropion hcl tab er 12hr 200 mg</i> | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                               | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>bupropion hcl tab er 24hr 150 mg</i> | GEN       | QL                  |
| <i>bupropion hcl tab er 24hr 300 mg</i> | GEN       | QL                  |
| <i>maprotiline hcl tab 25 mg</i>        | GEN       |                     |
| <i>maprotiline hcl tab 50 mg</i>        | GEN       |                     |
| <i>maprotiline hcl tab 75 mg</i>        | GEN       |                     |

### **MONOAMINE OXIDASE INHIBITORS (MAOIS)**

|  |     |        |
|--|-----|--------|
| EMSAM DIS 6MG/24HR                       | NPB | PA; QL |
| EMSAM DIS 9MG/24HR                       | NPB | PA; QL |
| EMSAM DIS 12MG/24H                       | NPB | PA; QL |
| <i>phenelzine sulfate tab 15 mg</i>      | GEN |        |
| <i>tranylcypromine sulfate tab 10 mg</i> | GEN |        |

### **N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**

|                       |    |        |
|-----------------------|----|--------|
| SPRAVATO SOL 56MG DOS | PS | PA; QL |
| SPRAVATO SOL 84MG DOS | PS | PA; QL |

### **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

|  |     |    |
|--|-----|----|
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i>     | GEN |    |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i>  | GEN | QL |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i>  | GEN | QL |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i>  | GEN | QL |
| <i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> | GEN | QL |
| <i>escitalopram oxalate tab 5 mg (base equiv)</i>      | GEN | QL |
| <i>escitalopram oxalate tab 10 mg (base equiv)</i>     | GEN | QL |
| <i>escitalopram oxalate tab 20 mg (base equiv)</i>     | GEN | QL |
| <i>fluoxetine hcl cap 10 mg</i>                        | GEN |    |
| <i>fluoxetine hcl cap 20 mg</i>                        | GEN |    |
| <i>fluoxetine hcl cap 40 mg</i>                        | GEN |    |
| <i>fluoxetine hcl solution 20 mg/5ml</i>               | GEN |    |
| <i>fluoxetine hcl tab 10 mg</i>                        | GEN | ST |
| <i>fluvoxamine maleate tab 25 mg</i>                   | GEN |    |
| <i>fluvoxamine maleate tab 50 mg</i>                   | GEN |    |
| <i>fluvoxamine maleate tab 100 mg</i>                  | GEN |    |
| <i>paroxetine hcl tab 10 mg</i>                        | GEN | QL |
| <i>paroxetine hcl tab 20 mg</i>                        | GEN | QL |
| <i>paroxetine hcl tab 30 mg</i>                        | GEN | QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>paroxetine hcl tab 40 mg</i>                              | GEN       | QL                  |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | GEN       |                     |
| <i>sertraline hcl tab 25 mg</i>                              | GEN       |                     |
| <i>sertraline hcl tab 50 mg</i>                              | GEN       |                     |
| <i>sertraline hcl tab 100 mg</i>                             | GEN       |                     |

### **SEROTONIN MODULATORS**

|                                  |     |        |
|----------------------------------|-----|--------|
| <i>nefazodone hcl tab 50 mg</i>  | NPB |        |
| <i>nefazodone hcl tab 100 mg</i> | NPB |        |
| <i>nefazodone hcl tab 150 mg</i> | NPB |        |
| <i>nefazodone hcl tab 200 mg</i> | NPB |        |
| <i>nefazodone hcl tab 250 mg</i> | NPB |        |
| <i>trazodone hcl tab 50 mg</i>   | GEN |        |
| <i>trazodone hcl tab 100 mg</i>  | GEN |        |
| <i>trazodone hcl tab 150 mg</i>  | GEN |        |
| <i>trazodone hcl tab 300 mg</i>  | GEN |        |
| TRINTELLIX TAB 5MG               | NPB | PA; QL |
| TRINTELLIX TAB 10MG              | NPB | PA; QL |
| TRINTELLIX TAB 20MG              | NPB | PA; QL |
| VIIBRYD KIT STARTER              | NPB | PA; QL |
| VIIBRYD TAB 10MG                 | NPB | PA; QL |
| VIIBRYD TAB 20MG                 | NPB | PA; QL |
| VIIBRYD TAB 40MG                 | NPB | PA; QL |

### **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

|  |     |        |
|--|-----|--------|
| DESVENLAFAX TAB 50MG ER  | NPB | ST; QL |
| DESVENLAFAX TAB 100MG ER   | NPB | ST; QL |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>   | NPB | ST; QL |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>   | NPB | ST; QL |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>  | NPB | ST; QL |
| <i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> | GEN | QL     |
| <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | GEN | QL     |
| <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | GEN | QL     |
| FETZIMA CAP 20MG   | NPB | PA; QL |
| FETZIMA CAP 40MG   | NPB | PA; QL |
| FETZIMA CAP 80MG   | NPB | PA; QL |
| FETZIMA CAP 120MG  | NPB | PA; QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| FETZIMA CAP TITRATIO   | NPB       | PA; QL              |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | GEN       | QL                  |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>   | GEN       | QL                  |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>  | GEN       | QL                  |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i>           | GEN       |                     |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>         | GEN       |                     |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i>           | GEN       |                     |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i>           | GEN       |                     |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i>          | GEN       |                     |

### **TRICYCLIC AGENTS**

|                                     |     |    |
|-------------------------------------|-----|----|
| <i>amitriptyline hcl tab 10 mg</i>  | GEN |    |
| <i>amitriptyline hcl tab 25 mg</i>  | GEN |    |
| <i>amitriptyline hcl tab 50 mg</i>  | GEN |    |
| <i>amitriptyline hcl tab 75 mg</i>  | GEN |    |
| <i>amitriptyline hcl tab 100 mg</i> | GEN |    |
| <i>amitriptyline hcl tab 150 mg</i> | GEN |    |
| <i>amoxapine tab 25 mg</i>          | GEN |    |
| <i>amoxapine tab 50 mg</i>          | GEN |    |
| <i>amoxapine tab 100 mg</i>         | GEN |    |
| <i>amoxapine tab 150 mg</i>         | GEN |    |
| <i>clomipramine hcl cap 25 mg</i>   | NPB | ST |
| <i>clomipramine hcl cap 50 mg</i>   | NPB | ST |
| <i>clomipramine hcl cap 75 mg</i>   | NPB | ST |
| <i>desipramine hcl tab 10 mg</i>    | GEN |    |
| <i>desipramine hcl tab 25 mg</i>    | GEN |    |
| <i>desipramine hcl tab 50 mg</i>    | GEN |    |
| <i>desipramine hcl tab 75 mg</i>    | GEN |    |
| <i>desipramine hcl tab 100 mg</i>   | GEN |    |
| <i>desipramine hcl tab 150 mg</i>   | GEN |    |
| <i>doxepin hcl cap 10 mg</i>        | GEN |    |
| <i>doxepin hcl cap 25 mg</i>        | GEN |    |
| <i>doxepin hcl cap 50 mg</i>        | GEN |    |
| <i>doxepin hcl cap 75 mg</i>        | GEN |    |
| <i>doxepin hcl cap 100 mg</i>       | GEN |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name                               | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>doxepin hcl cap 150 mg</i>           | GEN       |                     |
| <i>doxepin hcl conc 10 mg/ml</i>        | GEN       |                     |
| <i>imipramine hcl tab 10 mg</i>         | GEN       |                     |
| <i>imipramine hcl tab 25 mg</i>         | GEN       |                     |
| <i>imipramine hcl tab 50 mg</i>         | GEN       |                     |
| <i>nortriptyline hcl cap 10 mg</i>      | GEN       |                     |
| <i>nortriptyline hcl cap 25 mg</i>      | GEN       |                     |
| <i>nortriptyline hcl cap 50 mg</i>      | GEN       |                     |
| <i>nortriptyline hcl cap 75 mg</i>      | GEN       |                     |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | GEN       |                     |
| <i>protriptyline hcl tab 5 mg</i>       | GEN       |                     |
| <i>protriptyline hcl tab 10 mg</i>      | GEN       |                     |

## ANTIDIABETICS

### ALPHA-GLUCOSIDASE INHIBITORS

|                            |     |  |
|----------------------------|-----|--|
| <i>acarbose tab 25 mg</i>  | GEN |  |
| <i>acarbose tab 50 mg</i>  | GEN |  |
| <i>acarbose tab 100 mg</i> | GEN |  |
| MIGLITOL TAB 25 MG         | GEN |  |
| MIGLITOL TAB 50 MG         | GEN |  |
| MIGLITOL TAB 100 MG        | GEN |  |

### ANTIDIABETIC - AMYLIN ANALOGS

|                           |    |        |
|---------------------------|----|--------|
| SYMLINPEN 60 INJ 1000MCG  | PB | ST; QL |
| SYMLINPEN 120 INJ 1000MCG | PB | ST; QL |

### ANTIDIABETIC COMBINATIONS

|   |     |        |
|---|-----|--------|
| AVANDAMET TAB 2-500MG                         | PS  |        |
| AVANDAMET TAB 2-1000MG                        | PS  |        |
| AVANDAMET TAB 4-500MG                         | PS  |        |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | GEN |        |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | GEN |        |
| <i>glipizide-metformin hcl tab 5-500 mg</i>   | GEN |        |
| <i>glyburide-metformin tab 1.25-250 mg</i>    | GEN |        |
| <i>glyburide-metformin tab 2.5-500 mg</i>     | GEN |        |
| <i>glyburide-metformin tab 5-500 mg</i>       | GEN |        |
| GLYXAMBI TAB 10-5 MG                          | PB  | ST; QL |
| GLYXAMBI TAB 25-5 MG                          | PB  | ST; QL |
| JANUMET TAB 50-500MG                          | PB  | ST     |
| JANUMET TAB 50-1000                           | PB  | ST     |
| JANUMET XR TAB 50-500MG                       | PB  | ST     |
| JANUMET XR TAB 50-1000                        | PB  | ST     |
| JANUMET XR TAB 100-1000                       | PB  | ST     |
| QTERN TAB 10MG/5MG                            | PB  | ST; QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                                     | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>repaglinide-metformin hcl tab 1-500 mg</i> | GEN       |                     |
| <i>repaglinide-metformin hcl tab 2-500 mg</i> | GEN       |                     |
| SOLIQUA INJ 100/33                            | NPB       | ST; QL              |
| SYNJARDY TAB                                  | PB        | ST; QL              |
| SYNJARDY TAB 5-500MG                          | PB        | ST; QL              |
| SYNJARDY TAB 5-1000MG                         | PB        | ST; QL              |
| SYNJARDY TAB 12.5-500                         | PB        | ST; QL              |
| SYNJARDY XR TAB                               | PB        | ST; QL              |
| SYNJARDY XR TAB 5-1000MG                      | PB        | ST; QL              |
| SYNJARDY XR TAB 10-1000                       | PB        | ST; QL              |
| SYNJARDY XR TAB 25-1000                       | PB        | ST; QL              |
| XIGDUO XR TAB 2.5-1000                        | PB        | ST; QL              |
| XIGDUO XR TAB 5-500MG                         | PB        | ST; QL              |
| XIGDUO XR TAB 5-1000MG                        | PB        | ST; QL              |
| XIGDUO XR TAB 10-500MG                        | PB        | ST; QL              |
| XIGDUO XR TAB 10-1000                         | PB        | ST; QL              |
| XULTOPHY INJ 100/3.6                          | NPB       | ST; QL              |

### **BIGUANIDES**

|   |     |  |
|---|-----|--|
| <i>metformin hcl tab 500 mg</i>         | GEN |  |
| <i>metformin hcl tab 850 mg</i>         | GEN |  |
| <i>metformin hcl tab 1000 mg</i>        | GEN |  |
| <i>metformin hcl tab er 24hr 500 mg</i> | GEN |  |
| <i>metformin hcl tab er 24hr 750 mg</i> | GEN |  |

### **DIABETIC OTHER**

|                       |     |        |
|-----------------------|-----|--------|
| GLUCAGEN INJ HYPOKIT  | PB  | QL     |
| GLUCAGON KIT 1MG      | PB  | QL     |
| KORLYM TAB 300MG      | NPS | PA; QL |
| PROGLYCEM SUS 50MG/ML | NPB |        |

### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

|   |     |    |
|---|-----|----|
| <i>alogliptin benzoate tab 6.25 mg (base equiv)</i> | NPB | ST |
| <i>alogliptin benzoate tab 25 mg (base equiv)</i>   | NPB | ST |
| JANUVIA TAB 25MG                                    | PB  | ST |
| JANUVIA TAB 50MG                                    | PB  | ST |
| JANUVIA TAB 100MG                                   | PB  | ST |

### **INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

|                        |    |        |
|------------------------|----|--------|
| OZEMPIC INJ 2/1.5ML    | PB | ST; QL |
| TRULICITY INJ 0.75/0.5 | PB | ST; QL |
| TRULICITY INJ 1.5/0.5  | PB | ST; QL |
| TRULICITY INJ 3/0.5    | PB | ST; QL |
| TRULICITY INJ 4.5/0.5  | PB | ST; QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|-----------------------|
| VICTOZA INJ 18MG/3ML                                      | PB        | ST; QL                |
| <b>INSULIN</b>  |           |                       |
| HUMULIN R INJ U-100                                       | PB        | QL                    |
| HUMULIN R INJ U-500                                       | PB        | QL                    |
| HUMULIN R INJ U-500                                       | PB        | QL (54 mL in 68 days) |
| LANTUS INJ 100/ML   | PB        | QL                    |
| LANTUS SOLOS INJ 100/ML                                   | PB        | QL                    |
| LEVEMIR INJ   | PB        | QL                    |
| LEVEMIR INJ FLEXTUOC                                      | PB        | QL                    |
| NOVOLIN INJ 70/30   | PB        | QL                    |
| NOVOLIN N INJ U-100                                       | PB        | QL                    |
| NOVOLIN R INJ RELION                                      | PB        | QL                    |
| NOVOLIN R INJ U-100                                       | PB        | QL                    |
| NOVOLOG INJ 100/ML  | PB        | QL                    |
| NOVOLOG INJ FLEXPEN                                       | PB        | QL                    |
| NOVOLOG INJ PENFILL                                       | PB        | QL                    |
| NOVOLOG MIX INJ 70/30                                     | PB        | QL                    |
| NOVOLOG MIX INJ FLEXPEN                                   | PB        | QL                    |
| TOUJEO SOLO INJ 300IU/ML                                  | PB        | QL                    |
| TRESIBA FLEX INJ 100UNIT                                  | PB        |                       |
| TRESIBA FLEX INJ 200UNIT                                  | PB        |                       |
| TRESIBA INJ 100UNIT                                       | PB        | QL                    |
| <b>INSULIN SENSITIZING AGENTS</b>                         |           |                       |
| AVANDIA TAB 2MG   | NPS       |                       |
| AVANDIA TAB 4MG   | NPS       |                       |
| AVANDIA TAB 8MG   | PS        |                       |
| <i>pioglitazone hcl tab 15 mg (base equiv)</i>            | GEN       |                       |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i>            | GEN       |                       |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i>            | GEN       |                       |
| <b>MEGLITINIDE ANALOGUES</b>                              |           |                       |
| <i>nateglinide tab 60 mg</i>                              | GEN       |                       |
| <i>nateglinide tab 120 mg</i>                             | GEN       |                       |
| <i>repaglinide tab 0.5 mg</i>                             | GEN       |                       |
| <i>repaglinide tab 1 mg</i>                               | GEN       |                       |
| <i>repaglinide tab 2 mg</i>                               | GEN       |                       |
| <b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b> |           |                       |
| FARXIGA TAB 5MG   | PB        | ST; QL                |
| FARXIGA TAB 10MG  | PB        | ST; QL                |
| JARDIANCE TAB 10MG  | PB        | ST; QL                |
| JARDIANCE TAB 25MG  | PB        | ST; QL                |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name                              | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>SULFONYLUREAS</b>                   |           |                     |
| <i>chlorpropamide tab 100 mg</i>       | GEN       |                     |
| <i>chlorpropamide tab 250 mg</i>       | GEN       |                     |
| <i>glimepiride tab 1 mg</i>            | GEN       |                     |
| <i>glimepiride tab 2 mg</i>            | GEN       |                     |
| <i>glimepiride tab 4 mg</i>            | GEN       |                     |
| <i>glipizide tab 5 mg</i>              | GEN       |                     |
| <i>glipizide tab 10 mg</i>             | GEN       |                     |
| <i>glipizide tab er 24hr 2.5 mg</i>    | GEN       |                     |
| <i>glipizide tab er 24hr 5 mg</i>      | GEN       |                     |
| <i>glipizide tab er 24hr 10 mg</i>     | GEN       |                     |
| <i>glyburide micronized tab 1.5 mg</i> | GEN       |                     |
| <i>glyburide micronized tab 3 mg</i>   | GEN       |                     |
| <i>glyburide micronized tab 6 mg</i>   | GEN       |                     |
| <i>glyburide tab 1.25 mg</i>           | GEN       |                     |
| <i>glyburide tab 2.5 mg</i>            | GEN       |                     |
| <i>glyburide tab 5 mg</i>              | GEN       |                     |
| <i>tolazamide tab 250 mg</i>           | GEN       |                     |
| <i>tolazamide tab 500 mg</i>           | GEN       |                     |
| <i>tolbutamide tab 500 mg</i>          | GEN       |                     |

#### ANTIDIARRHEAL/PROBIOTIC AGENTS

##### ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS

|                   |    |        |
|-------------------|----|--------|
| FULYZAQ TAB 125MG | PS | PA; QL |
| MYTESI TAB 125MG  | PS | PA; QL |

##### ANTIPERISTALTIC AGENTS

|  |     |  |
|--|-----|--|
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>    | GEN |  |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>        | GEN |  |
| <i>loperamide hcl cap 2 mg</i>                           | GEN |  |
| <i>paregoric tincture 2 mg/5ml (morphine equivalent)</i> | GEN |  |

#### ANTIDOTES AND SPECIFIC ANTAGONISTS

##### ANTIDOTES - CHELATING AGENTS

|   |     |    |
|---|-----|----|
| CHEMET CAP 100MG                            | NPB | PA |
| <i>deferasirox tab 90 mg</i>                | PS  |    |
| <i>deferasirox tab 360 mg</i>               | PS  |    |
| <i>deferasirox tab for oral susp 125 mg</i> | PS  |    |
| <i>deferasirox tab for oral susp 250 mg</i> | PS  |    |
| <i>deferasirox tab for oral susp 500 mg</i> | PS  |    |
| EXJADE TAB 125MG                            | PS  | PA |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name              | Drug Tier | Requirements/Limits |
|------------------------|-----------|---------------------|
| EXJADE TAB 250MG       | PS        | PA                  |
| EXJADE TAB 500MG       | PS        | PA                  |
| FERRIPROX SOL 100MG/ML | PS        | PA                  |
| FERRIPROX TAB 500MG    | PS        | PA                  |

### **BENZODIAZEPINE ANTAGONISTS**

|   |     |  |
|---|-----|--|
| <i>flumazenil iv soln 1 mg/10ml (0.1 mg/ml)</i> | GEN |  |
|---|-----|--|

### **OPIOID ANTAGONISTS**

|   |     |    |
|---|-----|----|
| <i>naloxone hcl inj 0.4 mg/ml</i>                   | GEN |    |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | GEN |    |
| <i>naltrexone hcl tab 50 mg</i>                     | ACA |    |
| NARCAN SPR  | NPB | QL |
| VIVITROL INJ 380MG                                  | PS  |    |

### **ANTIEMETICS**

#### **5-HT3 RECEPTOR ANTAGONISTS**

|   |     |        |
|---|-----|--------|
| ALOXI INJ 0.25MG/5  | NPB | ST     |
| ANZEMET INJ 20MG/ML   | NPB | ST     |
| ANZEMET TAB 50MG  | NPB | ST; QL |
| ANZEMET TAB 100MG   | NPB | ST; QL |
| <i>granisetron hcl inj 0.1 mg/ml</i>                          | GEN | QL     |
| <i>granisetron hcl inj 1 mg/ml</i>                            | GEN | QL     |
| <i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>                 | GEN | QL     |
| <i>granisetron hcl tab 1 mg</i>                               | NPB | QL     |
| <i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>                 | GEN |        |
| <i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>               | GEN |        |
| <i>ondansetron hcl oral soln 4 mg/5ml</i>                     | GEN |        |
| <i>ondansetron hcl tab 4 mg</i>                               | GEN | QL     |
| <i>ondansetron hcl tab 8 mg</i>                               | GEN | QL     |
| <i>ondansetron hcl tab 24 mg</i>                              | GEN | QL     |
| <i>ondansetron orally disintegrating tab 4 mg</i>             | GEN | QL     |
| <i>ondansetron orally disintegrating tab 8 mg</i>             | GEN | QL     |
| <i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i> | GEN |        |
| SANCUSO DIS 3.1MG   | NPB | ST; QL |

#### **ANTIEMETICS - ANTICHOLINERGIC**

|   |     |  |
|---|-----|--|
| DIMENHYDRIN INJ 50MG/ML                     | GEN |  |
| <i>meclizine hcl tab 12.5 mg</i>            | GEN |  |
| <i>meclizine hcl tab 12.5 mg</i>            | GEN |  |
| <i>meclizine hcl tab 25 mg</i>              | GEN |  |
| <i>meclizine hcl tab 25 mg</i>              | GEN |  |
| <i>scopolamine td patch 72hr 1 mg/3days</i> | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                               | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| TIGAN INJ 100MG/ML                      | NPB       |                     |
| <i>trimethobenzamide hcl cap 300 mg</i> | GEN       |                     |

#### **ANTIEMETICS - MISCELLANEOUS**

|                              |     |    |
|------------------------------|-----|----|
| AKYNZEO CAP 300-0.5          | NPB | QL |
| CESAMET CAP 1MG              | NPB | ST |
| <i>dronabinol cap 2.5 mg</i> | NPB |    |
| <i>dronabinol cap 5 mg</i>   | NPB |    |
| <i>dronabinol cap 10 mg</i>  | NPB |    |

#### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

|   |    |                       |
|---|----|-----------------------|
| <i>aprepitant capsule 40 mg</i>                                   | PB | QL                    |
| <i>aprepitant capsule 80 mg</i>                                   | PB | QL                    |
| <i>aprepitant capsule 125 mg</i>                                  | PB | QL                    |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>            | PB | QL                    |
| <i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i> | PB | QL (1 vial / 30 days) |

#### **ANTIFUNGALS**

##### **ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)**

|                    |     |  |
|--------------------|-----|--|
| ERAXIS INJ 50MG    | NPB |  |
| ERAXIS INJ 100MG   | NPB |  |
| MYCAMINE INJ 50MG  | NPB |  |
| MYCAMINE INJ 100MG | NPB |  |

##### **ANTIFUNGALS**

|   |     |    |
|---|-----|----|
| ABELCET INJ 5MG/ML                            | NPB |    |
| AMBISOME INJ 50MG                             | NPB |    |
| <i>amphotericin b for iv soln 50 mg</i>       | GEN |    |
| <i>flucytosine cap 250 mg</i>                 | PS  | PA |
| <i>flucytosine cap 500 mg</i>                 | PS  | PA |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | GEN |    |
| <i>griseofulvin microsize tab 500 mg</i>      | GEN |    |
| <i>griseofulvin ultramicrosize tab 125 mg</i> | GEN |    |
| <i>griseofulvin ultramicrosize tab 250 mg</i> | GEN |    |
| <i>*nystatin oral powder*</i>                 | GEN |    |
| <i>nystatin tab 500000 unit</i>               | GEN |    |
| <i>terbinafine hcl tab 250 mg</i>             | GEN | QL |

##### **IMIDAZOLE-RELATED ANTIFUNGALS**

|                                      |     |    |
|--------------------------------------|-----|----|
| CRESEMBA CAP 186 MG                  | PS  | PA |
| CRESEMBA INJ 372MG                   | PS  | PA |
| <i>fluconazole for susp 10 mg/ml</i> | GEN |    |
| <i>fluconazole for susp 40 mg/ml</i> | GEN |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | GEN       |                     |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | GEN       |                     |
| <i>fluconazole tab 50 mg</i>                     | GEN       | QL                  |
| <i>fluconazole tab 100 mg</i>                    | GEN       | QL                  |
| <i>fluconazole tab 150 mg</i>                    | GEN       | QL                  |
| <i>fluconazole tab 200 mg</i>                    | GEN       | QL                  |
| FLUCONAZOLE/ INJ NAACL 100                       | GEN       |                     |
| <i>itraconazole cap 100 mg</i>                   | GEN       | PA; QL              |
| <i>itraconazole oral soln 10 mg/ml</i>           | GEN       | PA; QL              |
| <i>ketoconazole tab 200 mg</i>                   | GEN       |                     |
| NOXAFIL SUS 40MG/ML                              | PS        | PA                  |
| ONMEL TAB 200MG                                  | NPB       | PA; QL              |
| <i>posaconazole tab delayed release 100 mg</i>   | PS        | PA                  |
| <i>voriconazole for inj 200 mg</i>               | GEN       | QL                  |
| <i>voriconazole for susp 40 mg/ml</i>            | PS        | QL                  |
| <i>voriconazole tab 50 mg</i>                    | PS        | QL                  |
| <i>voriconazole tab 200 mg</i>                   | PS        | QL                  |

## ANTIHI STAMINES

### ANTIHI STAMINES - ALKYLAMINES

|   |     |
|---|-----|
| <i>dexchlorpheniramine maleate syrup 2 mg/5ml</i> | NPB |
|---|-----|

### ANTIHI STAMINES - ETHANOLAMINES

|  |     |
|--|-----|
| <i>carbinoxamine maleate soln 4 mg/5ml</i> | GEN |
| <i>carbinoxamine maleate tab 4 mg</i>      | GEN |
| <i>clemastine fumarate tab 2.68 mg</i>     | GEN |
| <i>diphenhydramine hcl inj 50 mg/ml</i>    | GEN |

### ANTIHI STAMINES - NON-SEDATING

|   |     |
|---|-----|
| <i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>                | GEN |
| <i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>                | GEN |
| <i>desloratadine tab 5 mg</i>                                     | NPB |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | GEN |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | GEN |
| <i>levocetirizine dihydrochloride tab 5 mg</i>                    | GEN |

### ANTIHI STAMINES - PHENOTHIAZINES

|  |     |
|--|-----|
| <i>promethazine hcl inj 25 mg/ml</i>   | GEN |
| <i>promethazine hcl inj 50 mg/ml</i>   | GEN |
| <i>promethazine hcl suppos 12.5 mg</i> | GEN |
| <i>promethazine hcl suppos 25 mg</i>   | GEN |
| <i>promethazine hcl suppos 50 mg</i>   | NPB |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>promethazine hcl syrup 6.25 mg/5ml</i>                        | GEN       |                     |
| <i>promethazine hcl tab 12.5 mg</i>                              | GEN       |                     |
| <i>promethazine hcl tab 25 mg</i>                                | GEN       |                     |
| <i>promethazine hcl tab 50 mg</i>                                | GEN       |                     |
| <b>ANTIHISTAMINES - PIPERIDINES</b>                              |           |                     |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i>                         | GEN       |                     |
| <i>cyproheptadine hcl tab 4 mg</i>                               | GEN       |                     |
| <b>ANTIHYPERLIPIDEMICS</b>                                       |           |                     |
| <b>ANTIHYPERLIPIDEMICS - MISC.</b>                               |           |                     |
| KYNAMRO INJ 200MG/ML   | NPS       | PA; QL              |
| <i>omega-3-acid ethyl esters cap 1 gm</i>                        | PB        |                     |
| VASCEPA CAP 0.5GM  | PB        | PA                  |
| VASCEPA CAP 1GM  | PB        | PA                  |
| <b>BILE ACID SEQUESTRANTS</b>                                    |           |                     |
| <i>cholestyramine light powder 4 gm/dose</i>                     | NPB       |                     |
| <i>cholestyramine light powder packets 4 gm</i>                  | NPB       |                     |
| <i>cholestyramine powder 4 gm/dose</i>                           | NPB       |                     |
| <i>cholestyramine powder packets 4 gm</i>                        | NPB       |                     |
| <i>colesevelam hcl packet for susp 3.75 gm</i>                   | GEN       |                     |
| <i>colesevelam hcl packet for susp 3.75 gm</i>                   | NPB       | PA                  |
| <i>colesevelam hcl tab 625 mg</i>                                | NPB       | PA                  |
| <i>colestipol hcl granule packets 5 gm</i>                       | NPB       |                     |
| <i>colestipol hcl granules 5 gm</i>                              | NPB       |                     |
| <i>colestipol hcl tab 1 gm</i>                                   | NPB       |                     |
| <b>FIBRIC ACID DERIVATIVES</b>                                   |           |                     |
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>  | NPB       |                     |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | NPB       |                     |
| <i>fenofibrate micronized cap 43 mg</i>                          | GEN       |                     |
| <i>fenofibrate micronized cap 67 mg</i>                          | GEN       |                     |
| <i>fenofibrate micronized cap 134 mg</i>                         | GEN       |                     |
| <i>fenofibrate micronized cap 200 mg</i>                         | NPB       |                     |
| <i>fenofibrate tab 48 mg</i>                                     | GEN       |                     |
| <i>fenofibrate tab 54 mg</i>                                     | GEN       |                     |
| <i>fenofibrate tab 145 mg</i>                                    | GEN       |                     |
| <i>fenofibrate tab 160 mg</i>                                    | GEN       |                     |
| <i>fenofibric acid tab 35 mg</i>                                 | NPB       |                     |
| <i>fenofibric acid tab 105 mg</i>                                | NPB       |                     |
| <i>gemfibrozil tab 600 mg</i>                                    | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>HMG COA REDUCTASE INHIBITORS</b>                              |           |                     |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i>          | ACA       |                     |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i>          | ACA       |                     |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i>          | ACA       |                     |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i>          | ACA       |                     |
| <i>fluvastatin sodium cap 20 mg (base equivalent)</i>            | ACA       |                     |
| <i>fluvastatin sodium cap 40 mg (base equivalent)</i>            | ACA       |                     |
| LIVALO TAB 1MG   | ACA       | PA                  |
| LIVALO TAB 2MG   | ACA       | PA                  |
| LIVALO TAB 4MG   | ACA       | PA                  |
| <i>lovastatin tab 10 mg</i>                                      | ACA       |                     |
| <i>lovastatin tab 20 mg</i>                                      | ACA       |                     |
| <i>lovastatin tab 40 mg</i>                                      | ACA       |                     |
| <i>pravastatin sodium tab 10 mg</i>                              | ACA       |                     |
| <i>pravastatin sodium tab 20 mg</i>                              | ACA       |                     |
| <i>pravastatin sodium tab 40 mg</i>                              | ACA       |                     |
| <i>pravastatin sodium tab 80 mg</i>                              | ACA       |                     |
| <i>rosuvastatin calcium tab 5 mg</i>                             | ACA       |                     |
| <i>rosuvastatin calcium tab 10 mg</i>                            | ACA       |                     |
| <i>rosuvastatin calcium tab 20 mg</i>                            | ACA       |                     |
| <i>rosuvastatin calcium tab 40 mg</i>                            | ACA       |                     |
| <i>simvastatin tab 5 mg</i>                                      | ACA       |                     |
| <i>simvastatin tab 10 mg</i>                                     | ACA       |                     |
| <i>simvastatin tab 20 mg</i>                                     | ACA       |                     |
| <i>simvastatin tab 40 mg</i>                                     | ACA       |                     |
| <i>simvastatin tab 80 mg</i>                                     | ACA       |                     |
| <b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>              |           |                     |
| <i>ezetimibe tab 10 mg</i>                                       | GEN       |                     |
| <b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b> |           |                     |
| JUXTAPID CAP 5MG   | NPS       | PA; QL              |
| JUXTAPID CAP 10MG  | NPS       | PA; QL              |
| JUXTAPID CAP 20MG  | NPS       | PA; QL              |
| JUXTAPID CAP 30MG  | NPS       | PA; QL              |
| JUXTAPID CAP 40MG  | NPS       | PA; QL              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name         | Drug Tier | Requirements/Limits |
|-------------------|-----------|---------------------|
| JUXTAPID CAP 60MG | NPS       | PA; QL              |

### **NICOTINIC ACID DERIVATIVES**

|   |     |  |
|---|-----|--|
| <i>niacin tab er 500 mg (antihyperlipidemic)</i>  | NPB |  |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i>  | NPB |  |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> | NPB |  |

### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

|                       |    |                        |
|-----------------------|----|------------------------|
| PRALUENT INJ 75MG/ML  | PS | PA; QL                 |
| PRALUENT INJ 75MG/ML  | PS | PA, QL (2 per 28 days) |
| PRALUENT INJ 150MG/ML | PS | PA; QL                 |
| PRALUENT INJ 150MG/ML | PS | PA, QL (2 per 28 days) |

### **ANTIHYPERTENSIVES**

#### **ACE INHIBITORS**

|                                      |     |  |
|--------------------------------------|-----|--|
| <i>benazepril hcl tab 5 mg</i>       | GEN |  |
| <i>benazepril hcl tab 10 mg</i>      | GEN |  |
| <i>benazepril hcl tab 20 mg</i>      | GEN |  |
| <i>benazepril hcl tab 40 mg</i>      | GEN |  |
| <i>captopril tab 12.5 mg</i>         | NPB |  |
| <i>captopril tab 25 mg</i>           | NPB |  |
| <i>captopril tab 50 mg</i>           | NPB |  |
| <i>captopril tab 100 mg</i>          | NPB |  |
| <i>enalapril maleate tab 2.5 mg</i>  | GEN |  |
| <i>enalapril maleate tab 5 mg</i>    | GEN |  |
| <i>enalapril maleate tab 10 mg</i>   | GEN |  |
| <i>enalapril maleate tab 20 mg</i>   | GEN |  |
| <i>enalaprilat iv inj 1.25 mg/ml</i> | GEN |  |
| <i>fosinopril sodium tab 10 mg</i>   | GEN |  |
| <i>fosinopril sodium tab 20 mg</i>   | GEN |  |
| <i>fosinopril sodium tab 40 mg</i>   | GEN |  |
| <i>lisinopril tab 2.5 mg</i>         | GEN |  |
| <i>lisinopril tab 5 mg</i>           | GEN |  |
| <i>lisinopril tab 10 mg</i>          | GEN |  |
| <i>lisinopril tab 20 mg</i>          | GEN |  |
| <i>lisinopril tab 30 mg</i>          | GEN |  |
| <i>lisinopril tab 40 mg</i>          | GEN |  |
| <i>moexipril hcl tab 7.5 mg</i>      | GEN |  |
| <i>moexipril hcl tab 15 mg</i>       | GEN |  |
| <i>perindopril erbumine tab 2 mg</i> | GEN |  |
| <i>perindopril erbumine tab 4 mg</i> | GEN |  |
| <i>perindopril erbumine tab 8 mg</i> | GEN |  |
| <i>quinapril hcl tab 5 mg</i>        | GEN |  |
| <i>quinapril hcl tab 10 mg</i>       | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                      | Drug Tier | Requirements/Limits |
|--------------------------------|-----------|---------------------|
| <i>quinapril hcl tab 20 mg</i> | GEN       |                     |
| <i>quinapril hcl tab 40 mg</i> | GEN       |                     |
| <i>ramipril cap 1.25 mg</i>    | GEN       |                     |
| <i>ramipril cap 2.5 mg</i>     | GEN       |                     |
| <i>ramipril cap 5 mg</i>       | GEN       |                     |
| <i>ramipril cap 10 mg</i>      | GEN       |                     |
| <i>trandolapril tab 1 mg</i>   | GEN       |                     |
| <i>trandolapril tab 2 mg</i>   | GEN       |                     |
| <i>trandolapril tab 4 mg</i>   | GEN       |                     |

#### **AGENTS FOR PHEOCHROMOCYTOMA**

|                                       |     |    |
|---------------------------------------|-----|----|
| DEMSER CAP 250MG                      | NPS | PA |
| <i>phenoxybenzamine hcl cap 10 mg</i> | NPS | PA |
| PHENTOLAMINE INJ 5MG                  | GEN |    |

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

|  |     |    |
|--|-----|----|
| <i>candesartan cilexetil tab 4 mg</i>  | GEN |    |
| <i>candesartan cilexetil tab 8 mg</i>  | GEN |    |
| <i>candesartan cilexetil tab 16 mg</i> | GEN |    |
| <i>candesartan cilexetil tab 32 mg</i> | GEN |    |
| EDARBI TAB 40MG                        | NPB | ST |
| EDARBI TAB 80MG                        | NPB | ST |
| <i>eprosartan mesylate tab 600 mg</i>  | GEN |    |
| <i>irbesartan tab 75 mg</i>            | GEN |    |
| <i>irbesartan tab 150 mg</i>           | GEN |    |
| <i>irbesartan tab 300 mg</i>           | GEN |    |
| <i>losartan potassium tab 25 mg</i>    | GEN |    |
| <i>losartan potassium tab 50 mg</i>    | GEN |    |
| <i>losartan potassium tab 100 mg</i>   | GEN |    |
| <i>olmesartan medoxomil tab 5 mg</i>   | NPB |    |
| <i>olmesartan medoxomil tab 20 mg</i>  | NPB |    |
| <i>olmesartan medoxomil tab 40 mg</i>  | NPB |    |
| <i>telmisartan tab 20 mg</i>           | GEN |    |
| <i>telmisartan tab 40 mg</i>           | GEN |    |
| <i>telmisartan tab 80 mg</i>           | GEN |    |
| <i>valsartan tab 40 mg</i>             | GEN |    |
| <i>valsartan tab 80 mg</i>             | GEN |    |
| <i>valsartan tab 160 mg</i>            | GEN |    |
| <i>valsartan tab 320 mg</i>            | GEN |    |

#### **ANTIADRENERGIC ANTIHYPERTENSIVES**

|                                 |     |  |
|---------------------------------|-----|--|
| <i>clonidine hcl tab 0.1 mg</i> | GEN |  |
| <i>clonidine hcl tab 0.2 mg</i> | GEN |  |
| <i>clonidine hcl tab 0.3 mg</i> | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>clonidine td patch weekly 0.1 mg/24hr</i>     | GEN       |                     |
| <i>clonidine td patch weekly 0.2 mg/24hr</i>     | GEN       |                     |
| <i>clonidine td patch weekly 0.3 mg/24hr</i>     | GEN       |                     |
| <i>doxazosin mesylate tab 1 mg</i>               | GEN       |                     |
| <i>doxazosin mesylate tab 2 mg</i>               | GEN       |                     |
| <i>doxazosin mesylate tab 4 mg</i>               | GEN       |                     |
| <i>doxazosin mesylate tab 8 mg</i>               | GEN       |                     |
| <i>guanfacine hcl tab 1 mg</i>                   | GEN       |                     |
| <i>guanfacine hcl tab 2 mg</i>                   | GEN       |                     |
| <i>methyldopa tab 250 mg</i>                     | GEN       |                     |
| <i>methyldopa tab 500 mg</i>                     | GEN       |                     |
| <i>methyldopate hcl inj 250 mg/5ml</i>           | GEN       |                     |
| <i>prazosin hcl cap 1 mg</i>                     | GEN       |                     |
| <i>prazosin hcl cap 2 mg</i>                     | GEN       |                     |
| <i>prazosin hcl cap 5 mg</i>                     | GEN       |                     |
| <i>reserpine tab 0.1 mg</i>                      | GEN       |                     |
| <i>reserpine tab 0.25 mg</i>                     | GEN       |                     |
| <i>terazosin hcl cap 1 mg (base equivalent)</i>  | GEN       |                     |
| <i>terazosin hcl cap 2 mg (base equivalent)</i>  | GEN       |                     |
| <i>terazosin hcl cap 5 mg (base equivalent)</i>  | GEN       |                     |
| <i>terazosin hcl cap 10 mg (base equivalent)</i> | GEN       |                     |

#### **ANTIHYPERTENSIVE COMBINATIONS**

|  |     |  |
|--|-----|--|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>    | GEN |  |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>      | GEN |  |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>      | GEN |  |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>      | GEN |  |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>     | GEN |  |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>     | GEN |  |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i>          | GEN |  |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i>         | GEN |  |
| <i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>  | NPB |  |
| <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> | NPB |  |
| <i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> | NPB |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>           | NPB       |                     |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>        | GEN       |                     |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>          | GEN       |                     |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>         | GEN       |                     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>    | GEN       |                     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>    | GEN       |                     |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>      | GEN       |                     |
| <i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>            | NPB       |                     |
| <i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>            | NPB       |                     |
| <i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>            | NPB       |                     |
| <i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>            | NPB       |                     |
| EDARBYCLOR TAB 40-12.5   | NPB       | ST                  |
| EDARBYCLOR TAB 40-25MG   | NPB       | ST                  |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>   | GEN       |                     |
| <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>    | GEN       |                     |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>  | GEN       |                     |
| <i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>  | GEN       |                     |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>              | GEN       |                     |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>              | GEN       |                     |
| <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>         | GEN       |                     |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>         | GEN       |                     |
| <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>           | GEN       |                     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> | GEN       |                     |
| <i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>   | GEN       |                     |
| <i>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</i>           | GEN       |                     |
| <i>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</i>           | GEN       |                     |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>            | GEN       |                     |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>           | GEN       |                     |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>           | GEN       |                     |
| <i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>                | GEN       |                     |
| <i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>                 | GEN       |                     |
| <i>moexipril-hydrochlorothiazide tab 15-25 mg</i>                   | GEN       |                     |
| <i>nadolol &amp; bendroflumethiazide tab 40-5 mg</i>                | GEN       |                     |
| <i>nadolol &amp; bendroflumethiazide tab 80-5 mg</i>                | GEN       |                     |
| <i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>           | GEN       |                     |
| <i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>           | GEN       |                     |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>                 | GEN       |                     |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>                 | GEN       |                     |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i>                   | GEN       |                     |
| TEKTURNA HCT TAB 150-12.5   | PB        | ST                  |
| TEKTURNA HCT TAB 150-25MG   | PB        | ST                  |
| TEKTURNA HCT TAB 300-12.5   | PB        | ST                  |
| TEKTURNA HCT TAB 300-25MG   | PB        | ST                  |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>               | GEN       |                     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>               | GEN       |                     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>                 | GEN       |                     |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i>                   | GEN       |                     |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i>                   | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i>    | GEN       |                     |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i>    | GEN       |                     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>  | GEN       |                     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | GEN       |                     |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i>   | GEN       |                     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | GEN       |                     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i>   | GEN       |                     |

### **DIRECT RENIN INHIBITORS**

|  |     |    |
|--|-----|----|
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i> | GEN |    |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i> | GEN |    |
| TEKTURNA TAB 150MG                                     | PB  | ST |
| TEKTURNA TAB 300MG                                     | PB  | ST |

### **SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**

|                             |     |  |
|-----------------------------|-----|--|
| <i>eplerenone tab 25 mg</i> | GEN |  |
| <i>eplerenone tab 50 mg</i> | GEN |  |

### **VASODILATORS**

|                                     |     |  |
|-------------------------------------|-----|--|
| <i>hydralazine hcl inj 20 mg/ml</i> | GEN |  |
| <i>hydralazine hcl tab 10 mg</i>    | GEN |  |
| <i>hydralazine hcl tab 25 mg</i>    | GEN |  |
| <i>hydralazine hcl tab 50 mg</i>    | GEN |  |
| <i>hydralazine hcl tab 100 mg</i>   | GEN |  |
| <i>minoxidil tab 2.5 mg</i>         | GEN |  |
| <i>minoxidil tab 10 mg</i>          | GEN |  |

### **ANTIMALARIALS**

#### **ANTIMALARIAL COMBINATIONS**

|  |     |    |
|--|-----|----|
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | GEN | PA |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | GEN | PA |
| COARTEM TAB 20-120MG                           | PB  |    |

#### **ANTIMALARIALS**

|  |     |    |
|--|-----|----|
| <i>chloroquine phosphate tab 250 mg</i>      | GEN |    |
| <i>chloroquine phosphate tab 500 mg</i>      | GEN |    |
| DARAPRIM TAB 25MG                            | NPB | PA |
| <i>hydroxychloroquine sulfate tab 200 mg</i> | GEN |    |
| <i>mefloquine hcl tab 250 mg</i>             | GEN | PA |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                         | Drug Tier | Requirements/Limits |
|-----------------------------------|-----------|---------------------|
| PRIMAQUINE TAB 26.3MG             | NPB       | PA                  |
| PYRIMETHAMIN TAB 25MG             | NPB       | PA                  |
| <i>quinine sulfate cap 324 mg</i> | GEN       | PA                  |

## ANTIMYASTHENIC/CHOLINERGIC AGENTS

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

|   |     |  |
|---|-----|--|
| GUANIDINE TAB 125MG                     | GEN |  |
| <i>pyridostigmine bromide tab 60 mg</i> | GEN |  |
| REGONOL INJ 5MG/ML                      | GEN |  |

## ANTIMYCOBACTERIAL AGENTS

### ANTI TB COMBINATIONS

|              |     |  |
|--------------|-----|--|
| RIFAMATE CAP | NPB |  |
| RIFATER TAB  | NPB |  |

### ANTIMYCOBACTERIAL AGENTS

|                                  |     |        |
|----------------------------------|-----|--------|
| CAPASTAT SUL INJ 1GM             | NPB |        |
| <i>cycloserine cap 250 mg</i>    | NPB |        |
| <i>ethambutol hcl tab 100 mg</i> | GEN |        |
| <i>ethambutol hcl tab 400 mg</i> | GEN |        |
| <i>isoniazid inj 100 mg/ml</i>   | GEN |        |
| <i>isoniazid syrup 50 mg/5ml</i> | GEN |        |
| <i>isoniazid tab 100 mg</i>      | GEN |        |
| <i>isoniazid tab 300 mg</i>      | GEN |        |
| PASER GRA 4GM                    | PB  |        |
| PRETOMANID TAB 200MG             | PS  | PA; QL |
| PRIFTIN TAB 150MG                | NPB |        |
| <i>pyrazinamide tab 500 mg</i>   | GEN |        |
| <i>rifabutin cap 150 mg</i>      | GEN |        |
| <i>rifampin cap 150 mg</i>       | GEN |        |
| <i>rifampin cap 300 mg</i>       | GEN |        |
| <i>rifampin for inj 600 mg</i>   | GEN |        |
| SIRTURO TAB 100MG                | PS  | PA     |
| TRECTOR TAB 250MG                | NPB |        |

## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

### ALKYLATING AGENTS

|   |    |    |
|---|----|----|
| <i>carboplatin iv soln 600 mg/60ml</i>    | PS |    |
| <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> | PS |    |
| CYCLOPHOSPH CAP 25MG                      | PS |    |
| CYCLOPHOSPH CAP 50MG                      | PS |    |
| <i>cyclophosphamide cap 25 mg</i>         | PS | PA |
| <i>cyclophosphamide cap 50 mg</i>         | PS | PA |
| <i>cyclophosphamide for inj 1 gm</i>      | PS |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name                                       | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cyclophosphamide for inj 2 gm</i>            | PS        |                     |
| <i>cyclophosphamide for inj 500 mg</i>          | PS        |                     |
| GLEOSTINE CAP 5MG                               | PS        | PA                  |
| GLEOSTINE CAP 10MG                              | PS        | PA                  |
| GLEOSTINE CAP 40MG                              | PS        | PA                  |
| GLEOSTINE CAP 100MG                             | PS        | PA                  |
| HEXALEN CAP 50MG                                | PS        |                     |
| <i>ifosfamide for inj 1 gm</i>                  | PS        |                     |
| IFOSFAMIDE INJ 3GM                              | PS        |                     |
| <i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>   | PS        |                     |
| <i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>   | PS        |                     |
| LEUKERAN TAB 2MG                                | PS        |                     |
| <i>melphalan hcl for inj 50 mg (base equiv)</i> | PS        |                     |
| <i>melphalan tab 2 mg</i>                       | PS        |                     |
| MUSTARGEN INJ 10MG                              | PS        |                     |
| MYLERAN TAB 2MG                                 | PS        |                     |
| <i>oxaliplatin for iv inj 50 mg</i>             | PS        |                     |
| <i>oxaliplatin for iv inj 100 mg</i>            | PS        |                     |
| <i>oxaliplatin iv soln 50 mg/10ml</i>           | PS        |                     |
| <i>oxaliplatin iv soln 100 mg/20ml</i>          | PS        |                     |
| TEMODAR INJ 100MG                               | PS        |                     |
| <i>temozolomide cap 5 mg</i>                    | PS        | PA                  |
| <i>temozolomide cap 20 mg</i>                   | PS        | PA                  |
| <i>temozolomide cap 100 mg</i>                  | PS        | PA                  |
| <i>temozolomide cap 140 mg</i>                  | PS        | PA                  |
| <i>temozolomide cap 180 mg</i>                  | PS        | PA                  |
| <i>temozolomide cap 250 mg</i>                  | PS        | PA                  |
| TREANDA INJ 25MG                                | PS        |                     |
| TREANDA INJ 45/0.5ML                            | PS        |                     |
| TREANDA INJ 100MG                               | PS        |                     |
| TREANDA INJ 180/2ML                             | PS        |                     |
| ZANOSAR INJ 1GM                                 | PS        |                     |
| <b>ANTIMETABOLITES</b>                          |           |                     |
| ALIMTA INJ 100MG                                | PS        |                     |
| ALIMTA INJ 500MG                                | PS        |                     |
| ARRANON INJ 5MG/ML                              | PS        |                     |
| <i>capecitabine tab 150 mg</i>                  | PS        | PA                  |
| <i>capecitabine tab 500 mg</i>                  | PS        | PA                  |
| <i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>  | PS        |                     |
| <i>cytarabine inj 20 mg/ml</i>                  | PS        |                     |
| <i>cytarabine inj pf 20 mg/ml</i>               | PS        |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>cytarabine inj pf 100 mg/ml</i>                               | PS        |                     |
| <i>floxuridine for inj 0.5 gm</i>                                | PS        |                     |
| <i>fludarabine phosphate for inj 50 mg</i>                       | PS        |                     |
| <i>fludarabine phosphate inj 25 mg/ml</i>                        | PS        |                     |
| <i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>                 | PS        |                     |
| <i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>               | PS        |                     |
| <i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>                | PS        |                     |
| <i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>               | PS        |                     |
| <i>gemcitabine hcl for inj 1 gm</i>                              | PS        |                     |
| <i>gemcitabine hcl for inj 2 gm</i>                              | PS        |                     |
| <i>gemcitabine hcl for inj 200 mg</i>                            | PS        |                     |
| <i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i> | PS        |                     |
| <i>gemcitabine inj 1gm</i>                                       | PS        |                     |
| <i>gemcitabine inj 2gm</i>                                       | PS        |                     |
| <i>mercaptopurine tab 50 mg</i>                                  | GEN       |                     |
| <i>methotrexate sodium for inj 1 gm</i>                          | PS        |                     |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>              | PS        |                     |
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>           | PS        |                     |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i>               | GEN       |                     |
| TABLOID TAB 40MG   | PS        | PA                  |
| <b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>                  |           |                     |
| AVASTIN INJ  | PS        |                     |
| <b>ANTINEOPLASTIC - ANTIBODIES</b>                               |           |                     |
| ARZERRA CON 100/5ML  | PS        | PA                  |
| ERBITUX INJ 100MG  | PS        |                     |
| ERBITUX INJ 200MG  | PS        |                     |
| HERCEPTIN INJ 150MG  | PS        |                     |
| HERCEPTIN INJ 440MG  | PS        |                     |
| RITUXAN INJ 100MG  | PS        | PA; QL              |
| <b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>                         |           |                     |
| VENCLEXTA TAB 10MG   | PS        | PA; QL              |
| VENCLEXTA TAB 50MG   | PS        | PA; QL              |
| VENCLEXTA TAB 100MG  | PS        | PA; QL              |
| VENCLEXTA TAB START PK   | PS        | PA; QL              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|-----------------------|
| <b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>  |           |                       |
| DAURISMO TAB 25MG                                    | PS        | PA; QL                |
| DAURISMO TAB 100MG                                   | PS        | PA; QL                |
| ERIVEDGE CAP 150MG                                   | PS        | PA; QL                |
| ODOMZO CAP 200MG                                     | PS        | PA; QL                |
| <b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>  |           |                       |
| <i>abiraterone acetate tab 250 mg</i>                | PS        | PA; QL                |
| <i>anastrozole tab 1 mg</i>                          | GEN       |                       |
| <i>bicalutamide tab 50 mg</i>                        | GEN       |                       |
| ELIGARD INJ 7.5MG                                    | PS        | PA; QL                |
| ELIGARD INJ 22.5MG                                   | PS        | PA; QL                |
| ELIGARD INJ 30MG                                     | PS        | PA; QL                |
| ELIGARD INJ 45MG                                     | PS        | PA; QL                |
| EMCYT CAP 140MG                                      | PS        | PA                    |
| ERLEADA TAB 60MG                                     | PS        | PA; QL                |
| <i>exemestane tab 25 mg</i>                          | GEN       |                       |
| FASLODEX INJ 250/5ML                                 | PS        |                       |
| FIRMAGON INJ 80MG                                    | PS        | PA; QL                |
| FIRMAGON INJ 120MG                                   | PS        | PA; QL                |
| <i>flutamide cap 125 mg</i>                          | GEN       |                       |
| <i>fulvestrant inj 250 mg/5ml</i>                    | PS        | QL (1 tab per30 days) |
| <i>letrozole tab 2.5 mg</i>                          | GEN       |                       |
| <i>leuprolide acetate inj kit 5 mg/ml</i>            | PS        | PA; QL                |
| LUPRON DEPOT INJ 3.75MG                              | PS        | PA; QL                |
| LUPRON DEPOT INJ 7.5MG                               | PS        | PA; QL                |
| LUPRON DEPOT INJ 11.25MG                             | PS        | PA; QL                |
| LUPRON DEPOT INJ 22.5MG                              | PS        | PA; QL                |
| LUPRON DEPOT INJ 30MG                                | PS        | PA; QL                |
| LUPRON DEPOT INJ 45MG                                | PS        | PA; QL                |
| LYSODREN TAB 500MG                                   | PS        | PA                    |
| <i>megestrol acetate susp 40 mg/ml</i>               | GEN       |                       |
| <i>megestrol acetate tab 20 mg</i>                   | GEN       |                       |
| <i>megestrol acetate tab 40 mg</i>                   | GEN       |                       |
| <i>nilutamide tab 150 mg</i>                         | GEN       | PA                    |
| NUBEQA TAB 300MG                                     | PS        | PA; QL                |
| ORGOVYX TAB 120MG                                    | PS        | PA; QL                |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | ACA       |                       |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | ACA       | PA                    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>   | ACA       |                     |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i>   | ACA       | PA                  |
| <i>toremifene citrate tab 60 mg (base equivalent)</i>  | PS        | PA                  |
| TRELSTAR INJ 3.75MG                                    | PS        | PA; QL              |
| TRELSTAR INJ 11.25MG                                   | PS        | PA; QL              |
| TRELSTAR MIX INJ 3.75MG                                | PS        | PA; QL              |
| TRELSTAR MIX INJ 11.25MG                               | PS        | PA; QL              |
| TRELSTAR MIX INJ 22.5MG                                | PS        | PA; QL              |
| VANTAS KIT 50MG  | PS        | PA; QL              |
| XTANDI CAP 40MG  | PS        | PA; QL              |
| ZOLADEX IMP 3.6MG                                      | PS        | PA; QL              |
| ZOLADEX IMP 10.8MG                                     | PS        | PA; QL              |
| ZYTIGA TAB 500MG                                       | PS        | PA; QL              |
| <b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>               |           |                     |
| POMALYST CAP 1MG                                       | PS        | PA; QL              |
| POMALYST CAP 2MG                                       | PS        | PA; QL              |
| POMALYST CAP 3MG                                       | PS        | PA; QL              |
| POMALYST CAP 4MG                                       | PS        | PA; QL              |
| <b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>                |           |                     |
| XPOVIO PAK 60MG  | PS        | PA; QL              |
| XPOVIO PAK 80MG  | PS        | PA; QL              |
| XPOVIO PAK 100MG                                       | PS        | PA; QL              |
| <b>ANTINEOPLASTIC ANTIBIOTICS</b>                      |           |                     |
| <i>bleomycin sulfate for inj 15 unit</i>               | PS        |                     |
| <i>bleomycin sulfate for inj 30 unit</i>               | PS        |                     |
| <i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i> | PS        |                     |
| DAUNOXOME INJ 2MG/ML                                   | PS        |                     |
| <i>doxorubicin hcl for inj 10 mg</i>                   | PS        |                     |
| <i>doxorubicin hcl for inj 50 mg</i>                   | PS        |                     |
| <i>doxorubicin hcl inj 2 mg/ml</i>                     | PS        |                     |
| <i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>     | PS        |                     |
| <i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>   | PS        |                     |
| <i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>        | PS        |                     |
| <i>mitomycin for iv soln 5 mg</i>                      | PS        |                     |
| <i>mitomycin for iv soln 20 mg</i>                     | PS        |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>mitomycin for iv soln 40 mg</i>                      | PS        |                     |
| <i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> | PS        |                     |

### **ANTINEOPLASTIC COMBINATIONS**

|                        |    |        |
|------------------------|----|--------|
| INQOVI TAB 35-100MG    | PS | PA; QL |
| KISQALI 200 PAK FEMARA | PS | PA; QL |
| KISQALI 400 PAK FEMARA | PS | PA; QL |
| KISQALI 600 PAK FEMARA | PS | PA; QL |
| LONSURF TAB 15-6.14    | PS | PA     |
| LONSURF TAB 20-8.19    | PS | PA     |

### **ANTINEOPLASTIC ENZYME INHIBITORS**

|                      |    |                             |
|----------------------|----|-----------------------------|
| AFINITOR DIS TAB 2MG | PS | PA; QL                      |
| AFINITOR DIS TAB 3MG | PS | PA; QL                      |
| AFINITOR DIS TAB 5MG | PS | PA; QL                      |
| AFINITOR TAB 10MG    | PS | PA; QL                      |
| ALECENSA CAP 150MG   | PS | PA; QL                      |
| ALUNBRIG PAK         | PS | PA; QL                      |
| ALUNBRIG TAB 30MG    | PS | PA; QL                      |
| ALUNBRIG TAB 90MG    | PS | PA; QL                      |
| ALUNBRIG TAB 180MG   | PS | PA; QL                      |
| AYVAKIT TAB 100MG    | PS | PA, QL (1 per day)          |
| AYVAKIT TAB 200MG    | PS | PA, QL (1 per day)          |
| AYVAKIT TAB 300MG    | PS | PA, QL (1 per day)          |
| BALVERSA TAB 3MG     | PS | PA; QL                      |
| BALVERSA TAB 4MG     | PS | PA; QL                      |
| BALVERSA TAB 5MG     | PS | PA; QL                      |
| BOSULIF TAB 100MG    | PS | PA; QL                      |
| BOSULIF TAB 500MG    | PS | PA; QL                      |
| BRAFTOVI CAP 50MG    | PS | PA                          |
| BRAFTOVI CAP 75MG    | PS | PA                          |
| BRUKINSA CAP 80MG    | PS | PA, QL (120 caps / 30 days) |
| CABOMETYX TAB 20MG   | PS | PA; QL                      |
| CABOMETYX TAB 40MG   | PS | PA; QL                      |
| CABOMETYX TAB 60MG   | PS | PA; QL                      |
| CALQUENCE CAP 100MG  | PS | PA; QL                      |
| CAPRELSA TAB 100MG   | PS | PA; QL                      |
| CAPRELSA TAB 300MG   | PS | PA; QL                      |
| COMETRIQ KIT 60MG    | PS | PA; QL                      |
| COMETRIQ KIT 100MG   | PS | PA; QL                      |
| COMETRIQ KIT 140MG   | PS | PA; QL                      |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| COPIKTRA CAP 15MG                                     | PS        | PA                         |
| COPIKTRA CAP 25MG                                     | PS        | PA                         |
| COTELLIC TAB 20MG                                     | PS        | PA; QL                     |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i>      | PS        | PA                         |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i>     | PS        | PA                         |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i>     | PS        | PA                         |
| <i>everolimus tab 2.5 mg</i>                          | PS        | PA, QL (30 ea / 30 days)   |
| <i>everolimus tab 5 mg</i>                            | PS        | PA, QL (30 ea / 30 days)   |
| <i>everolimus tab 7.5 mg</i>                          | PS        | PA, QL (30 ea / 30 days)   |
| FARYDAK CAP 10MG                                      | PS        | PA; QL                     |
| FARYDAK CAP 15MG                                      | PS        | PA; QL                     |
| FARYDAK CAP 20MG                                      | PS        | PA; QL                     |
| GAVRETO CAP 100MG                                     | PS        | PA; QL                     |
| GILOTRIF TAB 20MG                                     | PS        | PA; QL                     |
| GILOTRIF TAB 30MG                                     | PS        | PA; QL                     |
| GILOTRIF TAB 40MG                                     | PS        | PA; QL                     |
| IBRANCE CAP 75MG                                      | PS        | PA; QL                     |
| IBRANCE CAP 100MG                                     | PS        | PA; QL                     |
| IBRANCE CAP 125MG                                     | PS        | PA; QL                     |
| IBRANCE TAB 75MG                                      | PS        | PA, QL (21 tabs / 21 days) |
| IBRANCE TAB 100MG                                     | PS        | PA, QL (21 tabs / 21 days) |
| IBRANCE TAB 125MG                                     | PS        | PA, QL (21 tabs / 21 days) |
| ICLUSIG TAB 15MG                                      | PS        | PA; QL                     |
| ICLUSIG TAB 45MG                                      | PS        | PA; QL                     |
| IDHIFA TAB 50MG                                       | PS        | PA; QL                     |
| IDHIFA TAB 100MG                                      | PS        | PA; QL                     |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | PS        | PA; QL                     |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | PS        | PA; QL                     |
| IMBRUVICA CAP 140MG                                   | PS        | PA; QL                     |
| IMBRUVICA TAB 140MG                                   | PS        | PA; QL                     |
| IMBRUVICA TAB 280MG                                   | PS        | PA; QL                     |
| IMBRUVICA TAB 420MG                                   | PS        | PA; QL                     |
| IMBRUVICA TAB 560MG                                   | PS        | PA; QL                     |
| INLYTA TAB 1MG  | PS        | PA; QL                     |
| INLYTA TAB 5MG  | PS        | PA; QL                     |
| INREBIC CAP 100MG                                     | PS        | PA; QL                     |
| IRESSA TAB 250MG                                      | PS        | PA; QL                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name             | Drug Tier | Requirements/Limits |
|-----------------------|-----------|---------------------|
| JAKAFI TAB 5MG        | PS        | PA; QL              |
| JAKAFI TAB 10MG       | PS        | PA; QL              |
| JAKAFI TAB 15MG       | PS        | PA; QL              |
| JAKAFI TAB 20MG       | PS        | PA; QL              |
| JAKAFI TAB 25MG       | PS        | PA; QL              |
| KISQALI TAB 200DOSE   | PS        | PA; QL              |
| KISQALI TAB 400DOSE   | PS        | PA; QL              |
| KISQALI TAB 600DOSE   | PS        | PA; QL              |
| LENVIMA CAP 8 MG      | PS        | PA; QL              |
| LENVIMA CAP 10 MG     | PS        | PA; QL              |
| LENVIMA CAP 14 MG     | PS        | PA; QL              |
| LENVIMA CAP 18 MG     | PS        | PA; QL              |
| LENVIMA CAP 20 MG     | PS        | PA; QL              |
| LENVIMA CAP 24 MG     | PS        | PA; QL              |
| LORBRENA TAB 25MG     | PS        | PA; QL              |
| LORBRENA TAB 100MG    | PS        | PA; QL              |
| LYNPARZA CAP 50MG     | PS        | PA; QL              |
| MEKINIST TAB 0.5MG    | PS        | PA; QL              |
| MEKINIST TAB 2MG      | PS        | PA; QL              |
| MEKTOVI TAB 15MG      | PS        | PA                  |
| NERLYNX TAB 40MG      | PS        | PA; QL              |
| NEXAVAR TAB 200MG     | PS        | PA; QL              |
| NINLARO CAP 2.3MG     | PS        | PA; QL              |
| NINLARO CAP 3MG       | PS        | PA; QL              |
| NINLARO CAP 4MG       | PS        | PA; QL              |
| PIQRAY 200MG TAB DOSE | PS        | PA; QL              |
| PIQRAY 250MG TAB DOSE | PS        | PA; QL              |
| PIQRAY 300MG TAB DOSE | PS        | PA; QL              |
| ROZLYTREK CAP 100MG   | PS        | PA; QL              |
| ROZLYTREK CAP 200MG   | PS        | PA; QL              |
| RUBRACA TAB 200MG     | PS        | PA; QL              |
| RUBRACA TAB 250MG     | PS        | PA; QL              |
| RUBRACA TAB 300MG     | PS        | PA; QL              |
| RYDAPT CAP 25MG       | PS        | PA; QL              |
| SPRYCEL TAB 20MG      | PS        | PA; QL              |
| SPRYCEL TAB 50MG      | PS        | PA; QL              |
| SPRYCEL TAB 70MG      | PS        | PA; QL              |
| SPRYCEL TAB 80MG      | PS        | PA; QL              |
| SPRYCEL TAB 100MG     | PS        | PA; QL              |
| SPRYCEL TAB 140MG     | PS        | PA; QL              |
| STIVARGA TAB 40MG     | PS        | PA; QL              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name            | Drug Tier | Requirements/Limits |
|----------------------|-----------|---------------------|
| SUTENT CAP 12.5MG    | PS        | PA; QL              |
| SUTENT CAP 25MG      | PS        | PA; QL              |
| SUTENT CAP 37.5MG    | PS        | PA; QL              |
| SUTENT CAP 50MG      | PS        | PA; QL              |
| TAFINLAR CAP 50MG    | PS        | PA; QL              |
| TAFINLAR CAP 75MG    | PS        | PA; QL              |
| TAGRISSE TAB 40MG    | PS        | PA; QL              |
| TAGRISSE TAB 80MG    | PS        | PA; QL              |
| TALZENNA CAP 0.25MG  | PS        | PA; QL              |
| TALZENNA CAP 1MG     | PS        | PA; QL              |
| TARCEVA TAB 25MG     | PS        | PA                  |
| TARCEVA TAB 100MG    | PS        | PA; QL              |
| TARCEVA TAB 150MG    | PS        | PA; QL              |
| TASIGNA CAP 50MG     | PS        | PA; QL              |
| TASIGNA CAP 150MG    | PS        | PA; QL              |
| TASIGNA CAP 200MG    | PS        | PA; QL              |
| TAZVERIK TAB 200MG   | PS        | PA, QL (8 per day)  |
| TIBSOVO TAB 250MG    | PS        | PA                  |
| TURALIO CAP 200MG    | PS        | PA; QL              |
| TYKERB TAB 250MG     | PS        | PA; QL              |
| VERZENIO TAB 50MG    | PS        | PA; QL              |
| VERZENIO TAB 100MG   | PS        | PA; QL              |
| VERZENIO TAB 150MG   | PS        | PA; QL              |
| VERZENIO TAB 200MG   | PS        | PA; QL              |
| VITRAKVI CAP 25MG    | PS        | PA; QL              |
| VITRAKVI CAP 100MG   | PS        | PA; QL              |
| VITRAKVI SOL 20MG/ML | PS        | PA; QL              |
| VIZIMPRO TAB 15MG    | PS        | PA                  |
| VIZIMPRO TAB 30MG    | PS        | PA                  |
| VIZIMPRO TAB 45MG    | PS        | PA                  |
| VOTRIENT TAB 200MG   | PS        | PA; QL              |
| XALKORI CAP 200MG    | PS        | PA; QL              |
| XALKORI CAP 250MG    | PS        | PA; QL              |
| XOSPATA TAB 40MG     | PS        | PA; QL              |
| ZEJULA CAP 100MG     | PS        | PA; QL              |
| ZELBORAF TAB 240MG   | PS        | PA; QL              |
| ZOLINZA CAP 100MG    | PS        | PA; QL              |
| ZYDELIG TAB 100MG    | PS        | PA; QL              |
| ZYDELIG TAB 150MG    | PS        | PA; QL              |
| ZYKADIA CAP 150MG    | PS        | PA; QL              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>ANTINEOPLASTIC ENZYMES</b>                           |           |                     |
| ONCASPAR INJ 750/ML                                     | PS        |                     |
| <b>ANTINEOPLASTICS MISC.</b>                            |           |                     |
| ACTIMMUNE INJ 2MU/0.5                                   | PS        | PA                  |
| ALFERON N INJ 5MU/ML                                    | PS        | PA                  |
| ARSENIC TRIO INJ 10/10ML                                | PS        |                     |
| <i>bexarotene cap 75 mg</i>                             | PS        | PA                  |
| <i>dacarbazine for inj 100 mg</i>                       | PS        |                     |
| <i>dacarbazine for inj 200 mg</i>                       | PS        |                     |
| <i>hydroxyurea cap 500 mg</i>                           | GEN       |                     |
| INTRON A INJ 10MU                                       | PS        | PA                  |
| INTRON A INJ 18MU                                       | PS        | PA                  |
| INTRON A INJ 25MU                                       | PS        | PA                  |
| INTRON A INJ 50MU                                       | PS        | PA                  |
| MATULANE CAP 50MG                                       | PS        |                     |
| PHOTOFRIN INJ 75MG                                      | PS        |                     |
| PROLEUKIN INJ 22MU                                      | PS        |                     |
| SYLATRON KIT 200MCG                                     | PS        | PA                  |
| SYLATRON KIT 300MCG                                     | PS        | PA                  |
| SYLATRON KIT 600MCG                                     | PS        | PA                  |
| <i>tretinoin cap 10 mg</i>                              | PS        |                     |
| TRISENOX SOL 10MG/10M                                   | PS        |                     |
| UVADEX INJ 20MCG/ML                                     | NPB       |                     |
| <b>CHEMOTHERAPY ADJUNCTS</b>                            |           |                     |
| ELITEK INJ 1.5MG  | PS        |                     |
| ELITEK INJ 7.5MG  | PS        |                     |
| KEPIVANCE INJ 6.25MG                                    | PS        |                     |
| <b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>              |           |                     |
| <i>amifostine for inj 500 mg</i>                        | PS        |                     |
| <i>dexrazoxane hcl for inj 250 mg (base equivalent)</i> | PS        |                     |
| <i>dexrazoxane hcl for inj 500 mg (base equivalent)</i> | PS        |                     |
| <i>leucovorin calcium tab 5 mg</i>                      | PS        |                     |
| <i>leucovorin calcium tab 10 mg</i>                     | PS        |                     |
| <i>leucovorin calcium tab 15 mg</i>                     | PS        |                     |
| <i>leucovorin calcium tab 25 mg</i>                     | PS        |                     |
| <i>mesna inj 100 mg/ml</i>                              | PS        |                     |
| MESNEX TAB 400MG  | PS        |                     |
| VORAXAZE INJ 1000UNIT                                   | PS        | PA                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>MITOTIC INHIBITORS</b>   |           |                     |
| ABRAXANE INJ 100MG  | PS        |                     |
| ETOPOPHOS INJ 100MG   | PS        |                     |
| <i>etoposide cap 50 mg</i>  | PS        | PA                  |
| <i>etoposide inj 1 gm/50ml (20 mg/ml)</i>                         | PS        |                     |
| <i>etoposide inj 100 mg/5ml (20 mg/ml)</i>                        | PS        | PA                  |
| <i>etoposide inj 500 mg/25ml (20 mg/ml)</i>                       | PS        | PA                  |
| IXEMPRA KIT INJ 15MG  | PS        |                     |
| IXEMPRA KIT INJ 45MG  | PS        |                     |
| <i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>                     | PS        |                     |
| <i>vinblastine sulfate inj 1 mg/ml</i>                            | PS        |                     |
| <i>vincristine sulfate iv soln 1 mg/ml</i>                        | PS        |                     |
| <i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>             | PS        |                     |
| <i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> | PS        |                     |
| <b>TOPOISOMERASE I INHIBITORS</b>                                 |           |                     |
| HYCAMTIN CAP 0.25MG   | PS        | PA                  |
| HYCAMTIN CAP 1MG  | PS        | PA                  |
| <i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>                    | PS        |                     |
| <i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>                   | PS        |                     |
| <i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>                  | PS        |                     |
| TOPOTECAN INJ 4MG/4ML   | PS        |                     |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>                   |           |                     |
| <b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>                           |           |                     |
| <i>carbidopa tab 25 mg</i>  | GEN       |                     |
| <b>ANTIPARKINSON ANTICHOLINERGICS</b>                             |           |                     |
| <i>benztropine mesylate inj 1 mg/ml</i>                           | GEN       |                     |
| <i>benztropine mesylate tab 0.5 mg</i>                            | GEN       |                     |
| <i>benztropine mesylate tab 1 mg</i>                              | GEN       |                     |
| <i>benztropine mesylate tab 2 mg</i>                              | GEN       |                     |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>                    | GEN       |                     |
| <i>trihexyphenidyl hcl tab 2 mg</i>                               | GEN       |                     |
| <i>trihexyphenidyl hcl tab 5 mg</i>                               | GEN       |                     |
| <b>ANTIPARKINSON COMT INHIBITORS</b>                              |           |                     |
| <i>entacapone tab 200 mg</i>                                      | GEN       |                     |
| <i>tolcapone tab 100 mg</i>                                       | GEN       | ST                  |
| <b>ANTIPARKINSON DOPAMINERGICS</b>                                |           |                     |
| <i>amantadine hcl cap 100 mg</i>                                  | GEN       |                     |
| <i>amantadine hcl syrup 50 mg/5ml</i>                             | GEN       |                     |
| <i>amantadine hcl tab 100 mg</i>                                  | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| APOKYN INJ 10MG/ML  | PS        | PA; QL              |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i>            | GEN       |                     |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>          | GEN       |                     |
| <i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> | GEN       |                     |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> | GEN       |                     |
| <i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> | GEN       |                     |
| <i>carbidopa &amp; levodopa tab 10-100 mg</i>                       | GEN       |                     |
| <i>carbidopa &amp; levodopa tab 25-100 mg</i>                       | GEN       |                     |
| <i>carbidopa &amp; levodopa tab 25-250 mg</i>                       | GEN       |                     |
| <i>carbidopa &amp; levodopa tab er 25-100 mg</i>                    | GEN       |                     |
| <i>carbidopa &amp; levodopa tab er 50-200 mg</i>                    | GEN       |                     |
| <i>pramipexole dihydrochloride tab 0.5 mg</i>                       | GEN       |                     |
| <i>pramipexole dihydrochloride tab 0.25 mg</i>                      | GEN       |                     |
| <i>pramipexole dihydrochloride tab 0.75 mg</i>                      | GEN       |                     |
| <i>pramipexole dihydrochloride tab 0.125 mg</i>                     | GEN       |                     |
| <i>pramipexole dihydrochloride tab 1 mg</i>                         | GEN       |                     |
| <i>pramipexole dihydrochloride tab 1.5 mg</i>                       | GEN       |                     |
| <i>ropinirole hydrochloride tab 0.5 mg</i>                          | GEN       |                     |
| <i>ropinirole hydrochloride tab 0.25 mg</i>                         | GEN       |                     |
| <i>ropinirole hydrochloride tab 1 mg</i>                            | GEN       |                     |
| <i>ropinirole hydrochloride tab 2 mg</i>                            | GEN       |                     |
| <i>ropinirole hydrochloride tab 3 mg</i>                            | GEN       |                     |
| <i>ropinirole hydrochloride tab 4 mg</i>                            | GEN       |                     |
| <i>ropinirole hydrochloride tab 5 mg</i>                            | GEN       |                     |
| <i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>  | GEN       | ST                  |
| <i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>  | GEN       | ST                  |
| <i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>  | GEN       | ST                  |
| <i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>  | GEN       | ST                  |
| <i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> | GEN       | ST                  |
| <b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>                   |           |                     |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i>                  | NPB       | ST                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>rasagiline mesylate tab 1 mg (base equiv)</i> | NPB       | ST                  |
| <i>selegiline hcl cap 5 mg</i>                   | GEN       |                     |
| <i>selegiline hcl tab 5 mg</i>                   | GEN       |                     |

## ANTIPSYCHOTICS/ANTIMANIC AGENTS

### ANTIMANIC AGENTS

|  |     |  |
|--|-----|--|
| <i>lithium carbonate cap 150 mg</i>    | GEN |  |
| <i>lithium carbonate cap 300 mg</i>    | GEN |  |
| <i>lithium carbonate cap 600 mg</i>    | GEN |  |
| <i>lithium carbonate tab 300 mg</i>    | GEN |  |
| <i>lithium carbonate tab er 300 mg</i> | GEN |  |
| <i>lithium carbonate tab er 450 mg</i> | GEN |  |
| LITHIUM SOL 8MEQ/5ML                   | GEN |  |

### ANTIPSYCHOTICS - MISC.

|                                  |     |        |
|----------------------------------|-----|--------|
| GEODON INJ 20MG                  | NPB | PA     |
| LATUDA TAB 20MG                  | NPB | ST; QL |
| LATUDA TAB 40MG                  | NPB | ST; QL |
| LATUDA TAB 60MG                  | NPB | ST; QL |
| LATUDA TAB 80MG                  | NPB | ST; QL |
| LATUDA TAB 120MG                 | NPB | ST; QL |
| NUPLAZID TAB 17MG                | PS  | PA; QL |
| <i>ziprasidone hcl cap 20 mg</i> | GEN | QL     |
| <i>ziprasidone hcl cap 40 mg</i> | GEN | QL     |
| <i>ziprasidone hcl cap 60 mg</i> | GEN | QL     |
| <i>ziprasidone hcl cap 80 mg</i> | GEN | QL     |

### BENZISOXAZOLES

|                          |     |        |
|--------------------------|-----|--------|
| FANAPT TAB 1MG           | NPB | PA; QL |
| FANAPT TAB 2MG           | NPB | PA; QL |
| FANAPT TAB 4MG           | NPB | PA; QL |
| FANAPT TAB 6MG           | NPB | PA; QL |
| FANAPT TAB 8MG           | NPB | PA; QL |
| FANAPT TAB 10MG          | NPB | PA; QL |
| FANAPT TAB 12MG          | NPB | PA; QL |
| INVEGA SUST INJ 39/0.25  | PS  | PA; QL |
| INVEGA SUST INJ 78/0.5ML | PS  | PA; QL |
| INVEGA SUST INJ 117/0.75 | PS  | PA; QL |
| INVEGA SUST INJ 156MG/ML | PS  | PA; QL |
| INVEGA SUST INJ 234/1.5  | PS  | PA; QL |
| INVEGA TRINZ INJ 273MG   | PS  | PA; QL |
| INVEGA TRINZ INJ 410MG   | PS  | PA; QL |
| INVEGA TRINZ INJ 546MG   | PS  | PA; QL |
| INVEGA TRINZ INJ 819MG   | PS  | PA; QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>paliperidone tab er 24hr 1.5 mg</i>               | NPB       | QL                  |
| <i>paliperidone tab er 24hr 3 mg</i>                 | NPB       | QL                  |
| <i>paliperidone tab er 24hr 6 mg</i>                 | NPB       | QL                  |
| <i>paliperidone tab er 24hr 9 mg</i>                 | NPB       | QL                  |
| RISPERDAL INJ 12.5MG                                 | PS        | PA; QL              |
| RISPERDAL INJ 25MG                                   | PS        | PA; QL              |
| RISPERDAL INJ 37.5MG                                 | PS        | PA; QL              |
| RISPERDAL INJ 50MG                                   | PS        | PA; QL              |
| <i>risperidone orally disintegrating tab 0.5 mg</i>  | GEN       | QL                  |
| <i>risperidone orally disintegrating tab 0.25 mg</i> | GEN       | QL                  |
| <i>risperidone orally disintegrating tab 1 mg</i>    | GEN       | QL                  |
| <i>risperidone orally disintegrating tab 2 mg</i>    | GEN       | QL                  |
| <i>risperidone orally disintegrating tab 3 mg</i>    | GEN       | QL                  |
| <i>risperidone orally disintegrating tab 4 mg</i>    | GEN       | QL                  |
| <i>risperidone soln 1 mg/ml</i>                      | GEN       | QL                  |
| <i>risperidone tab 0.5 mg</i>                        | GEN       | QL                  |
| <i>risperidone tab 0.25 mg</i>                       | GEN       | QL                  |
| <i>risperidone tab 1 mg</i>                          | GEN       | QL                  |
| <i>risperidone tab 2 mg</i>                          | GEN       | QL                  |
| <i>risperidone tab 3 mg</i>                          | GEN       | QL                  |
| <i>risperidone tab 4 mg</i>                          | GEN       | QL                  |
| <b>BUTYROPHENONES</b>                                |           |                     |
| <i>haloperidol decanoate im soln 50 mg/ml</i>        | PS        |                     |
| <i>haloperidol decanoate im soln 100 mg/ml</i>       | PS        |                     |
| <i>haloperidol lactate inj 5 mg/ml</i>               | GEN       |                     |
| <i>haloperidol lactate oral conc 2 mg/ml</i>         | GEN       |                     |
| <i>haloperidol tab 0.5 mg</i>                        | GEN       |                     |
| <i>haloperidol tab 1 mg</i>                          | GEN       |                     |
| <i>haloperidol tab 2 mg</i>                          | GEN       |                     |
| <i>haloperidol tab 5 mg</i>                          | GEN       |                     |
| <i>haloperidol tab 10 mg</i>                         | GEN       |                     |
| <i>haloperidol tab 20 mg</i>                         | GEN       |                     |
| <b>DIBENZAPINES</b>                                  |           |                     |
| <i>asenapine maleate sl tab 2.5 mg (base equiv)</i>  | NPB       | ST; QL              |
| <i>asenapine maleate sl tab 5 mg (base equiv)</i>    | NPB       | ST; QL              |
| <i>asenapine maleate sl tab 10 mg (base equiv)</i>   | NPB       | ST; QL              |
| <i>clozapine orally disintegrating tab 12.5 mg</i>   | GEN       | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>clozapine orally disintegrating tab 25 mg</i>  | GEN       | QL                  |
| <i>clozapine orally disintegrating tab 100 mg</i> | GEN       | QL                  |
| <i>clozapine orally disintegrating tab 150 mg</i> | NPB       | QL                  |
| <i>clozapine orally disintegrating tab 200 mg</i> | NPB       | QL                  |
| <i>clozapine tab 25 mg</i>                        | GEN       |                     |
| <i>clozapine tab 50 mg</i>                        | GEN       |                     |
| <i>clozapine tab 100 mg</i>                       | GEN       |                     |
| <i>clozapine tab 200 mg</i>                       | GEN       |                     |
| <i>loxapine succinate cap 5 mg</i>                | GEN       |                     |
| <i>loxapine succinate cap 10 mg</i>               | GEN       |                     |
| <i>loxapine succinate cap 25 mg</i>               | GEN       |                     |
| <i>loxapine succinate cap 50 mg</i>               | GEN       |                     |
| <i>olanzapine for im inj 10 mg</i>                | GEN       | PA; QL              |
| <i>olanzapine orally disintegrating tab 5 mg</i>  | GEN       | QL                  |
| <i>olanzapine orally disintegrating tab 10 mg</i> | GEN       | QL                  |
| <i>olanzapine orally disintegrating tab 15 mg</i> | GEN       | QL                  |
| <i>olanzapine orally disintegrating tab 20 mg</i> | GEN       | QL                  |
| <i>olanzapine tab 2.5 mg</i>                      | GEN       | QL                  |
| <i>olanzapine tab 5 mg</i>                        | GEN       | QL                  |
| <i>olanzapine tab 7.5 mg</i>                      | GEN       | QL                  |
| <i>olanzapine tab 10 mg</i>                       | GEN       | QL                  |
| <i>olanzapine tab 15 mg</i>                       | GEN       | QL                  |
| <i>olanzapine tab 20 mg</i>                       | GEN       | QL                  |
| <i>quetiapine fumarate tab 25 mg</i>              | GEN       | QL                  |
| <i>quetiapine fumarate tab 50 mg</i>              | GEN       | QL                  |
| <i>quetiapine fumarate tab 100 mg</i>             | GEN       | QL                  |
| <i>quetiapine fumarate tab 200 mg</i>             | GEN       | QL                  |
| <i>quetiapine fumarate tab 300 mg</i>             | GEN       | QL                  |
| <i>quetiapine fumarate tab 400 mg</i>             | GEN       | QL                  |
| <i>quetiapine fumarate tab er 24hr 50 mg</i>      | GEN       | QL                  |
| <i>quetiapine fumarate tab er 24hr 150 mg</i>     | GEN       | QL                  |
| <i>quetiapine fumarate tab er 24hr 200 mg</i>     | GEN       | QL                  |
| <i>quetiapine fumarate tab er 24hr 300 mg</i>     | GEN       | QL                  |
| <i>quetiapine fumarate tab er 24hr 400 mg</i>     | GEN       | QL                  |
| SAPHRIS SUB 2.5MG                                 | NPB       | ST; QL              |
| SAPHRIS SUB 5MG                                   | NPB       | ST; QL              |
| SAPHRIS SUB 10MG                                  | NPB       | ST; QL              |
| ZYPREXA RELP INJ 210MG                            | PS        | PA; QL              |
| ZYPREXA RELP INJ 300MG                            | PS        | PA; QL              |
| ZYPREXA RELP INJ 405MG                            | PS        | PA; QL              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>DIHYDROINDOLONES</b>                                     |           |                     |
| <i>molindone hcl tab 5 mg</i>                               | GEN       |                     |
| <i>molindone hcl tab 10 mg</i>                              | GEN       |                     |
| <i>molindone hcl tab 25 mg</i>                              | GEN       |                     |
| <b>PHENOTHIAZINES</b>                                       |           |                     |
| CHLORPROMAZINE HCL INJ 25 MG/ML                             | GEN       |                     |
| <i>chlorpromazine hcl tab 10 mg</i>                         | GEN       |                     |
| <i>chlorpromazine hcl tab 25 mg</i>                         | GEN       |                     |
| <i>chlorpromazine hcl tab 50 mg</i>                         | GEN       |                     |
| <i>chlorpromazine hcl tab 100 mg</i>                        | GEN       |                     |
| <i>chlorpromazine hcl tab 200 mg</i>                        | GEN       |                     |
| <i>fluphenazine decanoate inj 25 mg/ml</i>                  | GEN       |                     |
| <i>fluphenazine hcl elixir 2.5 mg/5ml</i>                   | GEN       |                     |
| <i>fluphenazine hcl inj 2.5 mg/ml</i>                       | GEN       |                     |
| <i>fluphenazine hcl oral conc 5 mg/ml</i>                   | GEN       |                     |
| <i>fluphenazine hcl tab 1 mg</i>                            | GEN       |                     |
| <i>fluphenazine hcl tab 2.5 mg</i>                          | GEN       |                     |
| <i>fluphenazine hcl tab 5 mg</i>                            | GEN       |                     |
| <i>fluphenazine hcl tab 10 mg</i>                           | GEN       |                     |
| <i>perphenazine tab 2 mg</i>                                | GEN       |                     |
| <i>perphenazine tab 4 mg</i>                                | GEN       |                     |
| <i>perphenazine tab 8 mg</i>                                | GEN       |                     |
| <i>perphenazine tab 16 mg</i>                               | GEN       |                     |
| <i>prochlorperazine edisylate inj 10 mg/2ml</i>             | GEN       |                     |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i>  | GEN       |                     |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | GEN       |                     |
| <i>prochlorperazine suppos 25 mg</i>                        | GEN       |                     |
| <i>thioridazine hcl tab 10 mg</i>                           | GEN       |                     |
| <i>thioridazine hcl tab 25 mg</i>                           | GEN       |                     |
| <i>thioridazine hcl tab 50 mg</i>                           | GEN       |                     |
| <i>thioridazine hcl tab 100 mg</i>                          | GEN       |                     |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i>       | GEN       |                     |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i>       | GEN       |                     |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i>       | GEN       |                     |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i>      | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>QUINOLINONE DERIVATIVES</b>                      |           |                     |
| ABILIFY MAIN INJ 300MG                              | PS        | PA; QL              |
| ABILIFY MAIN INJ 400MG                              | PS        | PA; QL              |
| <i>aripiprazole oral solution 1 mg/ml</i>           | NPB       | ST; QL              |
| <i>aripiprazole orally disintegrating tab 10 mg</i> | GEN       | ST; QL              |
| <i>aripiprazole orally disintegrating tab 15 mg</i> | GEN       | ST; QL              |
| <i>aripiprazole tab 2 mg</i>                        | GEN       | ST; QL              |
| <i>aripiprazole tab 5 mg</i>                        | GEN       | ST; QL              |
| <i>aripiprazole tab 10 mg</i>                       | GEN       | ST; QL              |
| <i>aripiprazole tab 15 mg</i>                       | GEN       | ST; QL              |
| <i>aripiprazole tab 20 mg</i>                       | GEN       | ST; QL              |
| <i>aripiprazole tab 30 mg</i>                       | GEN       | ST; QL              |
| REXULTI TAB 0.5MG                                   | NPB       | ST; QL              |
| REXULTI TAB 0.25MG                                  | NPB       | ST; QL              |
| REXULTI TAB 1MG                                     | NPB       | ST; QL              |
| REXULTI TAB 2MG                                     | NPB       | ST; QL              |
| REXULTI TAB 3MG                                     | NPB       | ST; QL              |
| REXULTI TAB 4MG                                     | NPB       | ST; QL              |

### **THIOXANTHENES**

|                              |     |  |
|------------------------------|-----|--|
| <i>thiothixene cap 1 mg</i>  | GEN |  |
| <i>thiothixene cap 2 mg</i>  | GEN |  |
| <i>thiothixene cap 5 mg</i>  | GEN |  |
| <i>thiothixene cap 10 mg</i> | GEN |  |

### **ANTIVIRALS**

#### **ANTIRETROVIRALS**

|  |     |    |
|--|-----|----|
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i>               | GEN | QL |
| <i>abacavir sulfate tab 300 mg (base equiv)</i>                  | GEN | QL |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i>                | GEN | QL |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | GEN | QL |
| APTIVUS CAP 250MG  | PB  | QL |
| APTIVUS SOL  | PB  | QL |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i>                | GEN | QL |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i>                | GEN | QL |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i>                | GEN | QL |
| BIKTARVY TAB   | PB  | QL |
| CIMDUO TAB 300-300   | PB  | QL |
| COMPLERA TAB   | PB  | QL |
| CRIXIVAN CAP 200MG   | PB  | QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| CRIXIVAN CAP 400MG  | PB        | QL                  |
| DESCOVY TAB 200/25MG  | PB        | PA                  |
| <i>didanosine delayed release capsule 125 mg</i>                  | GEN       | QL                  |
| <i>didanosine delayed release capsule 200 mg</i>                  | GEN       | QL                  |
| <i>didanosine delayed release capsule 250 mg</i>                  | GEN       | QL                  |
| <i>didanosine delayed release capsule 400 mg</i>                  | GEN       | QL                  |
| DOVATO TAB 50-300MG   | PB        | QL                  |
| EDURANT TAB 25MG  | PB        | QL                  |
| <i>efavirenz cap 50 mg</i>  | GEN       | QL                  |
| <i>efavirenz cap 200 mg</i>                                       | GEN       | QL                  |
| <i>efavirenz tab 600 mg</i>                                       | GEN       | QL                  |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | GEN       |                     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | GEN       |                     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | GEN       |                     |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | GEN       | QL                  |
| EMTRIVA CAP 200MG   | PB        | QL                  |
| EMTRIVA SOL 10MG/ML   | PB        | QL                  |
| EVOTAZ TAB 300-150  | PB        | QL                  |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i>              | GEN       | QL                  |
| FUZEON INJ 90MG   | PB        | QL                  |
| GENVOYA TAB   | PB        | QL                  |
| INTELENCE TAB 25MG  | PB        | PA; QL              |
| INTELENCE TAB 100MG   | PB        | PA; QL              |
| INTELENCE TAB 200MG   | PB        | PA; QL              |
| INVIRASE CAP 200MG  | PB        | QL                  |
| INVIRASE TAB 500MG  | PB        | QL                  |
| ISENTRESS CHW 25MG  | PB        | QL                  |
| ISENTRESS CHW 100MG   | PB        | QL                  |
| ISENTRESS HD TAB 600MG  | PS        | QL                  |
| ISENTRESS POW 100MG   | PB        | QL                  |
| ISENTRESS TAB 400MG   | PB        | QL                  |
| KALETRA TAB 100-25MG  | PB        | QL                  |
| KALETRA TAB 200-50MG  | PB        | QL                  |
| <i>lamivudine oral soln 10 mg/ml</i>                              | GEN       | QL                  |
| <i>lamivudine tab 150 mg</i>                                      | GEN       | QL                  |
| <i>lamivudine tab 300 mg</i>                                      | GEN       | QL                  |
| <i>lamivudine-zidovudine tab 150-300 mg</i>                       | GEN       | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| LEXIVA SUS 50MG/ML   | PB        | QL                  |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | GEN       | QL                  |
| <i>nevirapine susp 50 mg/5ml</i>                             | GEN       | QL                  |
| <i>nevirapine tab 200 mg</i>                                 | GEN       | QL                  |
| <i>nevirapine tab er 24hr 100 mg</i>                         | GEN       | QL                  |
| <i>nevirapine tab er 24hr 400 mg</i>                         | GEN       | QL                  |
| NORVIR CAP 100MG   | PB        | QL                  |
| NORVIR SOL 80MG/ML   | PB        | QL                  |
| PREZCOBIX TAB 800-150  | PB        | QL                  |
| PREZISTA SUS 100MG/ML  | PB        | QL                  |
| PREZISTA TAB 75MG  | PB        | QL                  |
| PREZISTA TAB 150MG   | PB        | QL                  |
| PREZISTA TAB 600MG   | PB        | QL                  |
| PREZISTA TAB 800MG   | PB        | QL                  |
| RESCRIPTOR TAB 100 MG  | PB        | QL                  |
| RESCRIPTOR TAB 200MG   | PB        | QL                  |
| RETROVIR INJ 10MG/ML   | PB        |                     |
| REYATAZ POW 50MG   | PB        | QL                  |
| <i>ritonavir tab 100 mg</i>                                  | GEN       | QL                  |
| SELZENTRY SOL 20MG/ML  | PB        | PA; QL              |
| SELZENTRY TAB 150MG  | PB        | PA; QL              |
| SELZENTRY TAB 300MG  | PB        | PA; QL              |
| <i>stavudine cap 15 mg</i>                                   | GEN       | QL                  |
| <i>stavudine cap 20 mg</i>                                   | GEN       | QL                  |
| <i>stavudine cap 30 mg</i>                                   | GEN       | QL                  |
| <i>stavudine cap 40 mg</i>                                   | GEN       | QL                  |
| <i>stavudine for oral soln 1 mg/ml</i>                       | GEN       | QL                  |
| STRIBILD TAB   | PB        | QL                  |
| SYMFI LO TAB   | PB        | QL                  |
| SYMFI TAB  | PB        | QL                  |
| <i>tenofovir disoproxil fumarate tab 300 mg</i>              | GEN       | QL                  |
| TIVICAY TAB 50MG   | PB        | QL                  |
| TRIUMEQ TAB  | PB        | QL                  |
| TRUVADA TAB 100-150  | PS        |                     |
| TRUVADA TAB 133-200  | PS        |                     |
| TRUVADA TAB 167-250  | PS        |                     |
| TRUVADA TAB 200-300  | PB        | QL                  |
| TYBOST TAB 150MG   | PB        | QL                  |
| VIDEX SOL 2GM  | PB        | QL                  |
| VIRACEPT TAB 250MG   | PB        | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                        | Drug Tier | Requirements/Limits |
|----------------------------------|-----------|---------------------|
| VIRACEPT TAB 625MG               | PB        | QL                  |
| VIREAD POW 40MG/GM               | PB        | QL                  |
| VIREAD TAB 150MG                 | PB        | QL                  |
| VIREAD TAB 200MG                 | PB        | QL                  |
| VIREAD TAB 250MG                 | PB        | QL                  |
| VITEKTA TAB 85MG                 | PB        | QL                  |
| VITEKTA TAB 150MG                | PB        | QL                  |
| <i>zidovudine cap 100 mg</i>     | GEN       | QL                  |
| <i>zidovudine syrup 10 mg/ml</i> | GEN       | QL                  |
| <i>zidovudine tab 300 mg</i>     | GEN       | QL                  |

### CMV AGENTS

|  |     |    |
|--|-----|----|
| <i>cidofovir iv inj 75 mg/ml</i>                         | GEN |    |
| <i>ganciclovir sodium for inj 500 mg</i>                 | GEN |    |
| VALCYTE TAB 450MG  | NPB |    |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | NPB | QL |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i>   | GEN |    |

### HEPATITIS AGENTS

|                                     |     |        |
|-------------------------------------|-----|--------|
| <i>adefovir dipivoxil tab 10 mg</i> | PS  |        |
| BARACLUDGE SOL                      | PS  | PA     |
| <i>entecavir tab 0.5 mg</i>         | PS  |        |
| <i>entecavir tab 1 mg</i>           | PS  |        |
| EPCLUSA TAB 400-100                 | PS  | PA; QL |
| EPIVIR HBV SOL 5MG/ML               | PB  | PA     |
| HARVONI TAB 90-400MG                | PS  | PA; QL |
| <i>lamivudine tab 100 mg (hbv)</i>  | GEN |        |
| <i>moderiba pak 800/day</i>         | NPS | QL     |
| <i>moderiba pak 1200/day</i>        | NPS | QL     |
| OLYSIO CAP 150MG                    | NPS | PA; QL |
| PEG-INTRON KIT 50MCG RP             | PS  | PA; QL |
| PEG-INTRON KIT 80MCG                | PS  | PA; QL |
| PEG-INTRON KIT 120 RP               | PS  | PA; QL |
| PEG-INTRON KIT 150MCG               | PS  | PA; QL |
| PEGASYS INJ                         | PS  | PA; QL |
| PEGASYS INJ 180MCG/M                | PS  | PA; QL |
| PEGASYS INJ PROCLICK                | PS  | PA; QL |
| PEGINTRON KIT 50MCG                 | PS  | PA; QL |
| REBETOL SOL 40MG/ML                 | PS  |        |
| RIBAPAK PAK 1000/DAY                | PS  |        |
| <i>ribavirin cap 200 mg</i>         | PS  | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                   | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|---------------------|
| <i>ribavirin tab 200 mg</i> | PS        | QL                  |
| <i>ribavirin tab 400 mg</i> | PS        | QL                  |
| <i>ribavirin tab 600 mg</i> | PS        | QL                  |
| SOVALDI TAB 400MG           | PS        | PA; QL              |
| TYZEKA TAB 600MG            | NPB       | PA                  |
| VOSEVI TAB                  | PS        | PA; QL              |

### **HERPES AGENTS**

|  |     |    |
|--|-----|----|
| <i>acyclovir cap 200 mg</i>              | GEN |    |
| <i>acyclovir sodium for inj 500 mg</i>   | GEN |    |
| <i>acyclovir sodium for inj 1000 mg</i>  | GEN |    |
| <i>acyclovir sodium iv soln 50 mg/ml</i> | GEN |    |
| <i>acyclovir susp 200 mg/5ml</i>         | GEN |    |
| <i>acyclovir tab 400 mg</i>              | GEN |    |
| <i>acyclovir tab 800 mg</i>              | GEN |    |
| <i>famciclovir tab 125 mg</i>            | GEN | QL |
| <i>famciclovir tab 250 mg</i>            | GEN | QL |
| <i>famciclovir tab 500 mg</i>            | GEN | QL |
| <i>valacyclovir hcl tab 1 gm</i>         | GEN | QL |
| <i>valacyclovir hcl tab 500 mg</i>       | GEN | QL |

### **INFLUENZA AGENTS**

|  |     |                             |
|--|-----|-----------------------------|
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i>        | GEN | QL (20 caps / 135 days); QL |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i>        | GEN | QL                          |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i>        | GEN | QL                          |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | GEN | QL                          |
| RELENZA MIS DISKHALE                                       | NPB | QL                          |
| <i>rimantadine hydrochloride tab 100 mg</i>                | GEN |                             |
| TAMIFLU CAP 30MG   | NPB | QL (20 caps / 135 days); QL |
| TAMIFLU CAP 45MG   | NPB | QL                          |
| TAMIFLU CAP 75MG   | NPB | QL                          |
| TAMIFLU SUS 6MG/ML   | NPB | QL                          |

### **BETA BLOCKERS**

#### **ALPHA-BETA BLOCKERS**

|                                |     |  |
|--------------------------------|-----|--|
| <i>carvedilol tab 3.125 mg</i> | GEN |  |
| <i>carvedilol tab 6.25 mg</i>  | GEN |  |
| <i>carvedilol tab 12.5 mg</i>  | GEN |  |
| <i>carvedilol tab 25 mg</i>    | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                            | Drug Tier | Requirements/Limits |
|--------------------------------------|-----------|---------------------|
| <i>labetalol hcl iv soln 5 mg/ml</i> | GEN       |                     |
| <i>labetalol hcl tab 100 mg</i>      | GEN       |                     |
| <i>labetalol hcl tab 200 mg</i>      | GEN       |                     |
| <i>labetalol hcl tab 300 mg</i>      | GEN       |                     |

### **BETA BLOCKERS CARDIO-SELECTIVE**

|   |     |    |
|---|-----|----|
| <i>acebutolol hcl cap 200 mg</i>                                | GEN |    |
| <i>acebutolol hcl cap 400 mg</i>                                | GEN |    |
| <i>atenolol tab 25 mg</i>                                       | GEN |    |
| <i>atenolol tab 50 mg</i>                                       | GEN |    |
| <i>atenolol tab 100 mg</i>                                      | GEN |    |
| <i>betaxolol hcl tab 10 mg</i>                                  | GEN |    |
| <i>betaxolol hcl tab 20 mg</i>                                  | GEN |    |
| <i>bisoprolol fumarate tab 5 mg</i>                             | GEN |    |
| <i>bisoprolol fumarate tab 10 mg</i>                            | GEN |    |
| BYSTOLIC TAB 2.5MG  | NPB | ST |
| BYSTOLIC TAB 5MG  | NPB | ST |
| BYSTOLIC TAB 10MG   | NPB | ST |
| BYSTOLIC TAB 20MG   | NPB | ST |
| <i>esmolol hcl inj 100 mg/10ml</i>                              | GEN |    |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>  | GEN |    |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>  | GEN |    |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | GEN |    |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> | GEN |    |
| <i>metoprolol tartrate iv soln 5 mg/5ml</i>                     | GEN |    |
| <i>metoprolol tartrate tab 25 mg</i>                            | GEN |    |
| <i>metoprolol tartrate tab 50 mg</i>                            | GEN |    |
| <i>metoprolol tartrate tab 100 mg</i>                           | GEN |    |

### **BETA BLOCKERS NON-SELECTIVE**

|  |     |        |
|--|-----|--------|
| HEMANGEOL SOL 4.28/ML                    | NPB | PA; QL |
| LEVATOL TAB 20MG                         | NPB | ST     |
| <i>nadolol tab 20 mg</i>                 | GEN |        |
| <i>nadolol tab 40 mg</i>                 | GEN |        |
| <i>nadolol tab 80 mg</i>                 | GEN |        |
| <i>pindolol tab 5 mg</i>                 | GEN |        |
| <i>pindolol tab 10 mg</i>                | GEN |        |
| <i>propranolol hcl cap er 24hr 60 mg</i> | GEN |        |
| <i>propranolol hcl cap er 24hr 80 mg</i> | GEN |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                                  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>propranolol hcl cap er 24hr 120 mg</i>  | GEN       |                     |
| <i>propranolol hcl cap er 24hr 160 mg</i>  | GEN       |                     |
| <i>propranolol hcl inj 1 mg/ml</i>         | GEN       |                     |
| <i>propranolol hcl oral soln 20 mg/5ml</i> | GEN       |                     |
| <i>propranolol hcl oral soln 40 mg/5ml</i> | GEN       |                     |
| <i>propranolol hcl tab 10 mg</i>           | GEN       |                     |
| <i>propranolol hcl tab 20 mg</i>           | GEN       |                     |
| <i>propranolol hcl tab 40 mg</i>           | GEN       |                     |
| <i>propranolol hcl tab 60 mg</i>           | GEN       |                     |
| <i>propranolol hcl tab 80 mg</i>           | GEN       |                     |
| <i>sotalol hcl (afib/afI) tab 80 mg</i>    | GEN       |                     |
| <i>sotalol hcl (afib/afI) tab 120 mg</i>   | GEN       |                     |
| <i>sotalol hcl (afib/afI) tab 160 mg</i>   | GEN       |                     |
| SOTALOL HCL INJ 150/10ML                   | NPB       |                     |
| <i>sotalol hcl tab 80 mg</i>               | GEN       |                     |
| <i>sotalol hcl tab 120 mg</i>              | GEN       |                     |
| <i>sotalol hcl tab 160 mg</i>              | GEN       |                     |
| <i>sotalol hcl tab 240 mg</i>              | GEN       |                     |
| <i>timolol maleate tab 5 mg</i>            | GEN       |                     |
| <i>timolol maleate tab 10 mg</i>           | GEN       |                     |
| <i>timolol maleate tab 20 mg</i>           | GEN       |                     |

## CALCIUM CHANNEL BLOCKERS

### CALCIUM CHANNEL BLOCKERS

|   |     |  |
|---|-----|--|
| <i>amlodipine besylate tab 2.5 mg (base equivalent)</i> | GEN |  |
| <i>amlodipine besylate tab 5 mg (base equivalent)</i>   | GEN |  |
| <i>amlodipine besylate tab 10 mg (base equivalent)</i>  | GEN |  |
| CLEVIPREX EMU 0.5MG/ML                                  | NPB |  |
| CLEVIPREX EMU 50/100ML                                  | NPB |  |
| <i>diltiazem hcl cap er 24hr 120 mg</i>                 | GEN |  |
| <i>diltiazem hcl cap er 24hr 180 mg</i>                 | GEN |  |
| <i>diltiazem hcl cap er 24hr 240 mg</i>                 | GEN |  |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i>    | GEN |  |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i>    | GEN |  |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i>    | GEN |  |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i>    | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | GEN       |                     |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | GEN       |                     |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | GEN       |                     |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | GEN       |                     |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | GEN       |                     |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | GEN       |                     |
| <i>diltiazem hcl tab 30 mg</i>                                 | GEN       |                     |
| <i>diltiazem hcl tab 60 mg</i>                                 | GEN       |                     |
| <i>diltiazem hcl tab 90 mg</i>                                 | GEN       |                     |
| <i>diltiazem hcl tab 120 mg</i>                                | GEN       |                     |
| <i>felodipine tab er 24hr 2.5 mg</i>                           | GEN       |                     |
| <i>felodipine tab er 24hr 5 mg</i>                             | GEN       |                     |
| <i>felodipine tab er 24hr 10 mg</i>                            | GEN       |                     |
| <i>isradipine cap 2.5 mg</i>                                   | GEN       |                     |
| <i>isradipine cap 5 mg</i>                                     | GEN       |                     |
| <i>nicardipine hcl cap 20 mg</i>                               | GEN       |                     |
| <i>nicardipine hcl cap 30 mg</i>                               | GEN       |                     |
| <i>nicardipine hcl iv soln 2.5 mg/ml</i>                       | GEN       |                     |
| <i>nifedipine cap 10 mg</i>                                    | GEN       |                     |
| <i>nifedipine cap 20 mg</i>                                    | GEN       |                     |
| <i>nifedipine tab er 24hr 30 mg</i>                            | GEN       |                     |
| <i>nifedipine tab er 24hr 60 mg</i>                            | GEN       |                     |
| <i>nifedipine tab er 24hr 90 mg</i>                            | GEN       |                     |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i>            | GEN       |                     |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i>            | GEN       |                     |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i>            | GEN       |                     |
| <i>nimodipine cap 30 mg</i>                                    | GEN       |                     |
| <i>nisoldipine tab er 24hr 8.5 mg</i>                          | GEN       | ST                  |
| <i>nisoldipine tab er 24hr 17 mg</i>                           | GEN       | ST                  |
| <i>nisoldipine tab er 24hr 20 mg</i>                           | GEN       | ST                  |
| <i>nisoldipine tab er 24hr 25.5 mg</i>                         | GEN       | ST                  |
| <i>nisoldipine tab er 24hr 30 mg</i>                           | GEN       | ST                  |
| <i>nisoldipine tab er 24hr 34 mg</i>                           | GEN       | ST                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                               | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>nisoldipine tab er 24hr 40 mg</i>    | GEN       | ST                  |
| <i>verapamil hcl cap er 24hr 120 mg</i> | GEN       |                     |
| <i>verapamil hcl cap er 24hr 180 mg</i> | GEN       |                     |
| <i>verapamil hcl cap er 24hr 240 mg</i> | GEN       |                     |
| <i>verapamil hcl iv soln 2.5 mg/ml</i>  | GEN       |                     |
| <i>verapamil hcl tab 40 mg</i>          | GEN       |                     |
| <i>verapamil hcl tab 80 mg</i>          | GEN       |                     |
| <i>verapamil hcl tab 120 mg</i>         | GEN       |                     |
| <i>verapamil hcl tab er 120 mg</i>      | GEN       |                     |
| <i>verapamil hcl tab er 180 mg</i>      | GEN       |                     |
| <i>verapamil hcl tab er 240 mg</i>      | GEN       |                     |

## CARDIOTONICS

### CARDIAC GLYCOSIDES

|                                       |     |  |
|---------------------------------------|-----|--|
| <i>digoxin inj 0.25 mg/ml</i>         | GEN |  |
| <i>digoxin oral soln 0.05 mg/ml</i>   | GEN |  |
| <i>digoxin tab 125 mcg (0.125 mg)</i> | GEN |  |
| <i>digoxin tab 250 mcg (0.25 mg)</i>  | GEN |  |

## CARDIOVASCULAR AGENTS - MISC.

### CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

|                       |    |        |
|-----------------------|----|--------|
| ENTRESTO TAB 24-26MG  | PB | PA; QL |
| ENTRESTO TAB 49-51MG  | PB | PA; QL |
| ENTRESTO TAB 97-103MG | PB | PA; QL |

### IMPOTENCE AGENTS

|                             |     |                        |
|-----------------------------|-----|------------------------|
| CIALIS TAB 2.5MG            | NPB | PA; QL                 |
| CIALIS TAB 5MG              | NPB | PA; QL                 |
| <i>tadalafil tab 2.5 mg</i> | NPB | PA, QL (1 tab per day) |
| <i>tadalafil tab 5 mg</i>   | NPB | PA, QL (1 tab per day) |

### PERIPHERAL VASODILATORS

|                                    |     |  |
|------------------------------------|-----|--|
| <i>isoxsuprine hcl tab 10 mg</i>   | GEN |  |
| <i>isoxsuprine hcl tab 20 mg</i>   | GEN |  |
| <i>papaverine hcl inj 30 mg/ml</i> | GEN |  |

### PROSTAGLANDIN VASODILATORS

|   |     |    |
|---|-----|----|
| <i>epoprostenol sodium for inj 0.5 mg</i>         | PS  | PA |
| <i>epoprostenol sodium for inj 1.5 mg</i>         | PS  | PA |
| ORENITRAM TAB 0.25MG                              | NPS | PA |
| ORENITRAM TAB 0.125MG                             | NPS | PA |
| ORENITRAM TAB 1MG                                 | NPS | PA |
| ORENITRAM TAB 2.5MG                               | NPS | PA |
| ORENITRAM TAB 5MG                                 | NPS | PA |
| <i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i> | PS  | PA |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> | PS        | PA                  |
| <i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>  | PS        | PA                  |
| <i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> | PS        | PA                  |
| TYVASO START SOL 0.6MG/ML                           | PS        | PA                  |
| VENTAVIS SOL 10MCG/ML                               | NPS       | PA                  |
| VENTAVIS SOL 20MCG/ML                               | NPS       | PA                  |

***PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***

|                              |    |        |
|------------------------------|----|--------|
| <i>ambrisentan tab 5 mg</i>  | PS | PA; QL |
| <i>ambrisentan tab 10 mg</i> | PS | PA; QL |
| BOSENTAN TAB 62.5 MG         | PS | PA; QL |
| BOSENTAN TAB 125 MG          | PS | PA; QL |
| OPSUMIT TAB 10MG             | PS | PA; QL |

***PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***

|                                     |    |        |
|-------------------------------------|----|--------|
| <i>sildenafil citrate tab 20 mg</i> | PS | PA; QL |
|-------------------------------------|----|--------|

***PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***

|                     |    |        |
|---------------------|----|--------|
| UPTRAVI TAB 200/800 | PS | PA; QL |
| UPTRAVI TAB 200MCG  | PS | PA; QL |
| UPTRAVI TAB 400MCG  | PS | PA; QL |
| UPTRAVI TAB 600MCG  | PS | PA; QL |
| UPTRAVI TAB 800MCG  | PS | PA; QL |
| UPTRAVI TAB 1000MCG | PS | PA; QL |
| UPTRAVI TAB 1200MCG | PS | PA; QL |
| UPTRAVI TAB 1400MCG | PS | PA; QL |
| UPTRAVI TAB 1600MCG | PS | PA; QL |

***PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR***

|                   |    |        |
|-------------------|----|--------|
| ADEMPAS TAB 0.5MG | PS | PA; QL |
| ADEMPAS TAB 1.5MG | PS | PA; QL |
| ADEMPAS TAB 1MG   | PS | PA; QL |
| ADEMPAS TAB 2.5MG | PS | PA; QL |
| ADEMPAS TAB 2MG   | PS | PA; QL |

***SINUS NODE INHIBITORS***

|                    |     |        |
|--------------------|-----|--------|
| CORLANOR TAB 5MG   | NPB | PA; QL |
| CORLANOR TAB 7.5MG | NPB | PA; QL |

***TRANSTHYRETIN STABILIZERS***

|                   |    |        |
|-------------------|----|--------|
| VYNDAMAX CAP 61MG | PS | PA; QL |
|-------------------|----|--------|

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name         | Drug Tier | Requirements/Limits |
|-------------------|-----------|---------------------|
| VYNDAQEL CAP 20MG | PS        | PA; QL              |

## CEPHALOSPORINS

### CEPHALOSPORINS - 1ST GENERATION

|  |     |
|--|-----|
| <i>cefadroxil cap 500 mg</i>             | GEN |
| <i>cefadroxil for susp 250 mg/5ml</i>    | GEN |
| <i>cefadroxil for susp 500 mg/5ml</i>    | GEN |
| <i>cefadroxil tab 1 gm</i>               | GEN |
| CEFAZOL/DEX SOL 1GM                      | GEN |
| CEFAZOL/DEX SOL 2GM                      | GEN |
| CEFAZOLIN INJ 1GM/50ML                   | GEN |
| CEFAZOLIN INJ 100GM                      | GEN |
| CEFAZOLIN INJ 300GM                      | GEN |
| <i>cefazolin sodium for inj 1 gm</i>     | GEN |
| <i>cefazolin sodium for inj 10 gm</i>    | GEN |
| <i>cefazolin sodium for inj 20 gm</i>    | GEN |
| <i>cefazolin sodium for inj 500 mg</i>   | GEN |
| <i>cefazolin sodium for iv soln 1 gm</i> | GEN |
| <i>cephalexin cap 250 mg</i>             | GEN |
| <i>cephalexin cap 500 mg</i>             | GEN |
| <i>cephalexin cap 750 mg</i>             | GEN |
| <i>cephalexin for susp 125 mg/5ml</i>    | GEN |
| <i>cephalexin for susp 250 mg/5ml</i>    | GEN |
| <i>cephalexin tab 250 mg</i>             | GEN |
| <i>cephalexin tab 500 mg</i>             | GEN |

### CEPHALOSPORINS - 2ND GENERATION

|  |     |
|--|-----|
| <i>cefaclor cap 250 mg</i>               | GEN |
| <i>cefaclor cap 500 mg</i>               | GEN |
| CEFACLOR ER TAB 500MG                    | GEN |
| <i>cefaclor for susp 250 mg/5ml</i>      | GEN |
| <i>cefaclor for susp 375 mg/5ml</i>      | GEN |
| <i>cefotetan disodium for inj 1 gm</i>   | GEN |
| <i>cefotetan disodium for inj 2 gm</i>   | GEN |
| <i>cefotetan disodium for inj 10 gm</i>  | GEN |
| CEFOXITIN INJ 1GM                        | GEN |
| CEFOXITIN INJ 2GM                        | GEN |
| <i>cefoxitin sodium for inj 10 gm</i>    | GEN |
| <i>cefoxitin sodium for iv soln 1 gm</i> | GEN |
| <i>cefoxitin sodium for iv soln 2 gm</i> | GEN |
| <i>cefprozil for susp 125 mg/5ml</i>     | GEN |
| <i>cefprozil for susp 250 mg/5ml</i>     | GEN |
| <i>cefprozil tab 250 mg</i>              | GEN |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                                   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cefprozil tab 500 mg</i>                 | GEN       |                     |
| CEFTIN SUS 125/5ML                          | NPB       |                     |
| CEFTIN SUS 250/5ML                          | NPB       |                     |
| <i>cefuroxime axetil tab 250 mg</i>         | GEN       |                     |
| <i>cefuroxime axetil tab 500 mg</i>         | GEN       |                     |
| <i>cefuroxime sodium for inj 7.5 gm</i>     | GEN       |                     |
| <i>cefuroxime sodium for inj 750 mg</i>     | GEN       |                     |
| <i>cefuroxime sodium for iv soln 1.5 gm</i> | GEN       |                     |
| ZINACEF/H2O INJ 1.5GM PB                    | NPB       |                     |

### **CEPHALOSPORINS - 3RD GENERATION**

|  |     |  |
|--|-----|--|
| <i>cefdinir cap 300 mg</i>                             | GEN |  |
| <i>cefdinir for susp 125 mg/5ml</i>                    | GEN |  |
| <i>cefdinir for susp 250 mg/5ml</i>                    | GEN |  |
| <i>cefditoren pivoxil tab 200 mg (base equivalent)</i> | GEN |  |
| <i>cefditoren pivoxil tab 400 mg (base equivalent)</i> | GEN |  |
| <i>cefixime cap 400 mg</i>                             | GEN |  |
| <i>cefixime for susp 100 mg/5ml</i>                    | GEN |  |
| <i>cefixime for susp 200 mg/5ml</i>                    | GEN |  |
| <i>cefotaxime sodium for inj 1 gm</i>                  | GEN |  |
| <i>cefotaxime sodium for inj 2 gm</i>                  | GEN |  |
| <i>cefotaxime sodium for inj 10 gm</i>                 | GEN |  |
| <i>cefotaxime sodium for inj 500 mg</i>                | GEN |  |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i>         | GEN |  |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i>        | GEN |  |
| <i>cefpodoxime proxetil tab 100 mg</i>                 | GEN |  |
| <i>cefpodoxime proxetil tab 200 mg</i>                 | GEN |  |
| <i>ceftazidime for inj 1 gm</i>                        | GEN |  |
| <i>ceftazidime for inj 2 gm</i>                        | GEN |  |
| <i>ceftazidime for inj 6 gm</i>                        | GEN |  |
| CEFTAZIDIME/ SOL D5W 1GM                               | NPB |  |
| CEFTAZIDIME/ SOL D5W 2GM                               | NPB |  |
| <i>ceftibuten cap 400 mg</i>                           | GEN |  |
| <i>ceftibuten for susp 180 mg/5ml</i>                  | GEN |  |
| CEFTRIAX/DEX INJ 1GM                                   | NPB |  |
| CEFTRIAX/DEX INJ 2GM                                   | NPB |  |
| <i>ceftriaxone sodium for inj 1 gm</i>                 | GEN |  |
| <i>ceftriaxone sodium for inj 2 gm</i>                 | GEN |  |
| <i>ceftriaxone sodium for inj 10 gm</i>                | GEN |  |
| <i>ceftriaxone sodium for inj 250 mg</i>               | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>ceftriaxone sodium for inj 500 mg</i>           | GEN       |                     |
| <i>ceftriaxone sodium for iv soln 1 gm</i>         | GEN       |                     |
| <i>ceftriaxone sodium for iv soln 2 gm</i>         | GEN       |                     |
| <i>ceftriaxone sodium in dextrose inj 20 mg/ml</i> | GEN       |                     |
| <i>ceftriaxone sodium in dextrose inj 40 mg/ml</i> | GEN       |                     |
| CLAFORAN INJ 1GM                                   | NPB       |                     |
| CLAFORAN INJ 2GM                                   | NPB       |                     |
| SPECTRACEF TAB 200MG                               | NPB       |                     |
| SUPRAX CAP 400MG                                   | NPB       |                     |
| SUPRAX CHW 100MG                                   | NPB       |                     |
| SUPRAX CHW 200MG                                   | NPB       |                     |
| SUPRAX SUS 500/5ML                                 | NPB       |                     |

#### **CEPHALOSPORINS - 4TH GENERATION**

|                                  |     |  |
|----------------------------------|-----|--|
| <i>cefepime hcl for inj 1 gm</i> | GEN |  |
| <i>cefepime hcl for inj 2 gm</i> | GEN |  |
| CEFEPIME INJ 1GM                 | GEN |  |
| CEFEPIME INJ 2G/100ML            | GEN |  |
| CEFEPIME/DEX INJ 1GM             | NPB |  |
| CEFEPIME/DEX INJ 2GM             | GEN |  |
| MAXIPIME INJ 1GM                 | NPB |  |
| MAXIPIME INJ 2GM                 | NPB |  |

#### **CEPHALOSPORINS - 5TH GENERATION**

|                   |     |  |
|-------------------|-----|--|
| TEFLARO INJ 400MG | NPB |  |
| TEFLARO INJ 600MG | NPB |  |

#### **CHEMICALS**

##### **BULK CHEMICALS - P'S**

|                  |    |  |
|------------------|----|--|
| PENICILLAMIN POW | PS |  |
|------------------|----|--|

#### **CONTRACEPTIVES**

##### **COMBINATION CONTRACEPTIVES - ORAL**

|   |     |    |
|---|-----|----|
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | ACA |    |
| <i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>     | ACA |    |
| <i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>           | ACA |    |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>     | ACA | PA |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>                     | ACA |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>                     | ACA       |                     |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>     | ACA       |                     |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>     | ACA       |                     |
| FALESSA KIT   | ACA       |                     |
| GENERESS FE CHW   | ACA       |                     |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>  | ACA       |                     |
| <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> | ACA       |                     |
| <i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | ACA       |                     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>         | ACA       |                     |
| <i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>        | ACA       |                     |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>     | ACA       |                     |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>      | ACA       |                     |
| LO LOESTRIN TAB 1-10-10   | ACA       | PA                  |
| NATAZIA TAB   | ACA       | PA                  |
| NECON TAB 10/11-28  | ACA       |                     |
| <i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>          | ACA       |                     |
| <i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>          | ACA       |                     |
| <i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>            | ACA       |                     |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>  | ACA       |                     |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>  | ACA       |                     |
| <i>norethindrone &amp; mestranol tab 1 mg-50 mcg</i>                    | ACA       |                     |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>     | ACA       |                     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>        | ACA       |                     |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>      | ACA       |                     |

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>   | ACA       |                     |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | ACA       |                     |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>   | ACA       | PA                  |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>    | ACA       | PA                  |
| <i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>    | ACA       |                     |
| <i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>     | ACA       |                     |
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>      | ACA       |                     |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>        | ACA       |                     |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>    | ACA       |                     |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>    | ACA       |                     |
| <i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>           | ACA       |                     |
| <i>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</i>           | ACA       |                     |
| NORINYL TAB 1+50-28   | ACA       |                     |
| QUARTETTE TAB   | NPB       |                     |
| SAFYRAL TAB   | ACA       |                     |
| <b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>                       |           |                     |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>       | ACA       | QL                  |
| <b>COMBINATION CONTRACEPTIVES - VAGINAL</b>                           |           |                     |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>     | GEN       |                     |
| <b>COPPER CONTRACEPTIVES - IUD</b>                                    |           |                     |
| PARAGARD IUD T380A  | ACA       |                     |
| <b>EMERGENCY CONTRACEPTIVES</b>                                       |           |                     |
| ELLA TAB 30MG   | ACA       |                     |
| <i>levonorgestrel tab 0.75 mg</i>                                     | ACA       |                     |
| <i>levonorgestrel tab 1.5 mg</i>                                      | ACA       |                     |
| <i>levonorgestrel tab 1.5 mg</i>                                      | ACA       |                     |
| <b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>                            |           |                     |
| IMPLANON IMP 68MG   | ACA       |                     |

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| NEXPLANON IMP 68MG   | ACA       |                     |
| <b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>                       |           |                     |
| DEPO-SQ PROV INJ 104   | ACA       | PA; QL              |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i>               | ACA       | QL                  |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> | ACA       | QL                  |
| <b>PROGESTIN CONTRACEPTIVES - IUD</b>                              |           |                     |
| KYLEENA IUD 19.5MG   | ACA       | QL                  |
| LILETTA IUD 52MG   | ACA       |                     |
| MIRENA IUD SYSTEM  | ACA       |                     |
| SKYLA IUD 13.5MG   | ACA       |                     |
| <b>PROGESTIN CONTRACEPTIVES - ORAL</b>                             |           |                     |
| <i>norethindrone tab 0.35 mg</i>                                   | ACA       |                     |
| <b>CORTICOSTEROIDS</b>   |           |                     |
| <b>GLUCOCORTICOSTEROIDS</b>  |           |                     |
| <i>budesonide delayed release particles cap 3 mg</i>               | GEN       |                     |
| <i>budesonide tab er 24hr 9 mg</i>                                 | PS        | PA                  |
| <i>cortisone acetate tab 25 mg</i>                                 | GEN       |                     |
| DEXAMETHASON CON 1MG/ML  | GEN       |                     |
| <i>dexamethasone elixir 0.5 mg/5ml</i>                             | GEN       |                     |
| <i>dexamethasone soln 0.5 mg/5ml</i>                               | GEN       |                     |
| <i>dexamethasone tab 0.5 mg</i>                                    | GEN       |                     |
| <i>dexamethasone tab 0.75 mg</i>                                   | GEN       |                     |
| <i>dexamethasone tab 1 mg</i>                                      | GEN       |                     |
| <i>dexamethasone tab 1.5 mg</i>                                    | GEN       |                     |
| <i>dexamethasone tab 2 mg</i>                                      | GEN       |                     |
| <i>dexamethasone tab 4 mg</i>                                      | GEN       |                     |
| <i>dexamethasone tab 6 mg</i>                                      | GEN       |                     |
| <i>hydrocortisone tab 5 mg</i>                                     | GEN       |                     |
| <i>hydrocortisone tab 10 mg</i>                                    | GEN       |                     |
| <i>hydrocortisone tab 20 mg</i>                                    | GEN       |                     |
| <i>methylprednisolone acetate inj susp 40 mg/ml</i>                | NPB       |                     |
| <i>methylprednisolone tab 4 mg</i>                                 | GEN       |                     |
| <i>methylprednisolone tab 8 mg</i>                                 | GEN       |                     |
| <i>methylprednisolone tab 16 mg</i>                                | GEN       |                     |
| <i>methylprednisolone tab 32 mg</i>                                | GEN       |                     |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i>               | GEN       |                     |

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | GEN       |                     |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>  | GEN       |                     |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>  | GEN       |                     |
| <i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>       | GEN       |                     |
| PREDNISON CON 5MG/ML  | GEN       |                     |
| <i>prednisone oral soln 5 mg/5ml</i>                                | GEN       |                     |
| <i>prednisone tab 1 mg</i>  | GEN       |                     |
| <i>prednisone tab 2.5 mg</i>  | GEN       |                     |
| <i>prednisone tab 5 mg</i>  | GEN       |                     |
| <i>prednisone tab 10 mg</i>   | GEN       |                     |
| <i>prednisone tab 20 mg</i>   | GEN       |                     |
| <i>prednisone tab 50 mg</i>   | GEN       |                     |
| <i>prednisone tab therapy pack 5 mg (21)</i>                        | GEN       |                     |
| <i>prednisone tab therapy pack 10 mg (21)</i>                       | GEN       |                     |

#### **MINERALOCORTICIDS**

|   |     |  |
|---|-----|--|
| <i>fludrocortisone acetate tab 0.1 mg</i> | GEN |  |
|---|-----|--|

#### **COUGH/COLD/ALLERGY**

##### **ANTITUSSIVES**

|  |     |    |
|--|-----|----|
| <i>benzonatate cap 100 mg</i>                        | GEN |    |
| <i>benzonatate cap 200 mg</i>                        | GEN |    |
| <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> | GEN | ST |
| <i>hydrocodone w/ homatropine tab 5-1.5 mg</i>       | GEN | ST |

##### **COUGH/COLD/ALLERGY COMBINATIONS**

|   |     |    |
|---|-----|----|
| FLOWTUSS SOL 2.5-200  | NPB |    |
| <i>guaifenesin-codeine soln 100-6.3 mg/5ml</i>                      | GEN |    |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i>                       | GEN |    |
| <i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>           | GEN | QL |
| LORTUSS EX LIQ  | GEN |    |
| PHENHIST DH LIQ 30-2-10   | GEN | ST |
| <i>phenylephrine w/ dm-gg tab 10-20-400 mg</i>                      | GEN |    |
| <i>phenylephrine-guaifenesin liqd 7.5-100 mg/5ml (1.5-20 mg/ml)</i> | GEN |    |
| <i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>         | GEN |    |

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>              | GEN       | ST                  |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i>                      | GEN       |                     |
| <i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> | GEN       | ST                  |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>              | GEN       |                     |
| <i>pseudoephedrine w/ cod-gg soln 30-10-100 mg/5ml</i>           | GEN       |                     |
| RYDEX LIQ  | GEN       | ST                  |
| TUZISTRA XR SUS  | NPB       |                     |
| <i>virtussin sol dac</i>   | GEN       |                     |

### **EXPECTORANTS**

|                 |     |  |
|-----------------|-----|--|
| SSKI SOL 1GM/ML | NPB |  |
|-----------------|-----|--|

### **MISC. RESPIRATORY INHALANTS**

|                                      |     |  |
|--------------------------------------|-----|--|
| NEBUSAL NEB 6%                       | PB  |  |
| <i>sodium chloride soln nebu 3%</i>  | GEN |  |
| <i>sodium chloride soln nebu 7%</i>  | GEN |  |
| <i>sodium chloride soln nebu 10%</i> | GEN |  |

### **MUCOLYTICS**

|                                      |     |  |
|--------------------------------------|-----|--|
| <i>acetylcysteine inhal soln 10%</i> | GEN |  |
| <i>acetylcysteine inhal soln 20%</i> | GEN |  |

### **DERMATOLOGICALS**

#### **ACNE PRODUCTS**

|  |     |    |
|--|-----|----|
| <i>adapalene cream 0.1%</i>                            | GEN | PA |
| AVAR LS PAD 10-2%                                      | NPB | PA |
| AVAR PAD 9.5-5%  | NPB | PA |
| CLARAVIS   | NPB |    |
| <i>clindamycin phosphate gel 1%</i>                    | GEN |    |
| <i>clindamycin phosphate lotion 1%</i>                 | GEN |    |
| <i>clindamycin phosphate soln 1%</i>                   | GEN |    |
| <i>clindamycin phosphate swab 1%</i>                   | GEN |    |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> | NPB | PA |
| CLINDAP-T CRE  | NPB |    |
| <i>dapsone gel 5%</i>                                  | GEN | PA |
| <i>erythromycin gel 2%</i>                             | NPB |    |
| <i>erythromycin pads 2%</i>                            | GEN |    |
| <i>erythromycin soln 2%</i>                            | GEN |    |
| FABIOR AER 0.1%  | NPB | PA |

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>*sulfacetamide sod-sulfur wash 9-4.5% &amp; sunscreen kit***</i> | GEN       |                     |
| <i>sulfacetamide sodium lotion 10% (acne)</i>                       | GEN       |                     |
| <i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>                | GEN       |                     |
| <i>sulfacetamide sodium w/ sulfur emulsion 10-5%</i>                | GEN       |                     |
| <i>tretinoin cream 0.1%</i>   | GEN       |                     |
| <i>tretinoin cream 0.05%</i>  | GEN       |                     |
| <i>tretinoin cream 0.025%</i>                                       | GEN       |                     |
| <i>tretinoin gel 0.01%</i>  | GEN       |                     |
| <i>tretinoin gel 0.025%</i>   | GEN       |                     |
| <b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>                           |           |                     |
| NOVOCLAIR CRE   | NPB       |                     |
| <b>ANTIBIOTICS - TOPICAL</b>  |           |                     |
| CORTISPORIN CRE 0.5%  | NPB       |                     |
| CORTISPORIN OIN 1%  | NPB       |                     |
| <i>gentamicin sulfate cream 0.1%</i>                                | GEN       |                     |
| <i>gentamicin sulfate oint 0.1%</i>                                 | GEN       |                     |
| <i>mupirocin calcium cream 2%</i>                                   | GEN       | ST                  |
| <i>mupirocin oint 2%</i>  | GEN       |                     |
| NEO-SYNALAR CRE   | NPB       | PA                  |
| <b>ANTIFUNGALS - TOPICAL</b>  |           |                     |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i>                  | GEN       |                     |
| <i>ciclopirox solution 8%</i>                                       | GEN       |                     |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i>                  | GEN       |                     |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i>                 | NPB       |                     |
| ERTACZO CRE 2%  | NPB       | PA                  |
| JUBLIA SOL 10%  | NPB       | ST, PA              |
| KERYDIN SOL 5%  | PS        | PA                  |
| <i>ketconazole cream 2%</i>   | GEN       |                     |
| <i>ketconazole shampoo 2%</i>                                       | GEN       |                     |
| <i>luliconazole cream 1%</i>  | NPB       | PA                  |
| MENTAX CRE 1%   | NPB       | PA                  |
| <i>naftifine hcl gel 1%</i>   | NPB       | PA                  |
| NAFTIN GEL 1%   | NPB       | PA                  |
| <i>nystatin cream 100000 unit/gm</i>                                | GEN       |                     |
| <i>nystatin oint 100000 unit/gm</i>                                 | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>nystatin topical powder 100000 unit/gm</i>                 | GEN       |                     |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>      | GEN       |                     |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>       | GEN       |                     |
| <i>oxiconazole nitrate cream 1%</i>                           | GEN       | PA; QL              |
| <i>tavaborole soln 5%</i>                                     | PS        | PA                  |
| <b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b> |           |                     |
| FLUORAC CRE 5-1%  | NPB       |                     |
| <i>fluorouracil cream 5%</i>                                  | GEN       |                     |
| <i>fluorouracil soln 2%</i>                                   | GEN       |                     |
| <i>fluorouracil soln 5%</i>                                   | GEN       |                     |
| PANRETIN GEL 0.1%   | PS        | PA                  |
| PICATO GEL 0.05%  | PS        | PA                  |
| PICATO GEL 0.015%   | PS        | PA                  |
| TARGRETIN GEL 1%  | PS        | PA                  |
| VALCHLOR GEL 0.016%   | PS        | PA                  |
| <b>ANTIPSORIATICS</b>   |           |                     |
| <i>acitretin cap 10 mg</i>                                    | PS        | ST                  |
| <i>acitretin cap 17.5 mg</i>                                  | PS        | ST                  |
| <i>acitretin cap 25 mg</i>                                    | PS        | ST                  |
| <i>calcipotriene cream 0.005%</i>                             | NPB       | QL                  |
| <i>calcipotriene oint 0.005%</i>                              | NPB       | QL                  |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i>                  | NPB       | QL                  |
| COSENTYX INJ 150MG/ML   | PS        | PA; QL              |
| COSENTYX PEN INJ 300DOSE                                      | PS        | PA; QL              |
| DRITHO-CREME CRE HP 1%  | GEN       |                     |
| <i>methoxsalen rapid cap 10 mg</i>                            | PS        | PA                  |
| 8-MOP CAP 10MG  | PS        | PA                  |
| STELARA INJ 45MG/0.5  | PS        | PA; QL              |
| STELARA INJ 90MG/ML   | PS        | PA; QL              |
| <i>tazarotene cream 0.1%</i>                                  | GEN       | PA                  |
| TAZORAC CRE 0.05%   | NPB       | PA                  |
| TAZORAC GEL 0.1%  | NPB       | PA                  |
| TAZORAC GEL 0.05%   | NPB       | PA                  |
| <b>ANTISEBORRHEIC PRODUCTS</b>                                |           |                     |
| <i>selenium sulfide lotion 2.5%</i>                           | GEN       |                     |
| <i>sulfacetamide sodium liquid 10%</i>                        | GEN       |                     |
| <b>ANTIVIRALS - TOPICAL</b>                                   |           |                     |
| <i>acyclovir oint 5%</i>                                      | NPB       |                     |
| DENAVIR CRE 1%  | NPB       | PA; QL              |

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>BURN PRODUCTS</b>  |           |                     |
| <i>silver sulfadiazine cream 1%</i>                         | GEN       |                     |
| SULFAMYLON CRE 85MG/GM                                      | NPB       |                     |
| <b>CAUTERIZING AGENTS</b>                                   |           |                     |
| SILVER NITRA SOL 10%  | GEN       |                     |
| <i>silver nitrate-potassium nitrate applicator 75-25%</i>   | GEN       |                     |
| <b>CORTICOSTEROIDS - TOPICAL</b>                            |           |                     |
| <i>amcinonide cream 0.1%</i>                                | NPB       |                     |
| <i>amcinonide lotion 0.1%</i>                               | NPB       |                     |
| AMCINONIDE OIN 0.1%   | NPB       |                     |
| <i>betamethasone dipropionate augmented cream 0.05%</i>     | GEN       |                     |
| <i>betamethasone dipropionate augmented gel 0.05%</i>       | NPB       |                     |
| <i>betamethasone dipropionate augmented lotion 0.05%</i>    | NPB       |                     |
| <i>betamethasone dipropionate augmented oint 0.05%</i>      | NPB       |                     |
| <i>betamethasone dipropionate cream 0.05%</i>               | GEN       |                     |
| <i>betamethasone dipropionate lotion 0.05%</i>              | GEN       |                     |
| <i>betamethasone dipropionate oint 0.05%</i>                | GEN       |                     |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i>  | GEN       |                     |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | GEN       |                     |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i>   | GEN       |                     |
| <i>clocortolone pivalate cream 0.1%</i>                     | NPB       |                     |
| CORDRAN OIN 0.025%  | NPB       |                     |
| <i>fluocinolone acetonide cream 0.01%</i>                   | GEN       |                     |
| <i>fluocinolone acetonide cream 0.025%</i>                  | GEN       |                     |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i>          | GEN       |                     |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i>         | GEN       |                     |
| <i>fluocinolone acetonide oint 0.025%</i>                   | GEN       |                     |
| <i>fluocinolone acetonide soln 0.01%</i>                    | GEN       |                     |
| <i>fluocinonide cream 0.05%</i>                             | GEN       | QL                  |
| <i>fluocinonide emulsified base cream 0.05%</i>             | GEN       |                     |
| <i>fluocinonide gel 0.05%</i>                               | GEN       |                     |
| <i>fluocinonide oint 0.05%</i>                              | NPB       |                     |
| <i>fluocinonide soln 0.05%</i>                              | GEN       |                     |
| <i>fluticasone propionate cream 0.05%</i>                   | GEN       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>fluticasone propionate oint 0.005%</i>                | GEN       |                     |
| <i>halobetasol propionate cream 0.05%</i>                | GEN       | QL                  |
| <i>halobetasol propionate oint 0.05%</i>                 | NPB       | QL                  |
| HALOG OIN 0.1%   | NPB       |                     |
| <i>hydrocortisone cream 2.5%</i>                         | GEN       |                     |
| <i>hydrocortisone lotion 2.5%</i>                        | GEN       |                     |
| <i>hydrocortisone oint 1%</i>                            | GEN       |                     |
| <i>hydrocortisone oint 2.5%</i>                          | GEN       |                     |
| <i>mometasone furoate cream 0.1%</i>                     | GEN       |                     |
| <i>mometasone furoate oint 0.1%</i>                      | GEN       |                     |
| <i>mometasone furoate solution 0.1% (lotion)</i>         | GEN       |                     |
| <i>pramoxine-hc cream 1-2.5%</i>                         | GEN       |                     |
| <i>prednicarbate cream 0.1%</i>                          | GEN       |                     |
| <i>prednicarbate oint 0.1%</i>                           | GEN       |                     |
| TACLONEX SUS   | NPB       | PA                  |
| <i>triamcinolone acetonide cream 0.1%</i>                | GEN       |                     |
| <i>triamcinolone acetonide cream 0.5%</i>                | GEN       |                     |
| <i>triamcinolone acetonide cream 0.025%</i>              | GEN       |                     |
| <i>triamcinolone acetonide lotion 0.1%</i>               | GEN       |                     |
| <i>triamcinolone acetonide lotion 0.025%</i>             | GEN       |                     |
| <i>triamcinolone acetonide oint 0.1%</i>                 | GEN       |                     |
| <i>triamcinolone acetonide oint 0.5%</i>                 | GEN       |                     |
| <i>triamcinolone acetonide oint 0.025%</i>               | GEN       |                     |
| TRIDERMA CRE FORTE                                       | NPB       |                     |
| <b>EMOLLIENT/KERATOLYTIC AGENTS</b>                      |           |                     |
| <i>urea lotion 40%</i>                                   | GEN       |                     |
| <b>EMOLLIENTS</b>  |           |                     |
| <i>lactic acid (ammonium lactate) cream 12%</i>          | GEN       |                     |
| <i>lactic acid (ammonium lactate) cream 12%</i>          | GEN       |                     |
| <i>lactic acid (ammonium lactate) lotion 10%</i>         | GEN       |                     |
| <i>lactic acid (ammonium lactate) lotion 12%</i>         | GEN       |                     |
| <i>lactic acid (ammonium lactate) lotion 12%</i>         | GEN       |                     |
| <i>lactic acid w/ vitamin e cream 10%-3500 unit/30gm</i> | GEN       |                     |
| <b>ENZYMES - TOPICAL</b>                                 |           |                     |
| SANTYL OIN 250/GM  | NPB       | PA                  |
| <i>trypsin w/ castor oil &amp; peruvian balsam spray</i> | GEN       |                     |
| <b>IMMUNOMODULATING AGENTS - TOPICAL</b>                 |           |                     |
| <i>imiquimod cream 5%</i>                                | GEN       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>                      |           |                     |
| <i>pimecrolimus cream 1%</i>                                   | NPB       | PA                  |
| <i>tacrolimus oint 0.1%</i>                                    | NPB       | PA; QL              |
| <i>tacrolimus oint 0.03%</i>                                   | NPB       | PA; QL              |
| <b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>                          |           |                     |
| <i>podofilox soln 0.5%</i>                                     | GEN       |                     |
| SALICYLIC AC LIQ 26%   | GEN       |                     |
| SALICYLIC AC SOL 26%   | GEN       |                     |
| <i>salicylic acid cream 6%</i>                                 | GEN       |                     |
| <i>salicylic acid film forming liquid 27.5%</i>                | GEN       |                     |
| <i>salicylic acid lotion 6%</i>                                | GEN       |                     |
| <i>salicylic acid shampoo 6%</i>                               | GEN       |                     |
| <i>salimez cre 6%</i>  | GEN       |                     |
| <b>LOCAL ANESTHETICS - TOPICAL</b>                             |           |                     |
| <i>ethyl chlor aer mist</i>                                    | GEN       |                     |
| <i>ethyl chloride aerosol spray</i>                            | GEN       |                     |
| <i>lidocaine hcl soln 4%</i>                                   | GEN       | PA; QL              |
| <i>lidocaine hcl urethral/mucosal gel 2%</i>                   | GEN       | QL                  |
| <i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> | GEN       |                     |
| <i>lidocaine oint 5%</i>                                       | NPB       | PA; QL              |
| <i>lidocaine patch 5%</i>                                      | NPB       | PA; QL              |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i>                     | GEN       | PA; QL              |
| <i>lidocaine-prilocaine cream kit 2.5-2.5%</i>                 | GEN       | PA                  |
| QUTENZA KIT 8% 1-PCH   | NPS       | PA; QL              |
| QUTENZA KIT 8% 2-PCH   | NPS       | PA; QL              |
| SYNERA DIS 70-70MG   | NPB       | PA                  |
| <b>ROSACEA AGENTS</b>  |           |                     |
| <i>azelaic acid gel 15%</i>                                    | GEN       | PA                  |
| <i>metronidazole cream 0.75%</i>                               | GEN       |                     |
| <i>metronidazole gel 0.75%</i>                                 | GEN       |                     |
| <i>metronidazole gel 1%</i>                                    | GEN       |                     |
| <i>metronidazole lotion 0.75%</i>                              | GEN       |                     |
| MIRVASO GEL 0.33%  | NPB       | PA                  |
| <b>SCABICIDES &amp; PEDICULICIDES</b>                          |           |                     |
| <i>crotamiton lotion 10%</i>                                   | NPB       |                     |
| EURAX CRE 10%  | NPB       |                     |
| <i>lindane lotion 1%</i>                                       | GEN       |                     |
| <i>lindane shampoo 1%</i>                                      | NPB       |                     |
| <i>malathion lotion 0.5%</i>                                   | NPB       |                     |
| <i>permethrin cream 5%</i>                                     | NPB       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name                 | Drug Tier | Requirements/Limits |
|---------------------------|-----------|---------------------|
| SKLICE LOT 0.5%           | NPB       | PA                  |
| <i>spinosad susp 0.9%</i> | GEN       |                     |
| ULESFIA LOT 5%            | NPB       |                     |

### **WOUND CARE PRODUCTS**

|                    |     |    |
|--------------------|-----|----|
| AVO CREAM EMU      | GEN |    |
| BIAFINE EMU        | GEN |    |
| PRUTECT EMU        | GEN |    |
| REGRANEX GEL 0.01% | NPB | QL |

### **DIAGNOSTIC PRODUCTS**

#### **DIAGNOSTIC DRUGS**

|                  |    |    |
|------------------|----|----|
| GLUCAGEN INJ 1MG | PB | QL |
| GLUCAGON INJ 1MG | PB | QL |

#### **DIAGNOSTIC TESTS**

|                       |    |    |
|-----------------------|----|----|
| CHEMSTRIP K TES       | PB |    |
| ONETOUCH TES ULTRA    | PB | QL |
| ONETOUCH TES ULTRA BL | PB |    |
| ONETOUCH TES ULTRA BL | PB | QL |
| ONETOUCH TES VERIO    | PB | QL |

### **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

#### **DIETARY MANAGEMENT PRODUCTS**

|   |     |  |
|---|-----|--|
| CEREFOLIN TAB   | GEN |  |
| <i>folbic tab</i>   | GEN |  |
| <i>folic acid-pyridoxine-cyanocobalamin tab<br/>2.5-25-2 mg</i> | GEN |  |
| L-METHYL- TAB B6-B12  | GEN |  |
| L-METHYL-MC TAB   | GEN |  |
| L-METHYL-MC TAB NAC   | GEN |  |
| METAFOLBIC TAB  | GEN |  |
| METAFOLBIC TAB PLUS   | GEN |  |

### **DIGESTIVE AIDS**

#### **DIGESTIVE ENZYMES**

|                     |     |    |
|---------------------|-----|----|
| CREON CAP 3000UNIT  | PB  |    |
| CREON CAP 6000UNIT  | PB  |    |
| CREON CAP 12000UNT  | PB  |    |
| CREON CAP 24000UNT  | PB  |    |
| CREON CAP 36000UNT  | PB  |    |
| SUCRAID SOL 8500/ML | PS  | PA |
| ZENPEP CAP 3000UNIT | NPB | ST |
| ZENPEP CAP 10000UNT | NPB | ST |
| ZENPEP CAP 15000UNT | NPB | ST |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name           | Drug Tier | Requirements/Limits |
|---------------------|-----------|---------------------|
| ZENPEP CAP 20000UNT | NPB       | ST                  |
| ZENPEP CAP 25000    | NPB       | ST                  |
| ZENPEP CAP 25000UNT | NPB       | ST                  |
| ZENPEP CAP 40000    | NPB       | ST                  |
| ZENPEP CAP 40000UNT | NPB       | ST                  |

## DIURETICS

### **CARBONIC ANHYDRASE INHIBITORS**

|  |     |        |
|--|-----|--------|
| <i>acetazolamide cap er 12hr 500 mg</i>    | GEN |        |
| <i>acetazolamide sodium for inj 500 mg</i> | GEN |        |
| <i>acetazolamide tab 125 mg</i>            | GEN |        |
| <i>acetazolamide tab 250 mg</i>            | GEN |        |
| KEVEYIS TAB 50MG                           | NPS | PA; QL |
| <i>methazolamide tab 25 mg</i>             | GEN |        |
| <i>methazolamide tab 50 mg</i>             | GEN |        |

### **DIURETIC COMBINATIONS**

|  |     |  |
|--|-----|--|
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>       | GEN |  |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> | GEN |  |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>  | GEN |  |
| <i>triamterene &amp; hydrochlorothiazide cap 50-25 mg</i>    | GEN |  |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>  | GEN |  |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>    | GEN |  |

### **LOOP DIURETICS**

|                                      |     |        |
|--------------------------------------|-----|--------|
| <i>bumetanide inj 0.25 mg/ml</i>     | GEN |        |
| <i>bumetanide tab 0.5 mg</i>         | GEN |        |
| <i>bumetanide tab 1 mg</i>           | GEN |        |
| <i>bumetanide tab 2 mg</i>           | GEN |        |
| <i>ethacrynic acid tab 25 mg</i>     | GEN | PA; QL |
| <i>furosemide inj 10 mg/ml</i>       | GEN |        |
| <i>furosemide oral soln 8 mg/ml</i>  | GEN |        |
| <i>furosemide oral soln 10 mg/ml</i> | GEN |        |
| <i>furosemide tab 20 mg</i>          | GEN |        |
| <i>furosemide tab 40 mg</i>          | GEN |        |
| <i>furosemide tab 80 mg</i>          | GEN |        |
| <i>torseamide tab 5 mg</i>           | GEN |        |
| <i>torseamide tab 10 mg</i>          | GEN |        |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name                   | Drug Tier | Requirements/Limits |
|-----------------------------|-----------|---------------------|
| <i>torsemide tab 20 mg</i>  | GEN       |                     |
| <i>torsemide tab 100 mg</i> | GEN       |                     |

### **POTASSIUM SPARING DIURETICS**

|                                  |     |    |
|----------------------------------|-----|----|
| <i>amiloride hcl tab 5 mg</i>    | GEN |    |
| DYRENIUM CAP 50MG                | NPB | ST |
| DYRENIUM CAP 100MG               | NPB | ST |
| <i>spironolactone tab 25 mg</i>  | GEN |    |
| <i>spironolactone tab 50 mg</i>  | GEN |    |
| <i>spironolactone tab 100 mg</i> | GEN |    |
| <i>triamterene cap 50 mg</i>     | GEN | ST |
| <i>triamterene cap 100 mg</i>    | GEN | ST |

### **THIAZIDES AND THIAZIDE-LIKE DIURETICS**

|   |     |  |
|---|-----|--|
| <i>chlorothiazide sodium for inj 500 mg</i> | GEN |  |
| <i>chlorothiazide tab 250 mg</i>            | GEN |  |
| <i>chlorothiazide tab 500 mg</i>            | GEN |  |
| <i>chlorthalidone tab 25 mg</i>             | GEN |  |
| <i>chlorthalidone tab 50 mg</i>             | GEN |  |
| DIURIL SUS 250/5ML                          | NPB |  |
| <i>hydrochlorothiazide cap 12.5 mg</i>      | GEN |  |
| <i>hydrochlorothiazide tab 12.5 mg</i>      | GEN |  |
| <i>hydrochlorothiazide tab 25 mg</i>        | GEN |  |
| <i>hydrochlorothiazide tab 50 mg</i>        | GEN |  |
| <i>indapamide tab 1.25 mg</i>               | GEN |  |
| <i>indapamide tab 2.5 mg</i>                | GEN |  |
| <i>methyclothiazide tab 5 mg</i>            | GEN |  |
| <i>metolazone tab 2.5 mg</i>                | GEN |  |
| <i>metolazone tab 5 mg</i>                  | GEN |  |
| <i>metolazone tab 10 mg</i>                 | GEN |  |

### **ENDOCRINE AND METABOLIC AGENTS - MISC.**

#### **ADRENAL STEROID INHIBITORS**

|                   |    |                            |
|-------------------|----|----------------------------|
| ISTURISA TAB 1MG  | PS | PA, QL (6 per day)         |
| ISTURISA TAB 1MG  | PS | PA, QL (6 tablets per day) |
| ISTURISA TAB 5MG  | PS | PA, QL (6 per day)         |
| ISTURISA TAB 5MG  | PS | PA, QL (6 tablets per day) |
| ISTURISA TAB 10MG | PS | PA, QL (6 per day)         |
| ISTURISA TAB 10MG | PS | PA, QL (6 tablets per day) |

#### **BONE DENSITY REGULATORS**

|  |     |    |
|--|-----|----|
| <i>alendronate sodium oral soln 70 mg/75ml</i> | GEN | QL |
|--|-----|----|

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>alendronate sodium tab 5 mg</i>                           | GEN       |                     |
| <i>alendronate sodium tab 10 mg</i>                          | GEN       |                     |
| <i>alendronate sodium tab 35 mg</i>                          | GEN       |                     |
| <i>alendronate sodium tab 40 mg</i>                          | GEN       |                     |
| <i>alendronate sodium tab 70 mg</i>                          | GEN       |                     |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i>           | GEN       |                     |
| CALCITONIN SPR 200/ACT                                       | GEN       |                     |
| <i>etidronate disodium tab 200 mg</i>                        | GEN       |                     |
| <i>etidronate disodium tab 400 mg</i>                        | GEN       |                     |
| FORTEO SOL 600/2.4   | PS        | PA; QL              |
| FORTICAL SPR 200/ACT   | GEN       |                     |
| FOSAMAX + D TAB 70-2800                                      | NPB       | PA; QL              |
| FOSAMAX + D TAB 70-5600                                      | NPB       | PA; QL              |
| <i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i> | NPB       | QL                  |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i>       | GEN       | QL                  |
| NATPARA INJ 25MCG  | PS        | PA; QL              |
| NATPARA INJ 50MCG  | PS        | PA; QL              |
| NATPARA INJ 75MCG  | PS        | PA; QL              |
| NATPARA INJ 100MCG   | PS        | PA; QL              |
| <i>pamidronate disodium for inj 30 mg</i>                    | PS        |                     |
| <i>pamidronate disodium for inj 90 mg</i>                    | PS        |                     |
| <i>pamidronate disodium iv soln 3 mg/ml</i>                  | PS        |                     |
| <i>pamidronate disodium iv soln 9 mg/ml</i>                  | PS        |                     |
| PAMIDRONATE INJ 6MG/ML                                       | PS        |                     |
| PROLIA SOL 60MG/ML   | PS        | PA; QL              |
| <i>risedronate sodium tab 5 mg</i>                           | NPB       | QL                  |
| <i>risedronate sodium tab 30 mg</i>                          | NPB       | QL                  |
| <i>risedronate sodium tab 35 mg</i>                          | NPB       | QL                  |
| <i>risedronate sodium tab 150 mg</i>                         | NPB       | QL                  |
| <i>risedronate sodium tab delayed release 35 mg</i>          | NPB       | QL                  |
| XGEVA INJ  | PS        | PA; QL              |
| <i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>     | PS        | QL                  |
| <i>zoledronic acid iv soln 5 mg/100ml</i>                    | PS        | QL                  |
| ZOLEDRONIC INJ 4/100ML                                       | PS        | QL                  |
| ZOLEDRONIC INJ 4MG   | PS        | QL                  |
| ZOLEDRONIC INJ 4MG/100                                       | PS        | QL                  |
| ZOMETA INJ 4MG/100   | PS        | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>CORTICOTROPIN</b>                                   |           |                     |
| ACTHAR INJ 80UNIT                                      | PS        | PA; QL              |
| <b>FERTILITY REGULATORS</b>                            |           |                     |
| <i>chorionic gonadotropin for im inj 10000 unit</i>    | PS        |                     |
| <i>chorionic gonadotropin for im inj 10000 unit</i>    | PS        | PA                  |
| <b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>             |           |                     |
| SOMAVERT INJ 10MG                                      | PS        | PA; QL              |
| SOMAVERT INJ 15MG                                      | PS        | PA; QL              |
| SOMAVERT INJ 20MG                                      | PS        | PA; QL              |
| SOMAVERT INJ 25MG                                      | PS        | PA; QL              |
| SOMAVERT INJ 30MG                                      | PS        | PA; QL              |
| <b>GROWTH HORMONES</b>                                 |           |                     |
| GENOTROPIN INJ 0.2MG                                   | PS        | PA                  |
| GENOTROPIN INJ 0.4MG                                   | PS        | PA                  |
| GENOTROPIN INJ 0.6MG                                   | PS        | PA                  |
| GENOTROPIN INJ 0.8MG                                   | PS        | PA                  |
| GENOTROPIN INJ 1.2MG                                   | PS        | PA                  |
| GENOTROPIN INJ 1.4MG                                   | PS        | PA                  |
| GENOTROPIN INJ 1.6MG                                   | PS        | PA                  |
| GENOTROPIN INJ 1MG                                     | PS        | PA                  |
| GENOTROPIN INJ 5MG                                     | PS        | PA                  |
| GENOTROPIN INJ 12MG                                    | PS        | PA                  |
| SEROSTIM INJ 4MG                                       | NPS       | PA                  |
| SEROSTIM INJ 5MG                                       | NPS       | PA                  |
| SEROSTIM INJ 6MG                                       | NPS       | PA                  |
| ZORBTIVE INJ 8.8MG                                     | NPS       | PA                  |
| <b>HORMONE RECEPTOR MODULATORS</b>                     |           |                     |
| OSPHENA TAB 60MG                                       | NPB       | PA; QL              |
| <i>raloxifene hcl tab 60 mg</i>                        | ACA       | PA                  |
| <b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>      |           |                     |
| INCRELEX INJ 40MG/4ML                                  | PS        | PA                  |
| <b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b> |           |                     |
| LUPANETA KIT 3.75-5                                    | PS        | PA; QL              |
| LUPANETA KIT 11.25-5                                   | PS        | PA; QL              |
| LUPR DEP-PED INJ 3M 30MG                               | PS        | PA; QL              |
| LUPR DEP-PED INJ 7.5MG                                 | PS        | PA; QL              |
| LUPR DEP-PED INJ 11.25MG                               | PS        | PA; QL              |
| LUPR DEP-PED INJ 15MG                                  | PS        | PA; QL              |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name             | Drug Tier | Requirements/Limits |
|-----------------------|-----------|---------------------|
| SUPPRELIN LA KIT 50MG | PS        | PA; QL              |
| SYNAREL SOL 2MG/ML    | PS        | PA; QL              |

### **METABOLIC MODIFIERS**

|   |     |        |
|---|-----|--------|
| ALDURAZYME INJ 2.9MG/5M                         | PS  | PA     |
| <i>calcitriol cap 0.5 mcg</i>                   | GEN |        |
| <i>calcitriol cap 0.25 mcg</i>                  | GEN |        |
| <i>calcitriol inj 1 mcg/ml</i>                  | GEN |        |
| <i>calcitriol oral soln 1 mcg/ml</i>            | GEN |        |
| CARBAGLU TAB 200MG                              | PS  | PA     |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i>    | PS  |        |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i>    | PS  |        |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i>    | PS  |        |
| CYSTADANE POW                                   | PS  | PA     |
| <i>doxercalciferol cap 0.5 mcg</i>              | GEN |        |
| <i>doxercalciferol cap 1 mcg</i>                | GEN |        |
| <i>doxercalciferol cap 2.5 mcg</i>              | GEN |        |
| <i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i> | GEN |        |
| ELAPRASE INJ 6MG/3ML                            | PS  | PA     |
| FABRAZYME INJ 5MG                               | PS  | PA     |
| FABRAZYME INJ 35MG                              | PS  | PA     |
| GALAFOLD CAP 123MG                              | PS  | PA     |
| HECTOROL INJ 2MCG/ML                            | NPB |        |
| KUVAN POW 500MG                                 | PS  | PA     |
| KUVAN TAB 100MG                                 | PS  | PA     |
| <i>levocarnitine inj 200 mg/ml</i>              | GEN |        |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i>  | GEN |        |
| <i>levocarnitine tab 330 mg</i>                 | GEN |        |
| LUMIZYME INJ 50MG                               | PS  | PA     |
| MYALEPT INJ 11.3MG                              | PS  | PA; QL |
| MYOZYME INJ 50MG                                | PS  | PA     |
| NAGLAZYME INJ 1MG/ML                            | PS  | PA     |
| ORFADIN CAP 2MG                                 | PS  | PA     |
| ORFADIN CAP 5MG                                 | PS  | PA     |
| ORFADIN CAP 10MG                                | PS  | PA     |
| PALYNZIQ INJ 2.5/0.5                            | PS  | PA; QL |
| PALYNZIQ INJ 10/0.5ML                           | PS  | PA; QL |
| PALYNZIQ INJ 20MG/ML                            | PS  | PA; QL |
| <i>paricalcitol cap 1 mcg</i>                   | GEN |        |
| <i>paricalcitol cap 2 mcg</i>                   | GEN |        |
| <i>paricalcitol cap 4 mcg</i>                   | GEN |        |
| RAVICTI LIQ 1.1GM/ML                            | NPS | PA; QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| REVCOVI INJ 1.6MG/ML                                      | PS        | PA                  |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> | PS        | PA                  |
| <i>sodium phenylbutyrate tab 500 mg</i>                   | PS        | PA; QL              |
| VIMIZIM INJ 5MG/5ML                                       | PS        | PA                  |

### **POSTERIOR PITUITARY HORMONES**

|   |     |  |
|---|-----|--|
| <i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>       | GEN |  |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | GEN |  |
| <i>desmopressin acetate tab 0.1 mg</i>                            | GEN |  |
| <i>desmopressin acetate tab 0.2 mg</i>                            | GEN |  |

### **PROLACTIN INHIBITORS**

|                               |     |  |
|-------------------------------|-----|--|
| <i>cabergoline tab 0.5 mg</i> | GEN |  |
|-------------------------------|-----|--|

### **SOMATOSTATIC AGENTS**

|  |     |        |
|--|-----|--------|
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | PS  |        |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | PS  |        |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | PS  |        |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | PS  |        |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>  | PS  |        |
| SANDOSTATIN KIT LAR 10MG                             | NPS | PA; QL |
| SANDOSTATIN KIT LAR 20MG                             | NPS | PA; QL |
| SANDOSTATIN KIT LAR 30MG                             | NPS | PA; QL |
| SIGNIFOR INJ 0.3MG/ML                                | NPS | PA; QL |
| SIGNIFOR INJ 0.6MG/ML                                | NPS | PA; QL |
| SIGNIFOR INJ 0.9MG/ML                                | NPS | PA; QL |
| SIGNIFOR LAR INJ 20MG                                | NPS | PA; QL |
| SIGNIFOR LAR INJ 40MG                                | NPS | PA; QL |
| SIGNIFOR LAR INJ 60MG                                | NPS | PA; QL |
| SOMATULINE INJ 60/0.2ML                              | NPS | PA; QL |
| SOMATULINE INJ 90/0.3ML                              | NPS | PA; QL |
| SOMATULINE INJ 120/.5ML                              | NPS | PA; QL |

### **VASOPRESSIN RECEPTOR ANTAGONISTS**

|                      |    |        |
|----------------------|----|--------|
| JYNARQUE PAK 45-15MG | PS | PA; QL |
| JYNARQUE PAK 60-30MG | PS | PA; QL |
| JYNARQUE PAK 90-30MG | PS | PA; QL |
| SAMSCA TAB 15MG      | PS | PA; QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name       | Drug Tier | Requirements/Limits |
|-----------------|-----------|---------------------|
| SAMSCA TAB 30MG | PS        | PA; QL              |

## ESTROGENS

### ESTROGEN COMBINATIONS

|  |     |    |
|--|-----|----|
| COMBIPATCH DIS   | NPB | QL |
| COMBIPATCH DIS .05/.14   | NPB | QL |
| DUAVEE TAB 0.45-20   | PB  |    |
| <i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> | GEN |    |
| <i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>   | GEN |    |
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>            | GEN |    |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>              | GEN |    |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>      | GEN |    |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>          | GEN |    |
| PREMPHASE TAB  | PB  |    |
| PREMPRO TAB  | PB  |    |
| PREMPRO TAB 0.3-1.5  | PB  |    |
| PREMPRO TAB 0.45-1.5   | PB  |    |
| PREMPRO TAB 0.625-5  | PB  |    |

### ESTROGENS

|  |     |    |
|--|-----|----|
| CENESTIN TAB 0.3MG                                   | NPB |    |
| DEPO-ESTRADI INJ 5MG/ML                              | NPB |    |
| ENJUVIA TAB 0.3MG                                    | NPB | ST |
| ENJUVIA TAB 0.9MG                                    | NPB | ST |
| ENJUVIA TAB 0.45MG                                   | NPB | ST |
| ENJUVIA TAB 0.625MG                                  | NPB | ST |
| ENJUVIA TAB 1.25MG                                   | NPB | ST |
| <i>estradiol tab 0.5 mg</i>                          | GEN |    |
| <i>estradiol tab 1 mg</i>                            | GEN |    |
| <i>estradiol tab 2 mg</i>                            | GEN |    |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i>   | GEN | QL |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i>  | GEN | QL |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i> | GEN | QL |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i> | GEN | QL |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i>           | GEN       | QL                  |
| <i>estradiol td patch weekly 0.1 mg/24hr</i>                    | GEN       | QL                  |
| <i>estradiol td patch weekly 0.05 mg/24hr</i>                   | GEN       | QL                  |
| <i>estradiol td patch weekly 0.06 mg/24hr</i>                   | GEN       | QL                  |
| <i>estradiol td patch weekly 0.025 mg/24hr</i>                  | GEN       | QL                  |
| <i>estradiol td patch weekly 0.075 mg/24hr</i>                  | GEN       | QL                  |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | GEN       | QL                  |
| <i>estradiol valerate im in oil 20 mg/ml</i>                    | GEN       |                     |
| <i>estradiol valerate im in oil 40 mg/ml</i>                    | GEN       |                     |
| ESTROGEL GEL  | NPB       | QL                  |
| <i>estropipate tab 0.75 mg</i>                                  | GEN       |                     |
| <i>estropipate tab 1.5 mg</i>                                   | GEN       |                     |
| <i>estropipate tab 3 mg</i>                                     | GEN       |                     |
| MENEST TAB 0.3MG  | NPB       |                     |
| MENEST TAB 0.625MG  | NPB       |                     |
| MENEST TAB 1.25MG   | NPB       |                     |
| MENEST TAB 2.5MG  | NPB       |                     |
| MENOSTAR DIS 14MCG  | NPB       | QL                  |
| PREMARIN INJ 25MG   | NPB       |                     |
| PREMARIN TAB 0.3MG  | NPB       |                     |
| PREMARIN TAB 0.9MG  | NPB       |                     |
| PREMARIN TAB 0.45MG   | NPB       |                     |
| PREMARIN TAB 0.625MG  | NPB       |                     |
| PREMARIN TAB 1.25MG   | NPB       |                     |

## FLUOROQUINOLONES

### FLUOROQUINOLONES

|   |     |  |
|---|-----|--|
| CIPRO (5%) SUS 250MG/5  | NPB |  |
| <i>ciprofloxacin 200 mg/100ml in d5w</i>                          | GEN |  |
| <i>ciprofloxacin 400 mg/200ml in d5w</i>                          | GEN |  |
| <i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>   | GEN |  |
| <i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> | GEN |  |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i>                  | GEN |  |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i>                  | GEN |  |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i>                  | GEN |  |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i>                  | GEN |  |
| <i>ciprofloxacin iv soln 200 mg/20ml (1%)</i>                     | GEN |  |
| <i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>                     | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i> | GEN       | QL                  |
| <i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i> | GEN       | QL                  |
| FACTIVE TAB 320MG   | NPB       | QL                  |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i>                      | GEN       |                     |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i>                     | GEN       |                     |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i>                     | GEN       |                     |
| <i>levofloxacin iv soln 25 mg/ml</i>                                | GEN       |                     |
| <i>levofloxacin oral soln 25 mg/ml</i>                              | GEN       |                     |
| <i>levofloxacin tab 250 mg</i>                                      | GEN       |                     |
| <i>levofloxacin tab 500 mg</i>                                      | GEN       |                     |
| <i>levofloxacin tab 750 mg</i>                                      | GEN       |                     |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i>                     | GEN       |                     |
| MOXIFLOXACIN INJ 400/250  | NPB       |                     |
| NOROXIN TAB 400MG   | NPB       |                     |
| <i>ofloxacin tab 400 mg</i>   | GEN       |                     |

## GASTROINTESTINAL AGENTS - MISC.

### GALLSTONE SOLUBILIZING AGENTS

|                            |     |  |
|----------------------------|-----|--|
| <i>ursodiol cap 300 mg</i> | GEN |  |
| <i>ursodiol tab 250 mg</i> | GEN |  |
| <i>ursodiol tab 500 mg</i> | GEN |  |

### GASTROINTESTINAL ANTIALLERGY AGENTS

|   |     |  |
|---|-----|--|
| <i>cromolyn sodium oral conc 100 mg/5ml</i> | GEN |  |
|---|-----|--|

### GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

|                   |     |        |
|-------------------|-----|--------|
| AMITIZA CAP 8MCG  | NPB | ST; QL |
| AMITIZA CAP 24MCG | NPB | ST; QL |

### GASTROINTESTINAL STIMULANTS

|   |     |  |
|---|-----|--|
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>           | GEN |  |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | GEN |  |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i>              | GEN |  |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i>             | GEN |  |

### INFLAMMATORY BOWEL AGENTS

|  |     |        |
|--|-----|--------|
| <i>balsalazide disodium cap 750 mg</i> | GEN |        |
| DELZICOL CAP 400MG                     | PB  |        |
| DIPENTUM CAP 250MG                     | NPB | ST     |
| ENTYVIO INJ 300MG                      | NPS | PA; QL |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act



| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>mesalamine cap dr 400 mg</i>                                  | GEN       |                     |
| <i>mesalamine cap er 24hr 0.375 gm</i>                           | GEN       |                     |
| <i>mesalamine cap er 24hr 0.375 gm</i>                           | PB        |                     |
| <i>mesalamine enema 4 gm</i>                                     | GEN       |                     |
| <i>*mesalamine rectal enema 4 gm &amp; cleanser wipe kit**</i>   | GEN       |                     |
| <i>mesalamine suppos 1000 mg</i>                                 | GEN       |                     |
| <i>mesalamine tab delayed release 1.2 gm</i>                     | GEN       |                     |
| <i>mesalamine tab delayed release 800 mg</i>                     | GEN       |                     |
| REMICADE INJ 100MG   | PS        | PA                  |
| <i>sulfasalazine tab 500 mg</i>                                  | GEN       |                     |
| <i>sulfasalazine tab delayed release 500 mg</i>                  | GEN       |                     |
| <b>INTESTINAL ACIDIFIERS</b>                                     |           |                     |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i>            | GEN       |                     |
| <b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>                     |           |                     |
| <i>alose tron hcl tab 0.5 mg (base equiv)</i>                    | PS        | PA; QL              |
| <i>alose tron hcl tab 1 mg (base equiv)</i>                      | PS        | PA; QL              |
| LINZESS CAP 72MCG  | PB        |                     |
| LINZESS CAP 145MCG   | PB        | QL                  |
| LINZESS CAP 290MCG   | PB        | QL                  |
| VIBERZI TAB 75MG   | PS        | PA; QL              |
| VIBERZI TAB 100MG  | PS        | PA; QL              |
| <b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>                    |           |                     |
| MOVANTIK TAB 12.5MG  | PB        | QL                  |
| MOVANTIK TAB 25MG  | PB        | QL                  |
| <b>PHOSPHATE BINDER AGENTS</b>                                   |           |                     |
| AURYXIA TAB 210MG  | PB        |                     |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | GEN       |                     |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | GEN       |                     |
| <i>calcium acetate (phosphate binder) tab 667 mg</i>             | GEN       |                     |
| FOSRENOL POW 750MG   | NPB       | ST                  |
| FOSRENOL POW 1000MG  | NPB       | ST                  |
| <i>lanthanum carbonate chew tab 500 mg (elemental)</i>           | GEN       |                     |
| <i>lanthanum carbonate chew tab 750 mg (elemental)</i>           | GEN       |                     |
| <i>lanthanum carbonate chew tab 1000 mg (elemental)</i>          | GEN       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                                | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| RENAGEL TAB 400MG                        | PB        |                     |
| <i>sevelamer carbonate packet 0.8 gm</i> | GEN       |                     |
| <i>sevelamer carbonate packet 2.4 gm</i> | GEN       |                     |
| <i>sevelamer carbonate tab 800 mg</i>    | GEN       |                     |
| <i>sevelamer hcl tab 800 mg</i>          | GEN       |                     |
| SEVELAMER TAB 400MG                      | PB        |                     |
| VELPHORO CHW 500MG                       | NPB       | ST                  |

### **SHORT BOWEL SYNDROME (SBS) AGENTS**

|                |    |        |
|----------------|----|--------|
| GATTEX KIT 5MG | PS | PA; QL |
|----------------|----|--------|

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### **ALKALINIZERS**

|   |     |  |
|---|-----|--|
| <i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>     | GEN |  |
| <i>pot &amp; sod citrates w/ cit ac syrup 550-500-334 mg/5ml</i>    | GEN |  |
| <i>potassium citrate &amp; citric acid powder pack 3300-1002 mg</i> | GEN |  |
| <i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>     | GEN |  |
| <i>potassium citrate tab er 5 meq (540 mg)</i>                      | GEN |  |
| <i>potassium citrate tab er 10 meq (1080 mg)</i>                    | GEN |  |
| <i>potassium citrate tab er 15 meq (1620 mg)</i>                    | GEN |  |
| <i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>         | GEN |  |

### **CYSTINOSIS AGENTS**

|                    |    |        |
|--------------------|----|--------|
| CYSTAGON CAP 50MG  | PS |        |
| CYSTAGON CAP 150MG | PS |        |
| PROCYSBI CAP 25MG  | PS | PA; QL |
| PROCYSBI CAP 75MG  | PS | PA; QL |

### **GENITOURINARY IRRIGANTS**

|  |     |  |
|--|-----|--|
| <i>acetic acid irrigation soln 0.25%</i>       | GEN |  |
| <i>neomycin-polymyxin b gu irrigation soln</i> | GEN |  |

### **INTERSTITIAL CYSTITIS AGENTS**

|                   |     |    |
|-------------------|-----|----|
| ELMIRON CAP 100MG | NPB | PA |
|-------------------|-----|----|

### **PROSTATIC HYPERTROPHY AGENTS**

|  |     |    |
|--|-----|----|
| <i>alfuzosin hcl tab er 24hr 10 mg</i>           | GEN |    |
| CARDURA XL TAB 4MG                               | PB  | ST |
| CARDURA XL TAB 8MG                               | PB  | ST |
| <i>dutasteride cap 0.5 mg</i>                    | NPB |    |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | GEN |    |
| <i>finasteride tab 5 mg</i>                      | GEN |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits       |
|--|-----------|---------------------------|
| <i>silodosin cap 4 mg</i>                                | GEN       | ST, PA; QL                |
| <i>silodosin cap 8 mg</i>                                | GEN       | ST, PA; QL                |
| <i>tamsulosin hcl cap 0.4 mg</i>                         | GEN       |                           |
| <b>URINARY ANALGESICS</b>                                |           |                           |
| <i>phenazopyridine hcl tab 100 mg</i>                    | GEN       |                           |
| <i>phenazopyridine hcl tab 200 mg</i>                    | GEN       |                           |
| <b>URINARY STONE AGENTS</b>                              |           |                           |
| THIOLA TAB 100MG   | PS        | PA                        |
| <b>GOUT AGENTS</b>                                       |           |                           |
| <b>GOUT AGENT COMBINATIONS</b>                           |           |                           |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i>           | GEN       |                           |
| <b>GOUT AGENTS</b>                                       |           |                           |
| <i>allopurinol tab 100 mg</i>                            | GEN       |                           |
| <i>allopurinol tab 300 mg</i>                            | GEN       |                           |
| <i>colchicine tab 0.6 mg</i>                             | GEN       |                           |
| <i>febuxostat tab 40 mg</i>                              | GEN       | ST                        |
| <i>febuxostat tab 80 mg</i>                              | GEN       | ST                        |
| KRYSTEXXA INJ 8MG/ML                                     | PS        | PA; QL                    |
| <b>URICOSURICS</b>                                       |           |                           |
| <i>probenecid tab 500 mg</i>                             | GEN       |                           |
| <b>HEMATOLOGICAL AGENTS - MISC.</b>                      |           |                           |
| <b>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</b>         |           |                           |
| GIVLAARI INJ 189MG/ML                                    | PS        | PA, QL (1 vial / 30 days) |
| <b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>                |           |                           |
| FIRAZYR INJ 30MG/3ML                                     | PS        | PA; QL                    |
| <i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> | PS        | PA; QL                    |
| <b>COMPLEMENT INHIBITORS</b>                             |           |                           |
| BERINERT INJ 500UNIT                                     | PS        | PA; QL                    |
| CINRYZE SOL 500 UNIT                                     | PS        | PA; QL                    |
| RUCONEST INJ 2100UNIT                                    | PS        | PA                        |
| SOLIRIS INJ 10MG/ML                                      | PS        | PA                        |
| <b>HEMATORHEOLOGIC AGENTS</b>                            |           |                           |
| <i>pentoxifylline tab er 400 mg</i>                      | GEN       |                           |
| <b>PLASMA KALLIKREIN INHIBITORS</b>                      |           |                           |
| KALBITOR INJ 10MG/ML                                     | PS        | PA                        |
| ORLADEYO CAP 110MG                                       | PS        | PA; QL                    |
| ORLADEYO CAP 150MG                                       | PS        | PA; QL                    |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>PLATELET AGGREGATION INHIBITORS</b>               |           |                     |
| <i>anagrelide hcl cap 0.5 mg</i>                     | GEN       |                     |
| <i>anagrelide hcl cap 1 mg</i>                       | GEN       |                     |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>    | GEN       |                     |
| BRILINTA TAB 60MG                                    | PB        | QL                  |
| BRILINTA TAB 90MG                                    | PB        | QL                  |
| <i>cilostazol tab 50 mg</i>                          | GEN       |                     |
| <i>cilostazol tab 100 mg</i>                         | GEN       |                     |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i>  | GEN       |                     |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> | GEN       |                     |
| <i>dipyridamole tab 25 mg</i>                        | GEN       |                     |
| <i>dipyridamole tab 50 mg</i>                        | GEN       |                     |
| <i>dipyridamole tab 75 mg</i>                        | GEN       |                     |
| <i>prasugrel hcl tab 5 mg (base equiv)</i>           | GEN       | QL                  |
| <i>prasugrel hcl tab 10 mg (base equiv)</i>          | GEN       | QL                  |
| <i>ticlopidine hcl tab 250 mg</i>                    | GEN       |                     |
| ZONTIVITY TAB 2.08MG                                 | NPB       | PA; QL              |

#### **PROTAMINE**

|                                       |     |  |
|---------------------------------------|-----|--|
| <i>protamine sulfate inj 10 mg/ml</i> | GEN |  |
|---------------------------------------|-----|--|

#### **HEMATOPOIETIC AGENTS**

##### **AGENTS FOR GAUCHER DISEASE**

|                             |    |        |
|-----------------------------|----|--------|
| CERDELGA CAP 84MG           | PS | PA; QL |
| CEREZYME INJ 400UNIT        | PS | PA     |
| ELELYSO INJ 200UNIT         | PS | PA     |
| <i>miglustat cap 100 mg</i> | PS | PA     |
| VPRIV INJ 400UNIT           | PS | PA     |

##### **AGENTS FOR SICKLE CELL DISEASE**

|                   |    |                            |
|-------------------|----|----------------------------|
| OXBRYTA TAB 500MG | PS | PA, QL (90 tabs / 30 days) |
|-------------------|----|----------------------------|

##### **FOLIC ACID/FOLATES**

|                               |     |  |
|-------------------------------|-----|--|
| <i>folic acid cap 0.8 mg</i>  | ACA |  |
| <i>folic acid tab 1 mg</i>    | GEN |  |
| <i>folic acid tab 400 mcg</i> | ACA |  |
| <i>folic acid tab 800 mcg</i> | ACA |  |

##### **HEMATOPOIETIC GROWTH FACTORS**

|                   |    |    |
|-------------------|----|----|
| ARANESP INJ 10MCG | PS | PA |
| ARANESP INJ 25MCG | PS | PA |
| ARANESP INJ 40MCG | PS | PA |

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name             | Drug Tier | Requirements/Limits |
|-----------------------|-----------|---------------------|
| ARANESP INJ 60MCG     | PS        | PA                  |
| ARANESP INJ 100MCG    | PS        | PA                  |
| ARANESP INJ 150MCG    | PS        | PA                  |
| ARANESP INJ 200MCG    | PS        | PA                  |
| ARANESP INJ 300MCG    | PS        | PA                  |
| ARANESP INJ 500MCG    | PS        | PA                  |
| DOPTELET TAB 20MG     | PS        | PA; QL              |
| EPOGEN INJ 2000/ML    | NPS       | PA                  |
| EPOGEN INJ 3000/ML    | NPS       | PA                  |
| EPOGEN INJ 4000/ML    | NPS       | PA                  |
| EPOGEN INJ 10000/ML   | NPS       | PA                  |
| EPOGEN INJ 20000/ML   | NPS       | PA                  |
| GRANIX INJ 300/0.5    | PS        | PA                  |
| GRANIX INJ 300/1ML    | PS        | PA                  |
| GRANIX INJ 480/0.8    | PS        | PA                  |
| GRANIX INJ 480/1.6    | PS        | PA                  |
| LEUKINE INJ 250MCG    | PS        |                     |
| MULPLETA TAB 3MG      | PS        | PA                  |
| NEULASTA INJ 6MG/0.6M | PS        | PA                  |
| NEULASTA KIT 6MG/0.6M | PS        | PA                  |
| NEUPOGEN INJ 300/0.5  | PS        | PA                  |
| NEUPOGEN INJ 300MCG   | PS        | PA                  |
| NEUPOGEN INJ 480/0.8  | PS        | PA                  |
| NEUPOGEN INJ 480MCG   | PS        | PA                  |
| NPLATE INJ 250MCG     | PS        | PA                  |
| NPLATE INJ 500MCG     | PS        | PA                  |
| PROCRIT INJ 40000/ML  | PS        | PA                  |
| PROMACTA TAB 12.5MG   | PS        | PA; QL              |
| PROMACTA TAB 25MG     | PS        | PA; QL              |
| PROMACTA TAB 50MG     | PS        | PA; QL              |
| PROMACTA TAB 75MG     | PS        | PA; QL              |
| REBLOZYL INJ 25MG     | PS        | PA                  |
| REBLOZYL INJ 75MG     | PS        | PA                  |
| RETACRIT INJ 2000UNIT | PS        | PA                  |
| RETACRIT INJ 3000UNIT | PS        | PA                  |
| RETACRIT INJ 4000UNIT | PS        | PA                  |
| RETACRIT INJ 10000UNT | PS        | PA                  |
| RETACRIT INJ 40000UNT | PS        | PA                  |
| ZARXIO INJ 300/0.5    | PS        | PA                  |
| ZARXIO INJ 480/0.8    | PS        | PA                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>HEMATOPOIETIC MIXTURES</b>                                      |           |                     |
| <i>*fe asp gly-fe polysacch-succ ac-c-threon ac-b12-fa cap***</i>  | GEN       |                     |
| <i>*fe asparto gly-fe fum-b12-fa-c-succinic ac tab ther pack**</i> | GEN       |                     |
| <i>*fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap***</i> | GEN       |                     |
| <i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> | GEN       |                     |
| <i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>  | GEN       |                     |
| FERRALET 90 TAB  | GEN       |                     |
| FERRAPLUS 90 TAB   | GEN       |                     |
| <i>ferrous fumarate-folic acid tab 324-1 mg</i>                    | GEN       |                     |
| FOCALGIN DSS TAB 90-1MG  | GEN       |                     |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>         | GEN       |                     |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>           | GEN       |                     |
| <i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>           | GEN       |                     |
| FOLIVANE-F CAP   | GEN       |                     |
| FOLIVANE-PLS CAP   | GEN       |                     |
| FUSION PLUS CAP  | NPB       |                     |
| HEMATOGEN FA CAP   | GEN       |                     |
| <i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>        | GEN       |                     |
| <i>*iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg***</i> | GEN       |                     |
| <i>*iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg***</i> | GEN       |                     |
| <i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg</i>   | GEN       |                     |
| <i>iron-vit c-vit b12-folic acid tab 100-250-0.025-1 mg</i>        | GEN       |                     |
| <i>iron-vit c-vit b12-folic acid tab 100-250-0.025-1 mg</i>        | GEN       |                     |
| MULTIGEN PLS TAB   | GEN       |                     |
| MULTIGEN TAB   | GEN       |                     |
| MULTIGEN TAB FOLIC   | GEN       |                     |
| TARON FORTE CAP  | GEN       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>IRON</b>   |           |                     |
| <i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>           | ACA       |                     |
| FER-IN-SOL DRO 15MG/ML  | ACA       |                     |
| FERROUS SUL LIQ 220/5ML   | ACA       |                     |
| FERROUS SULF LIQ 44MG/5ML   | ACA       |                     |
| <i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> | ACA       |                     |
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>      | ACA       |                     |
| FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)         | ACA       |                     |
| ICAR PEDS SUS GRAPE   | ACA       |                     |
| MYKIDZ IRON SUS 15/1.5ML  | ACA       |                     |
| <b>STEM CELL MOBILIZERS</b>                                       |           |                     |
| MOZOBIL INJ   | PS        | PA; QL              |
| <b>HEMOSTATICS</b>  |           |                     |
| <b>HEMOSTATICS - SYSTEMIC</b>                                     |           |                     |
| <i>aminocaproic acid inj 250 mg/ml</i>                            | GEN       |                     |
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>           | GEN       |                     |
| <i>tranexamic acid tab 650 mg</i>                                 | GEN       | QL                  |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>                  |           |                     |
| <b>BARBITURATE HYPNOTICS</b>                                      |           |                     |
| <i>phenobarbital elixir 20 mg/5ml</i>                             | GEN       |                     |
| <i>phenobarbital tab 15 mg</i>                                    | GEN       |                     |
| <i>phenobarbital tab 16.2 mg</i>                                  | GEN       |                     |
| <i>phenobarbital tab 30 mg</i>                                    | GEN       |                     |
| <i>phenobarbital tab 32.4 mg</i>                                  | GEN       |                     |
| <i>phenobarbital tab 60 mg</i>                                    | GEN       |                     |
| <i>phenobarbital tab 64.8 mg</i>                                  | GEN       |                     |
| <i>phenobarbital tab 97.2 mg</i>                                  | GEN       |                     |
| <i>phenobarbital tab 100 mg</i>                                   | GEN       |                     |
| <b>NON-BARBITURATE HYPNOTICS</b>                                  |           |                     |
| <i>estazolam tab 1 mg</i>   | GEN       |                     |
| <i>estazolam tab 2 mg</i>   | GEN       |                     |
| <i>eszopiclone tab 1 mg</i>                                       | GEN       | QL                  |
| <i>eszopiclone tab 2 mg</i>                                       | GEN       | QL                  |
| <i>eszopiclone tab 3 mg</i>                                       | GEN       | QL                  |
| <i>flurazepam hcl cap 15 mg</i>                                   | GEN       |                     |
| <i>flurazepam hcl cap 30 mg</i>                                   | GEN       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>midazolam hcl syrup 2 mg/ml (base equivalent)</i> | GEN       |                     |
| <i>temazepam cap 15 mg</i>                           | GEN       |                     |
| <i>temazepam cap 30 mg</i>                           | GEN       |                     |
| <i>triazolam tab 0.25 mg</i>                         | GEN       |                     |
| <i>triazolam tab 0.125 mg</i>                        | GEN       |                     |
| <i>zaleplon cap 5 mg</i>                             | GEN       | QL                  |
| <i>zaleplon cap 10 mg</i>                            | GEN       | QL                  |
| <i>zolpidem tartrate tab 5 mg</i>                    | GEN       | QL                  |
| <i>zolpidem tartrate tab 10 mg</i>                   | GEN       | QL                  |

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

|                  |     |        |
|------------------|-----|--------|
| HETLIOZ CAP 20MG | NPS | PA; QL |
|------------------|-----|--------|

### **LAXATIVES**

#### **LAXATIVE COMBINATIONS**

|  |     |    |
|--|-----|----|
| <i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</i> | ACA |    |
| MOVIPREP SOL   | ACA | PA |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>        | GEN |    |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>        | ACA |    |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>        | GEN |    |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>        | ACA |    |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                  | GEN |    |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>                  | ACA |    |
| PREPOPIK PAK   | ACA |    |
| SUCLEAR KIT  | ACA |    |
| SUPREP BOWEL SOL PREP KIT  | ACA | PA |

#### **LAXATIVES - MISCELLANEOUS**

|   |     |  |
|---|-----|--|
| <i>lactulose solution 10 gm/15ml</i>                    | GEN |  |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | ACA |  |
| <i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> | ACA |  |

#### **SALINE LAXATIVES**

|                         |     |  |
|-------------------------|-----|--|
| MILK OF MAGN SUS 2400MG | ACA |  |
| OSMOPREP TAB 1.5GM      | NPB |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>STIMULANT LAXATIVES</b>                                 |           |                     |
| <i>bisacodyl tab delayed release 5 mg</i>                  | ACA       |                     |
| <b>LOCAL ANESTHETICS-PARENTERAL</b>                        |           |                     |
| <b>LOCAL ANESTHETIC COMBINATIONS</b>                       |           |                     |
| <i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>          | GEN       |                     |
| <i>lidocaine inj 1% w/ epinephrine-1:100000</i>            | GEN       |                     |
| <i>lidocaine inj 2% w/ epinephrine-1:100000</i>            | GEN       |                     |
| <b>LOCAL ANESTHETICS - AMIDES</b>                          |           |                     |
| <i>lidocaine hcl local inj 1%</i>                          | GEN       |                     |
| <i>lidocaine hcl local inj 2%</i>                          | GEN       |                     |
| <i>lidocaine hcl local preservative free (pf) inj 0.5%</i> | GEN       |                     |
| <i>lidocaine hcl local preservative free (pf) inj 1%</i>   | GEN       |                     |
| <i>lidocaine hcl local preservative free (pf) inj 2%</i>   | GEN       |                     |
| <i>lidocaine hcl local preservative free (pf) inj 4%</i>   | GEN       |                     |
| <b>MACROLIDES</b>  |           |                     |
| <b>AZITHROMYCIN</b>  |           |                     |
| <i>azithromycin for susp 100 mg/5ml</i>                    | GEN       |                     |
| <i>azithromycin for susp 200 mg/5ml</i>                    | GEN       |                     |
| <i>azithromycin iv for soln 500 mg</i>                     | GEN       |                     |
| <i>azithromycin powd pack for susp 1 gm</i>                | GEN       |                     |
| <i>azithromycin tab 250 mg</i>                             | GEN       |                     |
| <i>azithromycin tab 500 mg</i>                             | GEN       |                     |
| <i>azithromycin tab 600 mg</i>                             | GEN       |                     |
| <b>CLARITHROMYCIN</b>                                      |           |                     |
| <i>clarithromycin for susp 125 mg/5ml</i>                  | GEN       |                     |
| <i>clarithromycin for susp 250 mg/5ml</i>                  | GEN       |                     |
| <i>clarithromycin tab 250 mg</i>                           | GEN       |                     |
| <i>clarithromycin tab 500 mg</i>                           | GEN       |                     |
| <i>clarithromycin tab er 24hr 500 mg</i>                   | GEN       |                     |
| <b>ERYTHROMYCINS</b>                                       |           |                     |
| <i>ERYTHROCIN INJ 500MG</i>                                | NPB       |                     |
| <i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>     | NPB       | PA                  |
| <i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>     | NPB       | PA                  |
| <i>erythromycin ethylsuccinate tab 400 mg</i>              | NPB       | PA                  |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>erythromycin stearate tab 250 mg</i>                     | NPB       | PA                  |
| <i>erythromycin tab 250 mg</i>                              | NPB       | PA                  |
| <i>erythromycin tab 500 mg</i>                              | NPB       | PA                  |
| <i>erythromycin tab delayed release 250 mg</i>              | NPB       | PA                  |
| <i>erythromycin tab delayed release 333 mg</i>              | NPB       | PA                  |
| <i>erythromycin tab delayed release 500 mg</i>              | NPB       | PA                  |
| <i>erythromycin w/ delayed release particles cap 250 mg</i> | GEN       |                     |

### **FIDAXOMICIN**

|                   |    |        |
|-------------------|----|--------|
| DIFICID TAB 200MG | PS | ST; QL |
|-------------------|----|--------|

## **MEDICAL DEVICES AND SUPPLIES**

### **CONTRACEPTIVES**

|                        |     |
|------------------------|-----|
| CAYA DPR               | ACA |
| FC FEMALE MIS CONDOM   | ACA |
| FEMCAP MIS 26MM        | ACA |
| FEMCAP MIS 30MM        | ACA |
| OMNIFLEX DPR           | ACA |
| ORTHO COIL DPR KIT 50  | ACA |
| ORTHO COIL DPR KIT 100 | ACA |
| ORTHO COIL DPR KIT 105 | ACA |
| ORTHO FLAT DPR KIT 55  | ACA |
| ORTHO FLAT DPR KIT 60  | ACA |
| ORTHO FLAT DPR KIT 65  | ACA |
| ORTHO FLAT DPR KIT 70  | ACA |
| ORTHO FLAT DPR KIT 75  | ACA |
| ORTHO FLAT DPR KIT 80  | ACA |
| ORTHO FLAT DPR KIT 85  | ACA |
| ORTHO FLAT DPR KIT 90  | ACA |
| ORTHO FLAT DPR KIT 95  | ACA |
| PRENTIF MIS 22MM       | ACA |
| PRENTIF MIS 25MM       | ACA |
| PRENTIF MIS 28MM       | ACA |
| PRENTIF MIS 31MM       | ACA |
| PRENTIF MIS FITTING    | ACA |
| WIDE-SEAL DPR KIT 60   | ACA |
| WIDE-SEAL DPR KIT 65   | ACA |
| WIDE-SEAL DPR KIT 70   | ACA |
| WIDE-SEAL DPR KIT 75   | ACA |
| WIDE-SEAL DPR KIT 80   | ACA |
| WIDE-SEAL DPR KIT 85   | ACA |
| WIDE-SEAL DPR KIT 90   | ACA |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                 | Drug Tier | Requirements/Limits |
|---------------------------|-----------|---------------------|
| WIDE-SEAL DPR KIT 95      | ACA       |                     |
| <b>DIABETIC SUPPLIES</b>  |           |                     |
| ADJ LANCING MIS DEVICE    | PB        | QL                  |
| ADV LANCING MIS DEVICE    | PB        | QL                  |
| ADVOCATE MIS LANC DEV     | PB        | QL                  |
| ADVOCATE MIS LANCETS      | PB        | QL                  |
| ALTRNATE SIT MIS DEVICE   | PB        | QL                  |
| AQUA LANCE MIS LANC DEV   | PB        | QL                  |
| AUTO-LANCET MIS           | PB        | QL                  |
| AUTO-LANCET MIS MINI      | PB        | QL                  |
| AUTOLET IMPR MIS LANC DEV | PB        | QL                  |
| AUTOLET LANC MIS DEVICE   | PB        | QL                  |
| AUTOLET MINI MIS          | PB        | QL                  |
| AUTOLET PLUS MIS          | PB        | QL                  |
| AUTOLET PLUS MIS LANC DEV | PB        | QL                  |
| CARDIOCOM MIS LANCING     | PB        | QL                  |
| CAREONE ADV MIS LANCING   | PB        | QL                  |
| CARETOUCH MIS EJECTOR     | PB        | QL                  |
| CVS LANCING MIS DEVICE    | PB        | QL                  |
| DIATHRIVE MIS LANCING     | PB        | QL                  |
| DROPLET LANC MIS DEVICE   | PB        | QL                  |
| EASY MINI MIS             | PB        | QL                  |
| EASY MINI MIS EJECT       | PB        | QL                  |
| EASY TOUCH MIS            | PB        | QL                  |
| FINGERSTIX MIS LANCETS    | PB        | QL                  |
| FORA MIS LANCING          | PB        | QL                  |
| GENTEEL LANC MIS GOLD     | PB        | QL                  |
| GENTEEL LANC MIS PLATINUM | PB        | QL                  |
| GENTEEL LANC MIS SILVER   | PB        | QL                  |
| GENTEEL PLUS MIS BLACK    | PB        | QL                  |
| GENTEEL PLUS MIS BLUE     | PB        | QL                  |
| GENTEEL PLUS MIS PINK     | PB        | QL                  |
| GENTEEL PLUS MIS PURPLE   | PB        | QL                  |
| GENTEEL PLUS MIS WHITE    | PB        | QL                  |
| GLOBAL LANC MIS DEVICE    | PB        | QL                  |
| GLUCOLET 2 MIS LANCING    | PB        | QL                  |
| GOJJI MIS LANC DEV        | PB        | QL                  |
| GOODSENSE MIS LANC DVC    | PB        | QL                  |
| HC LANCING MIS DEVICE     | PB        | QL                  |
| IN TOUCH LAN MIS DEVICE   | PB        | QL                  |
| INCONTROL MIS LANC DEV    | PB        | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                 | Drug Tier | Requirements/Limits |
|---------------------------|-----------|---------------------|
| LANCET AUTO MIS INJECTOR  | PB        | QL                  |
| LANCET DEVIC MIS 30G      | PB        | QL                  |
| LANCET DEVIC MIS ADJUST   | PB        | QL                  |
| LANCET WITH MIS EJECTOR   | PB        | QL                  |
| LANCING DEVI MIS          | PB        | QL                  |
| LANCING DEVI MIS 25G      | PB        | QL                  |
| LANCING DEVI MIS 30G      | PB        | QL                  |
| LANCING DEVI MIS ADJUST   | PB        | QL                  |
| LANCING MIS DEVICE        | PB        | QL                  |
| LANZO MIS LANCING         | PB        | QL                  |
| LB LANCING MIS DEVICE     | PB        | QL                  |
| LITE TOUCH MIS LANC PEN   | PB        | QL                  |
| MICROLET MIS NEXT         | PB        | QL                  |
| MINI LANCING MIS DEVICE   | PB        | QL                  |
| MM LANCING MIS DEVICE     | PB        | QL                  |
| MONOJECTOR MIS END CAPS   | PB        | QL                  |
| MULTI-LANCET MIS DEVICE   | PB        | QL                  |
| NOVA SUREFLX MIS LANC DEV | PB        | QL                  |
| ON CALL LANC MIS DEVICE   | PB        | QL                  |
| ON CALL PLUS MIS LANC DEV | PB        | QL                  |
| ONE TCH SLVR KIT ULT MINI | PB        |                     |
| ONETOUCH DEL MIS LANC DEV | PB        | QL                  |
| ONETOUCH KIT ULT MINI     | PB        |                     |
| ONETOUCH KIT ULTRA 2      | PB        |                     |
| ONETOUCH KIT ULTRALNK     | PB        |                     |
| ONETOUCH KIT VERIO        | PB        |                     |
| ONETOUCH KIT VERIO IQ     | PB        |                     |
| ONETOUCH KIT VERIO RE     | PB        |                     |
| ONETOUCH MIS LANC DEV     | PB        | QL                  |
| ONETOUCH VER KIT SYNC     | PB        |                     |
| PRODIGY MIS LANC DEV      | PB        | QL                  |
| QC LANCING MIS DEVICE     | PB        | QL                  |
| RAPID-SAFE MIS LANCING    | PB        | QL                  |
| RELION LANCI MIS DEVICE   | PB        | QL                  |
| RIGHTEST MIS GD500        | PB        | QL                  |
| SELECT-LITE MIS LANC DEV  | PB        | QL                  |
| SHOPKO LANC MIS DEVICE    | PB        | QL                  |
| SIMPLE DIAG MIS LANCING   | PB        | QL                  |
| SM TRUEDRAW MIS LANC DEV  | PB        | QL                  |
| SOLUS V2 MIS LANC DEV     | PB        | QL                  |
| SURE COMFORT MIS LANC PEN | PB        | QL                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name               | Drug Tier | Requirements/Limits |
|-------------------------|-----------|---------------------|
| SURE-PEN MIS            | PB        | QL                  |
| TECHLITE MIS LANCETS    | PB        | QL                  |
| TGT LANCING MIS DEVICE  | PB        | QL                  |
| TRUEDRAW MIS LANC DEV   | PB        | QL                  |
| ULTI-LANCE MIS CLR TIP  | PB        | QL                  |
| VANTAGE LANC MIS DEVICE | PB        | QL                  |
| VIVAGUARD MIS LANCING   | PB        | QL                  |

### **PARENTERAL THERAPY SUPPLIES**

|                          |    |  |
|--------------------------|----|--|
| AUTOSHIELD MIS 29X3/16"  | PB |  |
| AUTOSHIELD MIS 29X5/16"  | PB |  |
| AUTOSHIELD MIS 30GX5MM   | PB |  |
| BD NEEDLES MIS 18GX1.5"  | PB |  |
| HYPO NEEDLE MIS 18GX1"   | PB |  |
| HYPO NEEDLE MIS 18GX1.5" | PB |  |
| SYMPATH NDL MIS 18GX6"   | PB |  |

### **MIGRAINE PRODUCTS**

#### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

|                       |    |                           |
|-----------------------|----|---------------------------|
| AIMOVIG INJ 70MG/ML   | PS | PA; QL                    |
| AIMOVIG INJ 140MG/ML  | PS | PA; QL                    |
| AJOVY INJ 225/1.5     | PS | PA; QL                    |
| EMGALITY INJ 100MG/ML | PS | PA, QL (3 ml per 30 days) |
| EMGALITY INJ 120MG/ML | PS | PA; QL                    |

#### **MIGRAINE COMBINATIONS**

|  |     |                    |
|--|-----|--------------------|
| <i>ergotamine w/ caffeine tab 1-100 mg</i>                     | NPB | PA, QL (40 per 28) |
| <i>isometheptene-dichloral-acetaminophen cap 65-100-325 mg</i> | GEN |                    |

#### **MIGRAINE PRODUCTS**

|   |     |        |
|---|-----|--------|
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> | PS  | PA     |
| ERGOMAR SUB 2MG                                       | NPB | PA; QL |

#### **SEROTONIN AGONISTS**

|  |     |        |
|--|-----|--------|
| <i>almotriptan malate tab 6.25 mg</i>                      | NPB | ST; QL |
| <i>almotriptan malate tab 12.5 mg</i>                      | NPB | ST; QL |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> | GEN | QL     |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> | GEN | QL     |
| <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> | NPB | ST; QL |
| <i>naratriptan hcl tab 1 mg (base equiv)</i>               | NPB | QL     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i>                      | NPB       | QL                  |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>  | NPB       | QL                  |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | GEN       | QL                  |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i>              | NPB       | QL                  |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i>             | NPB       | QL                  |
| <i>sumatriptan nasal spray 5 mg/act</i>                             | NPB       | QL                  |
| <i>sumatriptan nasal spray 20 mg/act</i>                            | NPB       | QL                  |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i>                         | PB        | QL                  |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>      | NPB       | QL                  |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>      | NPB       | QL                  |
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>          | NPB       | QL                  |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>          | NPB       | QL                  |
| <i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>  | PB        | QL                  |
| <i>sumatriptan succinate tab 25 mg</i>                              | GEN       | QL                  |
| <i>sumatriptan succinate tab 50 mg</i>                              | GEN       | QL                  |
| <i>sumatriptan succinate tab 100 mg</i>                             | GEN       | QL                  |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i>                | NPB       | QL                  |
| <i>zolmitriptan orally disintegrating tab 5 mg</i>                  | NPB       | QL                  |
| <i>zolmitriptan tab 2.5 mg</i>                                      | NPB       | QL                  |
| <i>zolmitriptan tab 5 mg</i>  | NPB       | QL                  |
| ZOMIG SPR 2.5MG   | NPB       | QL                  |
| ZOMIG SPR 5MG   | NPB       | QL                  |

## MINERALS & ELECTROLYTES

### CALCIUM

|   |     |
|---|-----|
| <i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i> | ACA |
| <i>calcium citrate-vitamin d tab 1500 mg-200 unit</i>               | ACA |
| CALCIUM-FA WAF PLUS D   | GEN |

### FLUORIDE

|                          |     |
|--------------------------|-----|
| FLUOR-A-DAY CHW 0.5MG F  | ACA |
| FLUOR-A-DAY CHW 0.25MG F | ACA |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| FLUOR-A-DAY CHW 1MG F   | GEN       |                     |
| FLUORABON DRO   | ACA       |                     |
| LOZI-FLUR LOZ 1MG F   | GEN       |                     |
| LURIDE CHW 0.5MG F  | ACA       |                     |
| LURIDE CHW 0.25MG F   | ACA       |                     |
| LURIDE DRO 0.5MG/ML   | ACA       |                     |
| <i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>              | ACA       |                     |
| <i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>            | ACA       |                     |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>                | GEN       |                     |
| <i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>            | ACA       |                     |
| <i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i>      | ACA       |                     |
| <i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>         | ACA       |                     |
| <i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>                   | ACA       |                     |
| <b>PHOSPHATE</b>  |           |                     |
| <i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i> | GEN       |                     |
| <b>POTASSIUM</b>  |           |                     |
| KLOR-CON M15 TAB 15MEQ ER   | GEN       |                     |
| <i>pot bicarbonate &amp; chloride effer tab 25 meq</i>                  | GEN       |                     |
| <i>potassium bicarbonate effer tab 25 meq</i>                           | GEN       |                     |
| <i>potassium chloride cap er 8 meq</i>                                  | GEN       |                     |
| <i>potassium chloride cap er 10 meq</i>                                 | GEN       |                     |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i>          | GEN       |                     |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i>          | GEN       |                     |
| <i>potassium chloride tab er 8 meq (600 mg)</i>                         | GEN       |                     |
| <i>potassium chloride tab er 10 meq</i>                                 | GEN       |                     |
| <i>potassium chloride tab er 20 meq (1500 mg)</i>                       | GEN       |                     |
| <b>ZINC</b>   |           |                     |
| GALZIN CAP 25MG   | NPB       | PA                  |
| GALZIN CAP 50MG   | NPB       | PA                  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**MISCELLANEOUS THERAPEUTIC CLASSES**

***CHELATING AGENTS***

|                                 |     |    |
|---------------------------------|-----|----|
| CUPRIMINE CAP 250MG             | NPS | PA |
| <i>penicillamine cap 250 mg</i> | PS  | PA |
| <i>penicillamine tab 250 mg</i> | PS  | PA |
| <i>trientine hcl cap 250 mg</i> | PS  | PA |

***ENZYMES***

|                    |     |  |
|--------------------|-----|--|
| VITRASE INJ 200/ML | NPB |  |
|--------------------|-----|--|

***IMMUNOMODULATORS***

|                    |    |        |
|--------------------|----|--------|
| REVLIMID CAP 2.5MG | PS | PA; QL |
| REVLIMID CAP 5MG   | PS | PA; QL |
| REVLIMID CAP 10MG  | PS | PA; QL |
| REVLIMID CAP 15MG  | PS | PA; QL |
| REVLIMID CAP 20MG  | PS | PA; QL |
| REVLIMID CAP 25MG  | PS | PA; QL |
| THALOMID CAP 50MG  | PS | PA; QL |
| THALOMID CAP 100MG | PS | PA; QL |
| THALOMID CAP 150MG | PS | PA; QL |
| THALOMID CAP 200MG | PS | PA; QL |

***IMMUNOSUPPRESSIVE AGENTS***

|   |     |    |
|---|-----|----|
| ATGAM INJ 250MG   | PS  |    |
| <i>azathioprine tab 50 mg</i>                                       | GEN |    |
| <i>cyclosporine cap 25 mg</i>                                       | GEN |    |
| <i>cyclosporine cap 100 mg</i>                                      | GEN |    |
| <i>cyclosporine iv soln 50 mg/ml</i>                                | PS  |    |
| <i>cyclosporine modified cap 25 mg</i>                              | GEN |    |
| <i>cyclosporine modified cap 50 mg</i>                              | GEN |    |
| <i>cyclosporine modified cap 100 mg</i>                             | GEN |    |
| <i>cyclosporine modified oral soln 100 mg/ml</i>                    | GEN |    |
| ENSPRYNG INJ  | PS  | PA |
| <i>mycophenolate mofetil cap 250 mg</i>                             | GEN |    |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i>                | PS  |    |
| <i>mycophenolate mofetil tab 500 mg</i>                             | GEN |    |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | GEN |    |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | GEN |    |
| NULOJIX INJ 250MG   | PS  | PA |
| PROGRAF INJ 5MG/ML  | PS  |    |
| RAPAMUNE SOL 1MG/ML   | PS  | PA |

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

**GEN**-Generic Medications Tier   **PB**-Preferred Brand Tier   **NPB**-Non-Preferred Brand Tier   **PS**-Preferred Specialty Tier   **NPS**-Non-Preferred Specialty Tier   **ACA**-Affordable Care Act



| Drug Name                          | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|
| SIMULECT INJ 10MG                  | PS        |                     |
| SIMULECT INJ 20MG                  | PS        |                     |
| <i>sirolimus oral soln 1 mg/ml</i> | GEN       | PA                  |
| <i>sirolimus tab 0.5 mg</i>        | GEN       | PA                  |
| <i>sirolimus tab 1 mg</i>          | GEN       | PA                  |
| <i>sirolimus tab 2 mg</i>          | GEN       | PA                  |
| <i>tacrolimus cap 0.5 mg</i>       | GEN       |                     |
| <i>tacrolimus cap 1 mg</i>         | GEN       |                     |
| <i>tacrolimus cap 5 mg</i>         | GEN       |                     |
| THYMOGLOBULN INJ 25MG              | PS        |                     |
| ZORTRESS TAB 0.5MG                 | PS        | PA                  |
| ZORTRESS TAB 0.25MG                | PS        | PA                  |
| ZORTRESS TAB 0.75MG                | PS        | PA                  |

### **IRRIGATION SOLUTIONS**

|  |     |  |
|--|-----|--|
| <i>*irrigation solution, physiological**</i>         | NPB |  |
| <i>lactated ringer's for irrigation</i>              | GEN |  |
| <i>ringer's solution for irrigation</i>              | GEN |  |
| <i>water for irrigation, sterile irrigation soln</i> | GEN |  |

### **LYMPHATIC AGENTS**

|                   |    |    |
|-------------------|----|----|
| SYLVANT SOL 100MG | PS | PA |
| SYLVANT SOL 400MG | PS | PA |

### **MISCELLANEOUS THERAPEUTIC CLASSES**

|             |     |  |
|-------------|-----|--|
| NEXAVIR INJ | NPB |  |
|-------------|-----|--|

### **POTASSIUM REMOVING AGENTS**

|   |     |        |
|---|-----|--------|
| LOKELMA PAK 5GM   | PS  | PA; QL |
| LOKELMA PAK 10GM  | PS  | PA; QL |
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>    | GEN |        |
| <i>*sodium polystyrene sulfonate powder**</i>               | GEN |        |
| <i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i> | GEN |        |
| VELTASSA POW 8.4GM  | PS  | PA; QL |
| VELTASSA POW 16.8GM   | PS  | PA; QL |
| VELTASSA POW 25.2GM   | PS  | PA; QL |

### **PROGERIA TREATMENT AGENTS**

|                  |    |    |
|------------------|----|----|
| ZOKINVY CAP 50MG | PS | PA |
| ZOKINVY CAP 75MG | PS | PA |

### **SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS**

|                       |    |    |
|-----------------------|----|----|
| BENLYSTA INJ 120MG    | PS | PA |
| BENLYSTA INJ 200MG/ML | PS | PA |
| BENLYSTA INJ 400MG    | PS | PA |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                   |           |                     |
| <b>ANESTHETICS TOPICAL ORAL</b>                     |           |                     |
| <i>lidocaine hcl viscous soln 2%</i>                | GEN       |                     |
| <b>ANTI-INFECTIVES - THROAT</b>                     |           |                     |
| <i>clotrimazole troche 10 mg</i>                    | GEN       |                     |
| <i>nystatin susp 100000 unit/ml</i>                 | GEN       |                     |
| ORAVIG TAB 50MG                                     | NPB       | PA; QL              |
| <b>ANTISEPTICS - MOUTH/THROAT</b>                   |           |                     |
| <i>chlorhexidine gluconate soln 0.12%</i>           | GEN       |                     |
| DEBACTEROL SOL 30-50%                               | NPB       |                     |
| <b>DENTAL PRODUCTS</b>                              |           |                     |
| <i>sodium fluoride cream 1.1%</i>                   | GEN       |                     |
| <i>sodium fluoride gel 1.1% (0.5% f)</i>            | GEN       |                     |
| <i>sodium fluoride rinse 0.2%</i>                   | GEN       |                     |
| <i>sodium fluoride rinse 0.2%</i>                   | GEN       |                     |
| <b>STEROIDS - MOUTH/THROAT/DENTAL</b>               |           |                     |
| <i>triamcinolone acetonide dental paste 0.1%</i>    | GEN       |                     |
| <b>THROAT PRODUCTS - MISC.</b>                      |           |                     |
| <i>cevimeline hcl cap 30 mg</i>                     | GEN       |                     |
| GELCLAIR GEL  | NPB       |                     |
| ORAMAGICRX SUS                                      | NPB       |                     |
| <i>pilocarpine hcl tab 5 mg</i>                     | GEN       |                     |
| <i>pilocarpine hcl tab 7.5 mg</i>                   | GEN       |                     |
| SALICEPT SUS  | NPB       |                     |
| <b>MULTIVITAMINS</b>                                |           |                     |
| <b>B-COMPLEX VITAMINS</b>                           |           |                     |
| <i>*b-complex vitamin tab**</i>                     | ACA       |                     |
| <b>B-COMPLEX W/ C</b>                               |           |                     |
| <i>*b-complex w/ c cap**</i>                        | ACA       |                     |
| <b>B-COMPLEX W/ FOLIC ACID</b>                      |           |                     |
| <i>*b-complex w/ c &amp; folic acid cap 1 mg***</i> | GEN       |                     |
| <i>*b-complex w/ c &amp; folic acid tab 1 mg***</i> | GEN       |                     |
| <i>*b-complex w/ c &amp; folic acid tab 5 mg***</i> | GEN       |                     |
| <i>*b-complex w/ c &amp; folic acid tab***</i>      | ACA       |                     |
| <i>*b-complex w/ folic acid tab**</i>               | ACA       |                     |
| <i>*b-complex w/biotin &amp; folic acid tab***</i>  | ACA       |                     |
| DIALYVITE/ TAB ZINC                                 | GEN       |                     |
| FULL SPECT TAB B/ VIT C                             | ACA       |                     |
| <b>MULTIVITAMINS</b>                                |           |                     |
| <i>*multiple vitamin tab**</i>                      | ACA       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**PED MULTI VITAMINS W/FL & FE**

|   |     |  |
|---|-----|--|
| <i>*pediatric multiple vitamins w/ fl-fe drops<br/>0.25-10 mg/ml**</i>      | ACA |  |
| <i>*pediatric vitamins acd fluoride &amp; fe drops<br/>0.25-10 mg/ml***</i> | ACA |  |

**PED MV W/ FLUORIDE**

|   |     |  |
|---|-----|--|
| <i>*pediatric multiple vitamins w/ fluoride<br/>chew tab 0.5 mg***</i>  | ACA |  |
| <i>*pediatric multiple vitamins w/ fluoride<br/>chew tab 0.25 mg***</i> | ACA |  |
| <i>*pediatric multiple vitamins w/ fluoride<br/>chew tab 1 mg***</i>    | GEN |  |
| <i>*pediatric multiple vitamins w/ fluoride<br/>soln 0.5 mg/ml***</i>   | ACA |  |
| <i>*pediatric multiple vitamins w/ fluoride<br/>soln 0.25 mg/ml***</i>  | ACA |  |
| <i>*pediatric vitamins acd w/ fluoride soln 0.5<br/>mg/ml***</i>        | ACA |  |
| <i>*pediatric vitamins acd w/ fluoride soln<br/>0.25 mg/ml***</i>       | ACA |  |

**PED MV W/ IRON**

|  |     |  |
|--|-----|--|
| <i>*pediatric multiple vitamins w/ iron drops<br/>10 mg/ml**</i> | ACA |  |
|--|-----|--|

**MUSCULOSKELETAL THERAPY AGENTS**

**CENTRAL MUSCLE RELAXANTS**

|  |     |        |
|--|-----|--------|
| <i>baclofen tab 10 mg</i>                        | GEN |        |
| <i>baclofen tab 20 mg</i>                        | GEN |        |
| <i>carisoprodol tab 350 mg</i>                   | GEN | QL     |
| <i>chlorzoxazone tab 500 mg</i>                  | GEN |        |
| <i>cyclobenzaprine hcl tab 5 mg</i>              | GEN |        |
| <i>cyclobenzaprine hcl tab 10 mg</i>             | GEN |        |
| <i>GABLOFEN INJ 50MCG/ML</i>                     | PS  |        |
| <i>GABLOFEN INJ 20000/20</i>                     | PS  |        |
| <i>metaxalone tab 800 mg</i>                     | NPB | PA; QL |
| <i>methocarbamol tab 500 mg</i>                  | GEN |        |
| <i>methocarbamol tab 750 mg</i>                  | GEN |        |
| <i>orphenadrine citrate inj 30 mg/ml</i>         | GEN |        |
| <i>orphenadrine citrate tab er 12hr 100 mg</i>   | GEN |        |
| <i>tizanidine hcl cap 2 mg (base equivalent)</i> | GEN | ST     |
| <i>tizanidine hcl cap 4 mg (base equivalent)</i> | GEN | ST     |
| <i>tizanidine hcl cap 6 mg (base equivalent)</i> | GEN | ST     |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | GEN |        |

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>tizanidine hcl tab 4 mg (base equivalent)</i>                   | GEN       |                     |
| <b>DIRECT MUSCLE RELAXANTS</b>                                     |           |                     |
| <i>dantrolene sodium cap 25 mg</i>                                 | GEN       |                     |
| <i>dantrolene sodium cap 50 mg</i>                                 | GEN       |                     |
| <i>dantrolene sodium cap 100 mg</i>                                | GEN       |                     |
| <b>MUSCLE RELAXANT COMBINATIONS</b>                                |           |                     |
| <i>carisoprodol w/ aspirin tab 200-325 mg</i>                      | NPB       |                     |
| <b>VISCOSUPPLEMENTS</b>  |           |                     |
| EUFLEXXA INJ 10MG/ML   | PS        | PA; QL              |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>                         |           |                     |
| <b>NASAL ANTIALLERGY</b>   |           |                     |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>             | GEN       |                     |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>          | GEN       |                     |
| <i>olopatadine hcl nasal soln 0.6%</i>                             | GEN       | ST                  |
| <b>NASAL ANTICHOLINERGICS</b>                                      |           |                     |
| <i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>         | GEN       |                     |
| <i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>         | GEN       |                     |
| <b>NASAL STEROIDS</b>  |           |                     |
| <i>budesonide nasal susp 32 mcg/act</i>                            | GEN       |                     |
| <i>budesonide nasal susp 32 mcg/act</i>                            | GEN       |                     |
| FLONASE SENS SUS 27.5MCG   | PB        |                     |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i>                  | GEN       |                     |
| <i>fluticasone propionate nasal susp 50 mcg/act</i>                | GEN       |                     |
| OMNARIS SPR  | NPB       | ST                  |
| <i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> | NPB       |                     |
| <i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> | NPB       |                     |
| VERAMYST SPR 27.5MCG   | PB        |                     |
| <b>SYMPATHOMIMETIC DECONGESTANTS</b>                               |           |                     |
| ADRENALIN SOL 1:1000   | GEN       |                     |
| <b>NEUROMUSCULAR AGENTS</b>  |           |                     |
| <b>ALS AGENTS</b>  |           |                     |
| <i>riluzole tab 50 mg</i>  | PS        | PA; QL              |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b> |           |                     |
| BOTOX INJ 100UNIT                                 | PS        | PA; QL              |
| BOTOX INJ 200UNIT                                 | PS        | PA; QL              |
| DYSPORE INJ 500UNIT                               | PS        | PA; QL              |
| MYOBLOC INJ 2500/0.5                              | PS        | PA; QL              |
| MYOBLOC INJ 5000/ML                               | PS        | PA; QL              |
| MYOBLOC INJ 10000/2                               | PS        | PA; QL              |
| XEOMIN INJ 50 UNIT                                | PS        | PA; QL              |
| XEOMIN INJ 100UNIT                                | PS        | PA; QL              |

**SPINAL MUSCULAR ATROPHY AGENTS (SMA)**

|             |    |        |
|-------------|----|--------|
| EVRYSDI SOL | PS | PA; QL |
|-------------|----|--------|

**OPHTHALMIC AGENTS**

**BETA-BLOCKERS - OPTHALMIC**

|   |     |
|---|-----|
| <i>betaxolol hcl ophth soln 0.5%</i>                                | GEN |
| <i>carteolol hcl ophth soln 1%</i>                                  | GEN |
| COMBIGAN SOL 0.2/0.5%   | PB  |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml pf</i> | GEN |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>    | GEN |
| <i>levobunolol hcl ophth soln 0.5%</i>                              | GEN |
| <i>metipranolol ophth soln 0.3%</i>                                 | GEN |
| <i>timolol maleate ophth gel forming soln 0.5%</i>                  | NPB |
| <i>timolol maleate ophth gel forming soln 0.25%</i>                 | NPB |
| <i>timolol maleate ophth soln 0.5%</i>                              | GEN |
| <i>timolol maleate ophth soln 0.25%</i>                             | GEN |

**CYCLOPLEGIC MYDRIATICS**

|  |     |
|--|-----|
| ATROPINE SULFATE OPTH OINT 1%            | GEN |
| <i>atropine sulfate ophth soln 1%</i>    | GEN |
| <i>cyclopentolate hcl ophth soln 1%</i>  | GEN |
| <i>cyclopentolate hcl ophth soln 2%</i>  | GEN |
| <i>homatropine hbr ophth soln 5%</i>     | GEN |
| <i>phenylephrine hcl ophth soln 2.5%</i> | GEN |
| <i>phenylephrine hcl ophth soln 10%</i>  | GEN |
| <i>tropicamide ophth soln 0.5%</i>       | GEN |
| <i>tropicamide ophth soln 1%</i>         | GEN |

**MIOTICS**

|                          |     |
|--------------------------|-----|
| MIOSTAT INJ 0.01% OP     | GEN |
| PHOSPHOLINE SOL 0.125%OP | NPB |

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| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>pilocarpine hcl ophth soln 1%</i>                                    | GEN       |                     |
| <i>pilocarpine hcl ophth soln 2%</i>                                    | GEN       |                     |
| <i>pilocarpine hcl ophth soln 4%</i>                                    | GEN       |                     |
| <b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>                             |           |                     |
| EYLEA INJ 2/0.05ML  | PS        | PA                  |
| LUCENTIS SOL 0.3MG  | PS        | PA                  |
| LUCENTIS SOL 0.5MG  | PS        | PA                  |
| MACUGEN INJ   | PS        | PA                  |
| <b>OPHTHALMIC ADRENERGIC AGENTS</b>                                     |           |                     |
| ALPHAGAN P SOL 0.1%   | PB        |                     |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>              | GEN       |                     |
| <i>brimonidine tartrate ophth soln 0.2%</i>                             | GEN       |                     |
| <i>brimonidine tartrate ophth soln 0.15%</i>                            | PB        |                     |
| <b>OPHTHALMIC ANTI-INFECTIVES</b>                                       |           |                     |
| <i>bacitracin ophth oint 500 unit/gm</i>                                | GEN       |                     |
| <i>bacitracin-polymyxin b ophth oint</i>                                | GEN       |                     |
| BETADINE SOL 5% OP  | NPB       |                     |
| CILOXAN OIN 0.3% OP   | NPB       |                     |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>              | GEN       |                     |
| <i>erythromycin ophth oint 5 mg/gm</i>                                  | GEN       |                     |
| <i>gatifloxacin ophth soln 0.5%</i>                                     | GEN       |                     |
| <i>gentamicin sulfate ophth oint 0.3%</i>                               | GEN       |                     |
| <i>gentamicin sulfate ophth soln 0.3%</i>                               | GEN       |                     |
| <i>levofloxacin ophth soln 0.5%</i>                                     | GEN       |                     |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>                    | GEN       |                     |
| NATACYN SUS 5% OP   | NPB       |                     |
| <i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>   | GEN       |                     |
| <i>neomycin-polymyxin-garamycin op sol 1.75-10000-0.025mg-unt-mg/ml</i> | GEN       |                     |
| <i>ofloxacin ophth soln 0.3%</i>  | GEN       |                     |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>           | GEN       |                     |
| <i>sulfacetamide sodium ophth oint 10%</i>                              | GEN       |                     |
| <i>sulfacetamide sodium ophth soln 10%</i>                              | GEN       |                     |
| <i>tobramycin ophth soln 0.3%</i>                                       | GEN       |                     |
| <i>trifluridine ophth soln 1%</i>                                       | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>OPHTHALMIC DECONGESTANTS</b>                                    |           |                     |
| <i>naphazoline hcl ophth soln 0.1%</i>                             | GEN       |                     |
| <i>phenylephrine hcl ophth soln 2.5%</i>                           | GEN       |                     |
| <i>phenylephrine hcl ophth soln 10%</i>                            | GEN       |                     |
| <b>OPHTHALMIC IMMUNOMODULATORS</b>                                 |           |                     |
| RESTASIS EMU 0.05%   | PB        | QL                  |
| <b>OPHTHALMIC KINASE INHIBITORS</b>                                |           |                     |
| RHOPRESSA SOL 0.02%  | NPB       | ST                  |
| <b>OPHTHALMIC STEROIDS</b>   |           |                     |
| ALREX SUS 0.2%   | NPB       |                     |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>              | GEN       |                     |
| BLEPHAMIDE OIN S.O.P.  | NPB       |                     |
| BLEPHAMIDE SUS OP  | NPB       |                     |
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i>              | GEN       |                     |
| DUREZOL EMU 0.05%  | PB        |                     |
| FLAREX SUS 0.1% OP   | NPB       |                     |
| <i>fluorometholone ophth susp 0.1%</i>                             | GEN       |                     |
| FML FORTE SUS 0.25% OP   | PB        |                     |
| FML OIN 0.1% OP  | PB        |                     |
| ILUVIEN IMP 0.19MG   | NPS       | PA; QL              |
| LOTEMAX GEL 0.5%   | NPB       |                     |
| LOTEMAX OIN 0.5%   | NPB       |                     |
| LOTEMAX SUS 0.5%   | NPB       |                     |
| <i>loteprednol etabonate ophth susp 0.5%</i>                       | GEN       |                     |
| MAXIDEX SUS 0.1% OP  | NPB       |                     |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>            | GEN       |                     |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>            | GEN       |                     |
| <i>neomycin-polymyxin-hc ophth susp</i>                            | GEN       |                     |
| PRED MILD SUS 0.12% OP   | PB        |                     |
| PRED SOD PHO SOL 1% OP   | GEN       |                     |
| PRED-G S.O.P OIN OP  | NPB       |                     |
| PRED-G SUS OP  | NPB       |                     |
| <i>prednisolone acetate ophth susp 1%</i>                          | GEN       |                     |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | GEN       |                     |
| TOBRADEX ST SUS 0.3-0.05   | NPB       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>                | GEN       |                     |
| TRIESENCE INJ 40MG/ML  | NPB       |                     |
| VEXOL SUS 1% OP  | NPB       |                     |
| <b>OPHTHALMICS - MISC.</b>   |           |                     |
| ACUVAIL SOL 0.45%  | PB        | QL                  |
| ALOMIDE SOL 0.1% OP  | NPB       | ST                  |
| <i>azelastine hcl ophth soln 0.05%</i>                             | GEN       |                     |
| AZOPT SUS 1% OP  | NPB       |                     |
| <i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>         | GEN       |                     |
| <i>cromolyn sodium ophth soln 4%</i>                               | GEN       |                     |
| CYSTARAN SOL 0.44%   | PS        | PA; QL              |
| <i>diclofenac sodium ophth soln 0.1%</i>                           | GEN       |                     |
| <i>dorzolamide hcl ophth soln 2%</i>                               | GEN       |                     |
| EMADINE SOL 0.05% OP   | NPB       | ST                  |
| <i>epinastine hcl ophth soln 0.05%</i>                             | GEN       |                     |
| <i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>            | GEN       |                     |
| <i>flurbiprofen sodium ophth soln 0.03%</i>                        | GEN       |                     |
| ILEVRO DRO 0.3% OP   | NPB       |                     |
| JETREA INJ 0.5/0.2   | PS        | PA; QL              |
| <i>ketorolac tromethamine ophth soln 0.4%</i>                      | GEN       | QL                  |
| <i>ketorolac tromethamine ophth soln 0.5%</i>                      | GEN       | QL                  |
| LASTACFT SOL 0.25%   | PB        |                     |
| NEVANAC SUS 0.1%   | NPB       |                     |
| <i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>           | GEN       | ST                  |
| PROLENSA SOL 0.07%   | NPB       |                     |
| <b>PROSTAGLANDINS - OPHTHALMIC</b>                                 |           |                     |
| <i>bimatoprost ophth soln 0.03%</i>                                | PB        |                     |
| <i>latanoprost ophth soln 0.005%</i>                               | GEN       |                     |
| LUMIGAN SOL 0.01%  | PB        |                     |
| RESCULA SOL 0.15%  | NPB       |                     |
| <i>travoprost ophth soln 0.004%</i>                                | PB        |                     |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | GEN       |                     |
| ZIOPTAN DRO 0.0015%  | NPB       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act



| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

**OTIC AGENTS**

**OTIC AGENTS - MISCELLANEOUS**

|   |     |  |
|---|-----|--|
| <i>acetic acid 2% in aluminum acetate otic soln</i> | GEN |  |
| <i>acetic acid otic soln 2%</i>                     | GEN |  |

**OTIC ANTI-INFECTIVES**

|   |     |  |
|---|-----|--|
| <i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> | GEN |  |
| <i>ofloxacin otic soln 0.3%</i>                           | GEN |  |

**OTIC COMBINATIONS**

|   |     |  |
|---|-----|--|
| CIPRO HC SUS OTIC   | PB  |  |
| CIPRODEX SUS 0.3-0.1%   | PB  |  |
| COLY-MYCIN S SUS OTIC   | NPB |  |
| CORTISPORIN SUS -TC OTIC  | NPB |  |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                         | GEN |  |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | GEN |  |
| <i>pramoxine-hc-chloroxylonol otic soln 10-10-1 mg/ml</i>         | GEN |  |

**OTIC STEROIDS**

|   |     |  |
|---|-----|--|
| <i>fluocinolone acetonide (otic) oil 0.01%</i>      | GEN |  |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> | GEN |  |

**OXYTOCICS**

**OXYTOCICS**

|                             |     |  |
|-----------------------------|-----|--|
| <i>methergine tab 0.2mg</i> | GEN |  |
|-----------------------------|-----|--|

**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

**IMMUNE SERUMS**

|                         |     |    |
|-------------------------|-----|----|
| CARIMUNE NF INJ 6GM     | NPS | PA |
| CARIMUNE NF INJ 12GM    | NPS | PA |
| CUVITRU INJ 2GM/10ML    | NPS | PA |
| CUVITRU INJ 4GM/20ML    | NPS | PA |
| CUVITRU SOL 1GM/5ML     | NPS | PA |
| FLEBOGAMMA INJ 20/400ML | NPS | PA |
| GAMASTAN INJ            | NPS | PA |
| GAMMAGARD INJ 1GM/10ML  | NPS | PA |
| GAMMAGARD INJ 2.5GM/25  | NPS | PA |
| GAMMAGARD INJ 5GM/50ML  | NPS | PA |
| GAMMAGARD INJ 10GM/100  | NPS | PA |
| GAMMAGARD INJ 20GM/200  | NPS | PA |
| GAMMAGARD SD INJ 5GM HU | NPS | PA |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                | Drug Tier | Requirements/Limits |
|--------------------------|-----------|---------------------|
| GAMMAGARD SD INJ 10GM HU | NPS       | PA                  |
| GAMUNEX-C INJ 40/400ML   | NPS       | PA                  |
| HIZENTRA INJ 10/50ML     | NPS       | PA                  |
| OCTAGAM INJ 1GM          | NPS       | PA                  |
| OCTAGAM INJ 2GM/20ML     | NPS       | PA                  |
| PRIVIGEN INJ 5 GRAMS     | NPS       | PA                  |

### **MONOCLONAL ANTIBODIES**

|                      |    |        |
|----------------------|----|--------|
| SYNAGIS INJ 50MG     | PS | PA; QL |
| SYNAGIS INJ 100MG/ML | PS | PA; QL |

### **PASSIVE IMMUNIZING AGENTS - COMBINATIONS**

|                    |     |    |
|--------------------|-----|----|
| HYQVIA INJ 2.5-200 | NPS | PA |
| HYQVIA INJ 5-400   | NPS | PA |
| HYQVIA INJ 10-800  | NPS | PA |
| HYQVIA INJ 20-1600 | NPS | PA |
| HYQVIA INJ 30-2400 | NPS | PA |

## **PENICILLINS**

### **AMINOPENICILLINS**

|   |     |  |
|---|-----|--|
| <i>amoxicillin (trihydrate) cap 250 mg</i>          | GEN |  |
| <i>amoxicillin (trihydrate) cap 500 mg</i>          | GEN |  |
| <i>amoxicillin (trihydrate) chew tab 125 mg</i>     | GEN |  |
| <i>amoxicillin (trihydrate) chew tab 250 mg</i>     | GEN |  |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> | GEN |  |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> | GEN |  |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> | GEN |  |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> | GEN |  |
| <i>amoxicillin (trihydrate) tab 500 mg</i>          | GEN |  |
| <i>amoxicillin (trihydrate) tab 875 mg</i>          | GEN |  |
| <i>ampicillin cap 250 mg</i>                        | GEN |  |
| <i>ampicillin cap 500 mg</i>                        | GEN |  |
| <i>ampicillin for susp 125 mg/5ml</i>               | GEN |  |
| <i>ampicillin for susp 250 mg/5ml</i>               | GEN |  |
| <i>ampicillin sodium for inj 1 gm</i>               | GEN |  |
| <i>ampicillin sodium for inj 2 gm</i>               | GEN |  |
| <i>ampicillin sodium for inj 125 mg</i>             | GEN |  |
| <i>ampicillin sodium for inj 250 mg</i>             | GEN |  |
| <i>ampicillin sodium for inj 500 mg</i>             | GEN |  |
| <i>ampicillin sodium for iv soln 1 gm</i>           | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>ampicillin sodium for iv soln 2 gm</i>                         | GEN       |                     |
| <i>ampicillin sodium for iv soln 10 gm</i>                        | GEN       |                     |
| <b>NATURAL PENICILLINS</b>  |           |                     |
| BICILLIN L-A INJ 600000   | NPB       |                     |
| BICILLIN L-A INJ 1200000  | NPB       |                     |
| BICILLIN L-A INJ 2400000  | NPB       |                     |
| PEN G PROC INJ 600000   | GEN       |                     |
| PEN GK/DEXTR INJ 20000/ML   | NPB       |                     |
| PEN GK/DEXTR INJ 40000/ML   | NPB       |                     |
| PEN GK/DEXTR INJ 60000/ML   | NPB       |                     |
| <i>penicillin g potassium for inj 5000000 unit</i>                | GEN       |                     |
| <i>penicillin g potassium for inj 20000000 unit</i>               | GEN       |                     |
| <i>penicillin g sodium for inj 5000000 unit</i>                   | GEN       |                     |
| <i>penicillin v potassium for soln 125 mg/5ml</i>                 | GEN       |                     |
| <i>penicillin v potassium for soln 250 mg/5ml</i>                 | GEN       |                     |
| <i>penicillin v potassium tab 250 mg</i>                          | GEN       |                     |
| <i>penicillin v potassium tab 500 mg</i>                          | GEN       |                     |
| <b>PENICILLIN COMBINATIONS</b>                                    |           |                     |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>       | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>         | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>   | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>   | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>     | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>   | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>             | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>             | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>             | GEN       |                     |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>   | GEN       |                     |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>   | GEN       |                     |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>       | GEN       |                     |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> | GEN       |                     |
| AUGMENTIN SUS 125/5ML   | NPB       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| BICILLIN C-R INJ 900/300  | NPB       |                     |
| BICILLIN C-R INJ 1200000  | NPB       |                     |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | GEN       |                     |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>  | GEN       |                     |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>    | GEN       |                     |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>  | GEN       |                     |

### **PENICILLINASE-RESISTANT PENICILLINS**

|   |     |  |
|---|-----|--|
| <i>dicloxacillin sodium cap 250 mg</i>                      | GEN |  |
| <i>dicloxacillin sodium cap 500 mg</i>                      | GEN |  |
| NAFCILLIN INJ 1GM/50ML                                      | GEN |  |
| NAFCILLIN INJ 2GM/100                                       | GEN |  |
| <i>nafcillin sodium for inj 1 gm</i>                        | GEN |  |
| <i>nafcillin sodium for inj 2 gm</i>                        | GEN |  |
| <i>nafcillin sodium for iv soln 1 gm</i>                    | GEN |  |
| <i>nafcillin sodium for iv soln 2 gm</i>                    | GEN |  |
| <i>nafcillin sodium for iv soln 10 gm</i>                   | GEN |  |
| OXACILLIN INJ 1GM   | GEN |  |
| OXACILLIN INJ 2GM   | GEN |  |
| <i>oxacillin sodium for inj 1 gm (base equivalent)</i>      | GEN |  |
| <i>oxacillin sodium for inj 2 gm (base equivalent)</i>      | GEN |  |
| <i>oxacillin sodium for iv soln 10 gm (base equivalent)</i> | GEN |  |

### **PROGESTINS**

#### **PROGESTINS**

|   |     |    |
|---|-----|----|
| <i>hydroxyprogesterone caproate im in oil 250 mg/ml</i> | PS  | PA |
| MAKENA INJ 250MG/ML                                     | PS  | PA |
| MAKENA INJ 275MG  | PS  | PA |
| <i>medroxyprogesterone acetate tab 2.5 mg</i>           | GEN |    |
| <i>medroxyprogesterone acetate tab 5 mg</i>             | GEN |    |
| <i>medroxyprogesterone acetate tab 10 mg</i>            | GEN |    |
| <i>norethindrone acetate tab 5 mg</i>                   | GEN |    |
| <i>progesterone im in oil 50 mg/ml</i>                  | GEN |    |
| <i>progesterone micronized cap 100 mg</i>               | GEN |    |
| <i>progesterone micronized cap 200 mg</i>               | GEN |    |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

Drug Name Drug Tier Requirements/Limits  
**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

**AGENTS FOR CHEMICAL DEPENDENCY**

|   |     |        |
|---|-----|--------|
| <i>acamprosate calcium tab delayed release 333 mg</i> | GEN |        |
| CAMPRAL TAB 333MG                                     | GEN |        |
| <i>disulfiram tab 250 mg</i>                          | GEN |        |
| <i>disulfiram tab 500 mg</i>                          | GEN |        |
| LUCEMYRA TAB 0.18MG                                   | NPB | PA; QL |

**ANTI-CATAPLECTIC AGENTS**

|                    |    |        |
|--------------------|----|--------|
| XYREM SOL 500MG/ML | PS | PA; QL |
|--------------------|----|--------|

**ANTIDEMENTIA AGENTS**

|  |     |  |
|--|-----|--|
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i>      | GEN |  |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i>     | GEN |  |
| <i>donepezil hydrochloride tab 5 mg</i>                            | GEN |  |
| <i>donepezil hydrochloride tab 10 mg</i>                           | GEN |  |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i>                   | GEN |  |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i>                  | GEN |  |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i>                  | GEN |  |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i>                  | GEN |  |
| <i>galantamine hydrobromide tab 4 mg</i>                           | GEN |  |
| <i>galantamine hydrobromide tab 8 mg</i>                           | GEN |  |
| <i>galantamine hydrobromide tab 12 mg</i>                          | GEN |  |
| <i>memantine hcl oral solution 2 mg/ml</i>                         | GEN |  |
| <i>memantine hcl tab 5 mg</i>                                      | GEN |  |
| <i>memantine hcl tab 10 mg</i>                                     | GEN |  |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> | GEN |  |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>          | GEN |  |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i>            | GEN |  |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>          | GEN |  |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i>            | GEN |  |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i>                      | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i>                        | GEN       |                              |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i>                       | GEN       |                              |
| <b>COMBINATION PSYCHOTHERAPEUTICS</b>                                |           |                              |
| <i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>                  | GEN       |                              |
| <i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>                   | GEN       |                              |
| <i>olanzapine-fluoxetine hcl cap 3-25 mg</i>                         | NPB       | PA; QL                       |
| <i>olanzapine-fluoxetine hcl cap 6-25 mg</i>                         | NPB       | PA; QL                       |
| <i>olanzapine-fluoxetine hcl cap 6-50 mg</i>                         | NPB       | PA; QL                       |
| <i>olanzapine-fluoxetine hcl cap 12-25 mg</i>                        | NPB       | PA; QL                       |
| <i>olanzapine-fluoxetine hcl cap 12-50 mg</i>                        | NPB       | PA; QL                       |
| <i>perphenazine-amitriptyline tab 2-10 mg</i>                        | GEN       |                              |
| <i>perphenazine-amitriptyline tab 2-25 mg</i>                        | GEN       |                              |
| <i>perphenazine-amitriptyline tab 4-10 mg</i>                        | GEN       |                              |
| <i>perphenazine-amitriptyline tab 4-25 mg</i>                        | GEN       |                              |
| <i>perphenazine-amitriptyline tab 4-50 mg</i>                        | GEN       |                              |
| <b>FIBROMYALGIA AGENTS</b>   |           |                              |
| SAVELLA MIS TITR PAK   | NPB       | PA; QL                       |
| SAVELLA TAB 12.5MG   | NPB       | PA; QL                       |
| SAVELLA TAB 25MG   | NPB       | PA; QL                       |
| SAVELLA TAB 50MG   | NPB       | PA; QL                       |
| SAVELLA TAB 100MG  | NPB       | PA; QL                       |
| <b>MOVEMENT DISORDER DRUG THERAPY</b>                                |           |                              |
| <i>tetrabenazine tab 12.5 mg</i>                                     | PS        | PA; QL                       |
| <i>tetrabenazine tab 25 mg</i>                                       | PS        | PA; QL                       |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                     |           |                              |
| AUBAGIO TAB 7MG  | PS        | PA; QL                       |
| AUBAGIO TAB 14MG   | PS        | PA; QL                       |
| AVONEX KIT 30MCG   | PS        | PA; QL                       |
| BETASERON INJ 0.3MG  | PS        | QL                           |
| COPAXONE INJ 20MG/ML   | PS        | QL                           |
| COPAXONE INJ 40MG/ML   | PS        | QL                           |
| <i>dalfampridine tab er 12hr 10 mg</i>                               | PS        | PA; QL                       |
| <i>dimethyl fumarate capsule delayed release 120 mg</i>              | PS        | PA; QL                       |
| <i>dimethyl fumarate capsule delayed release 240 mg</i>              | PS        | PA; QL                       |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> | PS        | PA, QL (1 fill per lifetime) |
| GILENYA CAP 0.5MG  | PS        | PA; QL                       |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>   | PS        | PA; QL              |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>   | PS        | PA; QL              |
| LEMTRADA INJ 12/1.2ML                                       | PS        | PA                  |
| REBIF INJ 22/0.5  | PS        | PA; QL              |
| REBIF INJ 44/0.5  | PS        | PA; QL              |
| REBIF REBIDO INJ 22/0.5                                     | PS        | PA; QL              |
| REBIF REBIDO INJ 44/0.5                                     | PS        | PA; QL              |
| REBIF REBIDO INJ TITRATN                                    | PS        | PA; QL              |
| REBIF TITRTN INJ PACK                                       | PS        | PA; QL              |
| TYSABRI INJ 300/15ML  | PS        | PA; QL              |
| <b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b> |           |                     |
| GRALISE STAR MIS 300/600                                    | NPB       | PA; QL              |
| GRALISE TAB 300MG   | NPB       | PA; QL              |
| GRALISE TAB 600MG   | NPB       | PA; QL              |
| <b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>        |           |                     |
| <i>fluoxetine hcl (pmdd) cap 10 mg</i>                      | GEN       |                     |
| <i>fluoxetine hcl (pmdd) cap 20 mg</i>                      | GEN       |                     |
| <b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>                     |           |                     |
| NUEDEXTA CAP 20-10MG  | PS        | PA; QL              |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>    |           |                     |
| <i>ergoloid mesylates tab 1 mg</i>                          | GEN       |                     |
| <i>pimozide tab 1 mg</i>                                    | GEN       |                     |
| <i>pimozide tab 2 mg</i>                                    | GEN       |                     |
| <b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>                   |           |                     |
| HORIZANT TAB 300MG ER                                       | NPB       | PA; QL              |
| HORIZANT TAB 600MG ER                                       | NPB       | PA; QL              |
| <b>SMOKING DETERRENTS</b>                                   |           |                     |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | ACA       | QL                  |
| CHANTIX PAK 0.5& 1MG  | ACA       | QL                  |
| CHANTIX PAK 1MG   | ACA       | QL                  |
| CHANTIX TAB 0.5MG   | ACA       | QL                  |
| <i>nicotine polacrilex gum 2 mg</i>                         | ACA       |                     |
| <i>nicotine polacrilex gum 4 mg</i>                         | ACA       |                     |
| <i>nicotine polacrilex lozenge 2 mg</i>                     | ACA       |                     |
| <i>nicotine polacrilex lozenge 4 mg</i>                     | ACA       |                     |
| NICOTINE SYS KIT TRANSDER                                   | ACA       | QL                  |
| <i>nicotine td patch 24hr 7 mg/24hr</i>                     | ACA       |                     |
| <i>nicotine td patch 24hr 14 mg/24hr</i>                    | ACA       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                                | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>nicotine td patch 24hr 21 mg/24hr</i> | ACA       |                     |
| NICOTROL INH                             | ACA       | QL                  |
| NICOTROL NS SPR 10MG/ML                  | ACA       | QL                  |

### **TRANSTHYRETIN AMYLOIDOSIS AGENTS**

|                     |    |        |
|---------------------|----|--------|
| TEGSEDI INJ 284/1.5 | PS | PA; QL |
|---------------------|----|--------|

### **RESPIRATORY AGENTS - MISC.**

#### **ALPHA-PROTEINASE INHIBITOR (HUMAN)**

|                        |    |    |
|------------------------|----|----|
| ARALAST NP INJ 400MG   | PS | PA |
| ARALAST NP INJ 500MG   | PS |    |
| ARALAST NP INJ 800MG   | PS | PA |
| GLASSIA INJ            | PS | PA |
| PROLASTIN-C INJ 1000MG | PS | PA |
| ZEMAIRA INJ 1000MG     | PS | PA |

#### **CYSTIC FIBROSIS AGENTS**

|                      |    |        |
|----------------------|----|--------|
| KALYDECO PAK 50MG    | PS | PA; QL |
| KALYDECO PAK 75MG    | PS | PA; QL |
| KALYDECO TAB 150MG   | PS | PA; QL |
| ORKAMBI TAB 200-125  | PS | PA; QL |
| PULMOZYME SOL 1MG/ML | PS | PA; QL |
| SYMDEKO TAB 100-150  | PS | PA; QL |
| TRIKAFTA TAB         | PS | PA; QL |

#### **PULMONARY FIBROSIS AGENTS**

|                   |    |        |
|-------------------|----|--------|
| ESBRIET CAP 267MG | PS | PA; QL |
| OFEV CAP 100MG    | PS | PA; QL |
| OFEV CAP 150MG    | PS | PA; QL |

### **SULFONAMIDES**

#### **SULFONAMIDES**

|                        |     |  |
|------------------------|-----|--|
| SULFADIAZINE TAB 500MG | GEN |  |
|------------------------|-----|--|

### **TETRACYCLINES**

#### **TETRACYCLINES**

|   |     |  |
|---|-----|--|
| <i>demeclocycline hcl tab 150 mg</i>      | GEN |  |
| <i>demeclocycline hcl tab 300 mg</i>      | GEN |  |
| <i>doxycycline hyclate cap 50 mg</i>      | GEN |  |
| <i>doxycycline hyclate cap 100 mg</i>     | GEN |  |
| <i>doxycycline hyclate for inj 100 mg</i> | GEN |  |
| <i>doxycycline hyclate tab 20 mg</i>      | GEN |  |
| <i>doxycycline hyclate tab 100 mg</i>     | GEN |  |
| <i>doxycycline monohydrate cap 50 mg</i>  | GEN |  |
| <i>doxycycline monohydrate cap 100 mg</i> | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>doxycycline monohydrate for susp 25 mg/5ml</i> | GEN       |                     |
| <i>doxycycline monohydrate tab 50 mg</i>          | GEN       |                     |
| <i>doxycycline monohydrate tab 75 mg</i>          | GEN       |                     |
| <i>doxycycline monohydrate tab 100 mg</i>         | GEN       |                     |
| <i>doxycycline monohydrate tab 150 mg</i>         | GEN       |                     |
| MINOCIN INJ 100MG                                 | NPB       |                     |
| <i>minocycline hcl cap 50 mg</i>                  | GEN       |                     |
| <i>minocycline hcl cap 75 mg</i>                  | GEN       |                     |
| <i>minocycline hcl cap 100 mg</i>                 | GEN       |                     |
| <i>minocycline hcl tab 50 mg</i>                  | GEN       |                     |
| <i>minocycline hcl tab 75 mg</i>                  | GEN       |                     |
| <i>minocycline hcl tab 100 mg</i>                 | GEN       |                     |
| <i>tetracycline hcl cap 250 mg</i>                | GEN       |                     |
| <i>tetracycline hcl cap 500 mg</i>                | GEN       |                     |

## THYROID AGENTS

### ANTITHYROID AGENTS

|                                   |     |  |
|-----------------------------------|-----|--|
| <i>methimazole tab 5 mg</i>       | GEN |  |
| <i>methimazole tab 10 mg</i>      | GEN |  |
| <i>propylthiouracil tab 50 mg</i> | GEN |  |

### THYROID HORMONES

|  |     |  |
|--|-----|--|
| ARMOUR THYRO TAB 15MG                          | NPB |  |
| ARMOUR THYRO TAB 30MG                          | NPB |  |
| ARMOUR THYRO TAB 60MG                          | NPB |  |
| ARMOUR THYRO TAB 90MG                          | NPB |  |
| ARMOUR THYRO TAB 120MG                         | NPB |  |
| ARMOUR THYRO TAB 180MG                         | NPB |  |
| ARMOUR THYRO TAB 240MG                         | NPB |  |
| ARMOUR THYRO TAB 300MG                         | NPB |  |
| <i>levothyroxine sodium for iv inj 100 mcg</i> | GEN |  |
| LEVOTHYROXINE SODIUM FOR IV INJ 200 MCG        | GEN |  |
| <i>levothyroxine sodium for iv inj 500 mcg</i> | GEN |  |
| <i>levothyroxine sodium tab 25 mcg</i>         | GEN |  |
| <i>levothyroxine sodium tab 50 mcg</i>         | GEN |  |
| <i>levothyroxine sodium tab 75 mcg</i>         | GEN |  |
| <i>levothyroxine sodium tab 88 mcg</i>         | GEN |  |
| <i>levothyroxine sodium tab 100 mcg</i>        | GEN |  |
| <i>levothyroxine sodium tab 112 mcg</i>        | GEN |  |
| <i>levothyroxine sodium tab 125 mcg</i>        | GEN |  |
| <i>levothyroxine sodium tab 137 mcg</i>        | GEN |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                                    | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>levothyroxine sodium tab 150 mcg</i>      | GEN       |                     |
| <i>levothyroxine sodium tab 175 mcg</i>      | GEN       |                     |
| <i>levothyroxine sodium tab 200 mcg</i>      | GEN       |                     |
| <i>levothyroxine sodium tab 300 mcg</i>      | GEN       |                     |
| <i>liothyronine sodium iv soln 10 mcg/ml</i> | GEN       |                     |
| <i>liothyronine sodium tab 5 mcg</i>         | GEN       |                     |
| <i>liothyronine sodium tab 25 mcg</i>        | GEN       |                     |
| <i>liothyronine sodium tab 50 mcg</i>        | GEN       |                     |
| NATURE THROI TAB 162.5MG                     | GEN       |                     |
| NATURE-THROI TAB 16.25MG                     | GEN       |                     |
| NATURE-THROI TAB 32.5MG                      | GEN       |                     |
| NATURE-THROI TAB 48.75MG                     | GEN       |                     |
| NATURE-THROI TAB 65MG                        | GEN       |                     |
| NATURE-THROI TAB 81.25MG                     | GEN       |                     |
| NATURE-THROI TAB 97.5MG                      | GEN       |                     |
| NATURE-THROI TAB 113.75MG                    | GEN       |                     |
| NATURE-THROI TAB 130MG                       | GEN       |                     |
| NATURE-THROI TAB 146.25MG                    | GEN       |                     |
| NATURE-THROI TAB 195MG                       | GEN       |                     |
| NATURE-THROI TAB 260MG                       | GEN       |                     |
| NATURE-THROI TAB 325MG                       | GEN       |                     |
| SYNTHROID TAB 25MCG                          | NPB       |                     |
| SYNTHROID TAB 50MCG                          | NPB       |                     |
| SYNTHROID TAB 75MCG                          | NPB       |                     |
| SYNTHROID TAB 88MCG                          | NPB       |                     |
| SYNTHROID TAB 100MCG                         | NPB       |                     |
| SYNTHROID TAB 112MCG                         | NPB       |                     |
| SYNTHROID TAB 125MCG                         | NPB       |                     |
| SYNTHROID TAB 137MCG                         | NPB       |                     |
| SYNTHROID TAB 150MCG                         | NPB       |                     |
| SYNTHROID TAB 175MCG                         | NPB       |                     |
| SYNTHROID TAB 200MCG                         | NPB       |                     |
| SYNTHROID TAB 300MCG                         | NPB       |                     |
| <i>thyroid tab 15 mg (1/4 grain)</i>         | GEN       |                     |
| <i>thyroid tab 30 mg (1/2 grain)</i>         | GEN       |                     |
| <i>thyroid tab 60 mg (1 grain)</i>           | GEN       |                     |
| <i>thyroid tab 90 mg (1 1/2 grain)</i>       | GEN       |                     |
| <i>thyroid tab 120 mg (2 grain)</i>          | GEN       |                     |
| THYROLAR-1 TAB 60MG                          | NPB       |                     |
| THYROLAR-1/2 TAB 30MG                        | NPB       |                     |
| THYROLAR-1/4 TAB 15MG                        | NPB       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name              | Drug Tier | Requirements/Limits |
|------------------------|-----------|---------------------|
| THYROLAR-2 TAB 120MG   | NPB       |                     |
| THYROLAR-3 TAB 180MG   | NPB       |                     |
| TIROSINT CAP 13MCG     | NPB       |                     |
| TIROSINT CAP 25MCG     | NPB       |                     |
| TIROSINT CAP 50MCG     | NPB       |                     |
| TIROSINT CAP 75MCG     | NPB       |                     |
| TIROSINT CAP 88MCG     | NPB       |                     |
| TIROSINT CAP 100MCG    | NPB       |                     |
| TIROSINT CAP 112MCG    | NPB       |                     |
| TIROSINT CAP 125MCG    | NPB       |                     |
| TIROSINT CAP 137MCG    | NPB       |                     |
| TIROSINT CAP 150MCG    | NPB       |                     |
| WESTHROID TAB 16.25MG  | GEN       |                     |
| WESTHROID TAB 32.5MG   | GEN       |                     |
| WESTHROID TAB 48.75MG  | GEN       |                     |
| WESTHROID TAB 65MG     | GEN       |                     |
| WESTHROID TAB 81.25MG  | GEN       |                     |
| WESTHROID TAB 97.5MG   | GEN       |                     |
| WESTHROID TAB 113.75MG | GEN       |                     |
| WESTHROID TAB 130MG    | GEN       |                     |

## TOXOIDS

### ***TOXOID COMBINATIONS***

|                         |     |
|-------------------------|-----|
| ADACEL INJ              | ACA |
| BOOSTRIX INJ            | ACA |
| DAPTACEL INJ            | ACA |
| DIP/TET PED INJ 25-5LFU | ACA |
| INFANRIX INJ            | ACA |
| PEDIARIX INJ 0.5ML      | ACA |
| PENTACEL INJ            | ACA |
| QUADRACEL INJ           | ACA |
| TDVAX INJ 2-2 LF        | ACA |
| TENIVAC INJ 5-2LF       | ACA |

### ***TOXOIDS***

|                         |     |
|-------------------------|-----|
| TETANUS TOX INJ 5LF ADS | ACA |
|-------------------------|-----|

## ULCER DRUGS/ANTI SPASMODICS/ANTICHOLINERGICS

### ***ANTISPASMODICS***

|   |     |
|---|-----|
| <i>atropine sulfate inj 0.4 mg/ml</i>                             | GEN |
| <i>atropine sulfate inj 1 mg/ml</i>                               | GEN |
| <i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i> | GEN |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i> | GEN       |                     |
| BELLA/OPIUM SUP 16.2-30  | GEN       | ST                  |
| BELLA/OPIUM SUP 16.2-60  | GEN       | ST                  |
| CANTIL TAB 25MG  | NPB       |                     |
| CUVPOSA SOL 1MG/5ML  | PS        | PA                  |
| <i>dicyclomine hcl cap 10 mg</i>                               | GEN       |                     |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i>                     | GEN       |                     |
| <i>dicyclomine hcl tab 20 mg</i>                               | GEN       |                     |
| <i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>                 | GEN       |                     |
| <i>glycopyrrolate tab 1 mg</i>                                 | GEN       |                     |
| <i>glycopyrrolate tab 2 mg</i>                                 | GEN       |                     |
| <i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>                 | GEN       |                     |
| <i>hyoscyamine sulfate sl tab 0.125 mg</i>                     | GEN       |                     |
| <i>hyoscyamine sulfate soln 0.125 mg/ml</i>                    | GEN       |                     |
| <i>hyoscyamine sulfate tab 0.125 mg</i>                        | GEN       |                     |
| <i>hyoscyamine sulfate tab disint 0.125 mg</i>                 | GEN       |                     |
| <i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>                | GEN       |                     |
| <i>methscopolamine bromide tab 2.5 mg</i>                      | GEN       |                     |
| <i>methscopolamine bromide tab 5 mg</i>                        | GEN       |                     |
| <i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> | GEN       |                     |
| <i>propantheline bromide tab 15 mg</i>                         | GEN       |                     |
| <b>H-2 ANTAGONISTS</b>   |           |                     |
| <i>cimetidine hcl soln 300 mg/5ml</i>                          | GEN       |                     |
| <i>cimetidine tab 300 mg</i>                                   | GEN       |                     |
| <i>cimetidine tab 400 mg</i>                                   | GEN       |                     |
| <i>cimetidine tab 800 mg</i>                                   | GEN       |                     |
| <i>famotidine for susp 40 mg/5ml</i>                           | GEN       |                     |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>              | GEN       |                     |
| <i>famotidine inj 20 mg/2ml</i>                                | GEN       |                     |
| <i>famotidine inj 40 mg/4ml</i>                                | GEN       |                     |
| <i>famotidine tab 20 mg</i>                                    | GEN       |                     |
| <i>famotidine tab 20 mg</i>                                    | GEN       |                     |
| <i>famotidine tab 40 mg</i>                                    | GEN       |                     |
| <i>nizatidine cap 150 mg</i>                                   | GEN       |                     |
| <i>nizatidine cap 300 mg</i>                                   | GEN       |                     |
| <i>nizatidine oral soln 15 mg/ml</i>                           | GEN       |                     |
| <i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>                 | GEN       |                     |
| <i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>                | GEN       |                     |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>                   | GEN       |                     |
| <i>ranitidine hcl tab 150 mg</i>                                   | GEN       |                     |
| <i>ranitidine hcl tab 150 mg</i>                                   | GEN       |                     |
| <i>ranitidine hcl tab 300 mg</i>                                   | GEN       |                     |
| <b>MISC. ANTI-ULCER</b>  |           |                     |
| CARAFATE SUS 1GM/10ML  | GEN       |                     |
| <i>sucralfate tab 1 gm</i>   | GEN       |                     |
| <b>PROTON PUMP INHIBITORS</b>                                      |           |                     |
| DEXILANT CAP 30MG DR   | NPB       | ST, PA; QL          |
| DEXILANT CAP 60MG DR   | NPB       | ST, PA; QL          |
| <i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>  | GEN       | ST, PA; QL          |
| <i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>  | GEN       | ST, PA; QL          |
| <i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i> | GEN       | QL                  |
| <i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i> | GEN       | QL                  |
| <i>lansoprazole cap delayed release 15 mg</i>                      | GEN       | QL                  |
| <i>lansoprazole cap delayed release 30 mg</i>                      | GEN       | QL                  |
| <i>omeprazole cap delayed release 10 mg</i>                        | GEN       | QL                  |
| <i>omeprazole cap delayed release 20 mg</i>                        | GEN       | QL                  |
| <i>omeprazole cap delayed release 20 mg</i>                        | GEN       | QL                  |
| <i>omeprazole cap delayed release 40 mg</i>                        | GEN       | QL                  |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i>               | GEN       | QL                  |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i>               | GEN       | QL                  |
| <i>rabeprazole sodium ec tab 20 mg</i>                             | GEN       | PA; QL              |
| <b>ULCER DRUGS - PROSTAGLANDINS</b>                                |           |                     |
| <i>misoprostol tab 100 mcg</i>                                     | GEN       |                     |
| <i>misoprostol tab 200 mcg</i>                                     | GEN       |                     |
| <b>ULCER THERAPY COMBINATIONS</b>                                  |           |                     |
| <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> | NPB       |                     |
| <i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>                | GEN       | ST, PA; QL          |
| <i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>                | GEN       | ST, PA; QL          |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <b>URINARY ANTI-INFECTIVES</b>                                   |           |                     |
| <b>URINARY ANTI-INFECTIVE COMBINATIONS</b>                       |           |                     |
| <i>*methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg***</i> | GEN       |                     |
| <b>URINARY ANTI-INFECTIVES</b>                                   |           |                     |
| <i>methenamine hippurate tab 1 gm</i>                            | GEN       |                     |
| <b>URINARY ANTISPASMODICS</b>                                    |           |                     |
| <b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b> |           |                     |
| <i>oxybutynin chloride syrup 5 mg/5ml</i>                        | GEN       |                     |
| <i>oxybutynin chloride tab 5 mg</i>                              | GEN       |                     |
| <i>oxybutynin chloride tab er 24hr 5 mg</i>                      | GEN       |                     |
| <i>oxybutynin chloride tab er 24hr 10 mg</i>                     | GEN       |                     |
| <i>oxybutynin chloride tab er 24hr 15 mg</i>                     | GEN       |                     |
| <i>solifenacin succinate tab 5 mg</i>                            | GEN       |                     |
| <i>solifenacin succinate tab 10 mg</i>                           | GEN       |                     |
| <i>tolterodine tartrate cap er 24hr 2 mg</i>                     | GEN       |                     |
| <i>tolterodine tartrate cap er 24hr 4 mg</i>                     | GEN       |                     |
| <i>tolterodine tartrate tab 1 mg</i>                             | GEN       |                     |
| <i>tolterodine tartrate tab 2 mg</i>                             | GEN       |                     |
| <i>tropium chloride cap er 24hr 60 mg</i>                        | NPB       |                     |
| <i>tropium chloride tab 20 mg</i>                                | GEN       |                     |
| VESICARE TAB 5MG   | NPB       |                     |
| VESICARE TAB 10MG  | NPB       |                     |
| <b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>       |           |                     |
| MYRBETRIQ TAB 25MG   | NPB       | QL                  |
| MYRBETRIQ TAB 50MG   | NPB       | QL                  |
| <b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>             |           |                     |
| <i>bethanechol chloride tab 5 mg</i>                             | GEN       |                     |
| <i>bethanechol chloride tab 10 mg</i>                            | GEN       |                     |
| <i>bethanechol chloride tab 25 mg</i>                            | GEN       |                     |
| <i>bethanechol chloride tab 50 mg</i>                            | GEN       |                     |
| <b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>          |           |                     |
| <i>flavoxate hcl tab 100 mg</i>                                  | GEN       |                     |
| <b>VACCINES</b>  |           |                     |
| <b>BACTERIAL VACCINES</b>  |           |                     |
| ACTHIB INJ   | ACA       |                     |
| BEXSERO INJ  | ACA       |                     |
| HIBERIX SOL 10MCG  | ACA       |                     |
| MENACTRA INJ   | ACA       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

| Drug Name               | Drug Tier | Requirements/Limits |
|-------------------------|-----------|---------------------|
| MENHIBRIX INJ           | ACA       |                     |
| MENOMUNE INJ A/C/Y/W    | ACA       |                     |
| MENVEO INJ              | ACA       |                     |
| PEDVAX HIB INJ          | ACA       |                     |
| PNEUMOVAX 23 INJ 25/0.5 | ACA       |                     |
| PREVNAR 13 INJ          | ACA       |                     |
| TRUMENBA INJ            | ACA       |                     |

### **MIXED VACCINE COMBINATIONS**

|            |     |  |
|------------|-----|--|
| COMVAX INJ | ACA |  |
|------------|-----|--|

### **VIRAL VACCINES**

|                          |     |  |
|--------------------------|-----|--|
| AFLURIA INJ PF 14-15     | ACA |  |
| AFLURIA QUAD INJ 2019-20 | ACA |  |
| CERVARIX INJ             | ACA |  |
| ENGERIX-B INJ 10/0.5ML   | ACA |  |
| ENGERIX-B INJ 20MCG/ML   | ACA |  |
| EZ FLU SHOT INJ 2014-15  | ACA |  |
| EZ FLU SHOT INJ PF 14-15 | ACA |  |
| EZ FLU SHOT KIT 2015-16  | ACA |  |
| EZ FLU SHOT KIT 2016-17  | ACA |  |
| FLUAD INJ 2016-17        | ACA |  |
| FLUAD INJ 2019-20        | ACA |  |
| FLUAD INJ 2020-21        | ACA |  |
| FLUARIX QUAD INJ 2019-20 | ACA |  |
| FLUBLOK SOL 2014-15      | ACA |  |
| FLUCELVAX INJ 2014-15    | ACA |  |
| FLUCLVX QUAD INJ 2016-17 | ACA |  |
| FLUCLVX QUAD INJ 2019-20 | ACA |  |
| FLUCLVX QUAD INJ 2020-21 | ACA |  |
| FLULAVAL INJ 2014-15     | ACA |  |
| FLULAVAL QUA INJ 2014-15 | ACA |  |
| FLULAVAL QUA INJ 2019-20 | ACA |  |
| FLUMIST QUAD SUS 2014-15 | ACA |  |
| FLUMIST QUAD SUS 2019-20 | ACA |  |
| FLUVIRIN INJ 2014-15     | ACA |  |
| FLUVIRIN INJ 2015-16     | ACA |  |
| FLUVIRIN PF INJ 2014-15  | ACA |  |
| FLUZONE HD INJ PF 14-15  | ACA |  |
| FLUZONE HD INJ PF 19-20  | ACA |  |
| FLUZONE INJ INTRADRM     | ACA |  |
| FLUZONE QUAD INJ 14-15   | ACA |  |
| FLUZONE QUAD INJ 2015-16 | ACA |  |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act

| Drug Name                 | Drug Tier | Requirements/Limits |
|---------------------------|-----------|---------------------|
| FLUZONE QUAD INJ 2019-20  | ACA       |                     |
| GARDASIL 9 INJ            | ACA       |                     |
| GARDASIL INJ              | ACA       |                     |
| HAVRIX INJ 720UNIT        | ACA       |                     |
| HAVRIX INJ 1440UNIT       | ACA       |                     |
| IPOL INJ INACTIVE         | ACA       |                     |
| M-M-R II INJ              | ACA       |                     |
| PROQUAD INJ               | ACA       |                     |
| RECOMBIVA HB INJ 5MCG/0.5 | ACA       |                     |
| RECOMBIVA HB INJ 10MCG/ML | ACA       |                     |
| RECOMBIVA-HB INJ 40MCG/ML | ACA       |                     |
| ROTARIX SUS               | ACA       |                     |
| ROTATEQ SOL               | ACA       |                     |
| TWINRIX INJ               | ACA       |                     |
| VAQTA INJ 25/0.5ML        | ACA       |                     |
| VAQTA INJ 50UNT/ML        | ACA       |                     |
| VARIVAX INJ               | ACA       |                     |
| ZOSTAVAX INJ              | ACA       |                     |

## VAGINAL AND RELATED PRODUCTS

### MISCELLANEOUS VAGINAL PRODUCTS

|  |     |
|--|-----|
| <i>acetic acid-oxyquinoline vaginal gel 0.9-0.025%</i> | NPB |
|--|-----|

### SPERMICIDES

|                                 |     |
|---------------------------------|-----|
| CONCEPTROL GEL 4%               | ACA |
| ENCARE SUP 100MG                | ACA |
| GYNOL II GEL 3%                 | ACA |
| SHUR-SEAL GEL 2%                | ACA |
| TODAY SPONGE MIS                | ACA |
| VCF VAGINAL AER CONTRACP        | ACA |
| <i>vcf vaginal gel contrace</i> | ACA |
| VCF VAGINAL MIS CONTRACP        | ACA |

### VAGINAL ANTI-INFECTIVES

|   |     |
|---|-----|
| <i>clindamycin phosphate vaginal cream 2%</i> | GEN |
| GYNAZOLE-1 CRE 2%                             | NPB |
| <i>metronidazole vaginal gel 0.75%</i>        | GEN |
| <i>terconazole vaginal cream 0.4%</i>         | GEN |
| <i>terconazole vaginal cream 0.8%</i>         | GEN |
| <i>terconazole vaginal suppos 80 mg</i>       | GEN |

### VAGINAL ESTROGENS

|  |     |
|--|-----|
| <i>estradiol vaginal cream 0.1 mg/gm</i> | GEN |
| <i>estradiol vaginal tab 10 mcg</i>      | GEN |

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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**GEN**-Generic Medications Tier **PB**-Preferred Brand Tier **NPB**-Non-Preferred Brand Tier **PS**-Preferred Specialty Tier **NPS**-Non-Preferred Specialty Tier **ACA**-Affordable Care Act



| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| FEMRING MIS 0.1MG/24   | NPB       |                     |
| FEMRING MIS 0.05/24H   | NPB       |                     |
| PREMARIN VAG CRE 0.625MG   | NPB       |                     |
| <b>VAGINAL PROGESTINS</b>  |           |                     |
| CRINONE GEL 4% VAG   | NPB       |                     |
| <b>VASOPRESSORS</b>  |           |                     |
| <b>ANAPHYLAXIS THERAPY AGENTS</b>                                  |           |                     |
| ADRENALIN INJ 1MG/ML   | GEN       |                     |
| ADRENALIN INJ 30/30ML  | GEN       |                     |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>    | GEN       | QL                  |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>   | GEN       | QL                  |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>  | GEN       | QL                  |
| <b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>           |           |                     |
| NORTHERA CAP 100MG   | PS        | PA; QL              |
| NORTHERA CAP 200MG   | PS        | PA; QL              |
| NORTHERA CAP 300MG   | PS        | PA; QL              |
| <b>VASOPRESSORS</b>  |           |                     |
| <i>epinephrine pf inj 1 mg/ml</i>                                  | GEN       |                     |
| <i>epinephrine pf soln prefilled syringe 1 mg/10ml (0.1 mg/ml)</i> | GEN       |                     |
| <i>midodrine hcl tab 2.5 mg</i>                                    | GEN       |                     |
| <i>midodrine hcl tab 5 mg</i>                                      | GEN       |                     |
| <i>midodrine hcl tab 10 mg</i>                                     | GEN       |                     |
| <b>VITAMINS</b>  |           |                     |
| <b>OIL SOLUBLE VITAMINS</b>  |           |                     |
| <i>cholecalciferol cap 1.25 mg (50000 unit)</i>                    | NPB       |                     |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i>                     | GEN       |                     |
| <i>phytonadione tab 5 mg</i>                                       | NPB       |                     |

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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GEN-Generic Medications Tier PB-Preferred Brand Tier NPB-Non-Preferred Brand Tier PS-Preferred Specialty Tier NPS-Non-Preferred Specialty Tier ACA-Affordable Care Act

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| <i>amifostine for inj 500 mg</i> .....                       | 56  |   |     |
| <i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i> .....       | 4   |   |     |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i> .....     | 4   |   |     |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> ..... | 87  |   |     |

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| <i>amoxicillin &amp; k clavulanate for susp</i><br>600-42.9 mg/5ml.....           | 122 | <i>amphetamine-dextroamphetamine tab</i><br>15 mg .....                          | 1   |
| <i>amoxicillin &amp; k clavulanate tab 250-125</i><br><i>mg.....</i>              | 122 | <i>amphetamine-dextroamphetamine tab</i><br>20 mg .....                          | 1   |
| <i>amoxicillin &amp; k clavulanate tab 500-125</i><br><i>mg.....</i>              | 122 | <i>amphetamine-dextroamphetamine tab</i><br>30 mg .....                          | 1   |
| <i>amoxicillin &amp; k clavulanate tab 875-125</i><br><i>mg.....</i>              | 122 | <i>amphetamine-dextroamphetamine tab</i><br>5 mg.....                            | 1   |
| <i>amoxicillin &amp; k clavulanate tab er 12hr</i><br>1000-62.5 mg .....          | 122 | <i>amphetamine-dextroamphetamine tab</i><br>7.5 mg.....                          | 1   |
| <i>amoxicillin (trihydrate) cap 250 mg</i>  | 121 | <i>amphotericin b for iv soln 50 mg .....</i>                                    | 37  |
| <i>amoxicillin (trihydrate) cap 500 mg</i>  | 121 | <i>ampicillin &amp; sulbactam sodium for inj</i><br>1.5 (1-0.5) gm .....         | 122 |
| <i>amoxicillin (trihydrate) chew tab 125</i><br><i>mg.....</i>                    | 121 | <i>ampicillin &amp; sulbactam sodium for inj 3</i><br>(2-1) gm .....             | 122 |
| <i>amoxicillin (trihydrate) chew tab 250</i><br><i>mg.....</i>                    | 121 | <i>ampicillin &amp; sulbactam sodium for iv</i><br><i>soln 15 (10-5) gm.....</i> | 122 |
| <i>amoxicillin (trihydrate) for susp 125</i><br><i>mg/5ml .....</i>               | 121 | <i>ampicillin cap 250 mg .....</i>   | 121 |
| <i>amoxicillin (trihydrate) for susp 200</i><br><i>mg/5ml .....</i>               | 121 | <i>ampicillin cap 500 mg .....</i>   | 121 |
| <i>amoxicillin (trihydrate) for susp 250</i><br><i>mg/5ml .....</i>               | 121 | <i>ampicillin for susp 125 mg/5ml.....</i>                                       | 121 |
| <i>amoxicillin (trihydrate) for susp 400</i><br><i>mg/5ml .....</i>               | 121 | <i>ampicillin for susp 250 mg/5ml.....</i>                                       | 121 |
| <i>amoxicillin (trihydrate) tab 500 mg</i>  | 121 | <i>ampicillin sodium for inj 1 gm .....</i>                                      | 121 |
| <i>amoxicillin (trihydrate) tab 875 mg</i>  | 121 | <i>ampicillin sodium for inj 125 mg....</i>                                      | 121 |
| <i>amoxicillin cap-clarithro tab-lansopraz</i><br><i>cap dr therapy pack.....</i> | 132 | <i>ampicillin sodium for inj 2 gm .....</i>                                      | 121 |
| <i>amphetamine sulfate tab 10 mg.....</i>   | 1   | <i>ampicillin sodium for inj 250 mg....</i>                                      | 121 |
| <i>amphetamine sulfate tab 5 mg .....</i>   | 1   | <i>ampicillin sodium for inj 500 mg....</i>                                      | 121 |
| <i>amphetamine-dextroamphetamine cap</i><br><i>er 24hr 10 mg .....</i>            | 1   | <i>ampicillin sodium for iv soln 1 gm..</i>                                      | 121 |
| <i>amphetamine-dextroamphetamine cap</i><br><i>er 24hr 15 mg .....</i>            | 1   | <i>ampicillin sodium for iv soln 10 gm</i>                                       | 122 |
| <i>amphetamine-dextroamphetamine cap</i><br><i>er 24hr 20 mg .....</i>            | 1   | <i>ampicillin sodium for iv soln 2 gm..</i>                                      | 122 |
| <i>amphetamine-dextroamphetamine cap</i><br><i>er 24hr 25 mg .....</i>            | 1   | <i>ANADROL-50 TAB 50MG .....</i>   | 13  |
| <i>amphetamine-dextroamphetamine cap</i><br><i>er 24hr 30 mg .....</i>            | 1   | <i>anagrelide hcl cap 0.5 mg.....</i>  | 99  |
| <i>amphetamine-dextroamphetamine cap</i><br><i>er 24hr 5 mg.....</i>              | 1   | <i>anagrelide hcl cap 1 mg .....</i>   | 99  |
| <i>amphetamine-dextroamphetamine tab</i><br>10 mg .....                           | 1   | <i>anastrozole tab 1 mg .....</i>  | 50  |
| <i>amphetamine-dextroamphetamine tab</i><br>12.5 mg .....                         | 1   | <i>ANDROXY TAB 10MG.....</i>   | 13  |
|   |     | <i>ANORO ELLIPT AER 62.5-25.....</i>   | 22  |
|   |     | <i>ANZEMET INJ 20MG/ML.....</i>  | 36  |
|   |     | <i>ANZEMET TAB 100MG .....</i>   | 36  |
|   |     | <i>ANZEMET TAB 50MG .....</i>  | 36  |
|   |     | <i>APOKYN INJ 10MG/ML .....</i>  | 58  |
|   |     | <i>apraclonidine hcl ophth soln 0.5%</i><br>(base equivalent).....               | 117 |
|   |     | <i>aprepitant capsule 125 mg.....</i>  | 37  |
|   |     | <i>aprepitant capsule 40 mg .....</i>  | 37  |
|   |     | <i>aprepitant capsule 80 mg .....</i>  | 37  |
|   |     | <i>aprepitant capsule therapy pack 80 &amp;</i><br>125 mg .....                  | 37  |
|   |     | <i>APTIOM TAB 200MG.....</i>   | 25  |

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| APTIOM TAB 400MG .....                           | 25  | ARSENIC TRIO INJ 10/10ML.....                     | 56  |
| APTIOM TAB 600MG .....                           | 25  | ARZERRA CON 100/5ML .....                         | 49  |
| APTIOM TAB 800MG .....                           | 25  | <i>asenapine maleate sl tab 10 mg (base</i>       |     |
| APTIVUS CAP 250MG.....                           | 63  | <i>equiv)</i> .....                               | 60  |
| APTIVUS SOL .....                                | 63  | <i>asenapine maleate sl tab 2.5 mg (base</i>      |     |
| AQUA LANCE MIS LANC DEV.....                     | 106 | <i>equiv)</i> .....                               | 60  |
| ARALAST NP INJ 400MG .....                       | 127 | <i>asenapine maleate sl tab 5 mg (base</i>        |     |
| ARALAST NP INJ 500MG .....                       | 127 | <i>equiv)</i> .....                               | 60  |
| ARALAST NP INJ 800MG .....                       | 127 | <i>aspirin chew tab 81 mg</i> .....               | 8   |
| ARANESP INJ 100MCG .....                         | 100 | <i>aspirin tab 325 mg</i> .....                   | 8   |
| ARANESP INJ 10MCG.....                           | 99  | ASPIRIN TAB 81MG.....                             | 8   |
| ARANESP INJ 150MCG .....                         | 100 | <i>aspirin tab delayed release 325 mg</i> ....    | 8   |
| ARANESP INJ 200MCG .....                         | 100 | <i>aspirin tab delayed release 81 mg</i> .....    | 8   |
| ARANESP INJ 25MCG.....                           | 99  | <i>aspirin-caffeine-dihydrocodeine cap</i>        |     |
| ARANESP INJ 300MCG .....                         | 100 | <i>356.4-30-16 mg</i> .....                       | 11  |
| ARANESP INJ 40MCG.....                           | 99  | <i>aspirin-dipyridamole cap er 12hr 25-</i>       |     |
| ARANESP INJ 500MCG .....                         | 100 | <i>200 mg</i> .....                               | 99  |
| ARANESP INJ 60MCG.....                           | 100 | <i>atazanavir sulfate cap 150 mg (base</i>        |     |
| ARCALYST INJ 220MG .....                         | 5   | <i>equiv)</i> .....                               | 63  |
| ARCAPTA CAP 75MCG.....                           | 22  | <i>atazanavir sulfate cap 200 mg (base</i>        |     |
| ARGATROBAN INJ 50/50ML .....                     | 24  | <i>equiv)</i> .....                               | 63  |
| <i>aripiprazole oral solution 1 mg/ml</i> ....   | 63  | <i>atazanavir sulfate cap 300 mg (base</i>        |     |
| <i>aripiprazole orally disintegrating tab 10</i> |     | <i>equiv)</i> .....                               | 63  |
| <i>mg</i> .....                                  | 63  | <i>atenolol &amp; chlorthalidone tab 100-25</i>   |     |
| <i>aripiprazole orally disintegrating tab 15</i> |     | <i>mg</i> .....                                   | 43  |
| <i>mg</i> .....                                  | 63  | <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> |     |
| <i>aripiprazole tab 10 mg</i> .....              | 63  | .....   | 43  |
| <i>aripiprazole tab 15 mg</i> .....              | 63  | <i>atenolol tab 100 mg</i> .....                  | 68  |
| <i>aripiprazole tab 2 mg</i> .....               | 63  | <i>atenolol tab 25 mg</i> .....                   | 68  |
| <i>aripiprazole tab 20 mg</i> .....              | 63  | <i>atenolol tab 50 mg</i> .....                   | 68  |
| <i>aripiprazole tab 30 mg</i> .....              | 63  | ATGAM INJ 250MG.....                              | 111 |
| <i>aripiprazole tab 5 mg</i> .....               | 63  | <i>atomoxetine hcl cap 10 mg (base</i>            |     |
| <i>armodafinil tab 150 mg</i> .....              | 2   | <i>equiv)</i> .....                               | 2   |
| <i>armodafinil tab 200 mg</i> .....              | 2   | <i>atomoxetine hcl cap 100 mg (base</i>           |     |
| <i>armodafinil tab 250 mg</i> .....              | 2   | <i>equiv)</i> .....                               | 2   |
| <i>armodafinil tab 50 mg</i> .....               | 2   | <i>atomoxetine hcl cap 18 mg (base</i>            |     |
| ARMOUR THYRO TAB 120MG .....                     | 128 | <i>equiv)</i> .....                               | 2   |
| ARMOUR THYRO TAB 15MG .....                      | 128 | <i>atomoxetine hcl cap 25 mg (base</i>            |     |
| ARMOUR THYRO TAB 180MG .....                     | 128 | <i>equiv)</i> .....                               | 2   |
| ARMOUR THYRO TAB 240MG .....                     | 128 | <i>atomoxetine hcl cap 40 mg (base</i>            |     |
| ARMOUR THYRO TAB 300MG .....                     | 128 | <i>equiv)</i> .....                               | 2   |
| ARMOUR THYRO TAB 30MG .....                      | 128 | <i>atomoxetine hcl cap 60 mg (base</i>            |     |
| ARMOUR THYRO TAB 60MG .....                      | 128 | <i>equiv)</i> .....                               | 2   |
| ARMOUR THYRO TAB 90MG .....                      | 128 | <i>atomoxetine hcl cap 80 mg (base</i>            |     |
| ARNUITY ELPT INH 100MCG .....                    | 21  | <i>equiv)</i> .....                               | 2   |
| ARNUITY ELPT INH 200MCG .....                    | 21  | <i>atorvastatin calcium tab 10 mg (base</i>       |     |
| ARRANON INJ 5MG/ML .....                         | 48  | <i>equivalent)</i> .....                          | 40  |

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|---|-----|--|-----|
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....           | 40  | AXIRON SOL 30MG/ACT .....  | 13  |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....           | 40  | AYVAKIT TAB 100MG .....  | 52  |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....           | 40  | AYVAKIT TAB 200MG .....  | 52  |
| <i>atovaquone susp 750 mg/5ml</i> .....                                 | 15  | AYVAKIT TAB 300MG .....  | 52  |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> .....                    | 46  | AZACTAM/DEX INJ 1GM.....   | 16  |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....                    | 46  | AZACTAM/DEX INJ 2GM.....   | 16  |
| <i>atropine sulfate inj 0.4 mg/ml</i> .....                             | 130 | <i>azathioprine tab 50 mg</i> .....                              | 111 |
| <i>atropine sulfate inj 1 mg/ml</i> .....                               | 130 | <i>azelaic acid gel 15%</i> .....                                | 85  |
| ATROPINE SULFATE OPHTH OINT 1% .....                                    | 116 | <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....     | 115 |
| <i>atropine sulfate ophth soln 1%</i> .....                             | 116 | <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> .....  | 115 |
| <i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i> ..... | 130 | <i>azelastine hcl ophth soln 0.05%</i> ....                      | 119 |
| <i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i> .....    | 131 | <i>azithromycin for susp 100 mg/5ml</i> . 104                    |     |
| ATROVENT HFA AER 17MCG .....  | 20  | <i>azithromycin for susp 200 mg/5ml</i> . 104                    |     |
| AUBAGIO TAB 14MG .....  | 125 | <i>azithromycin iv for soln 500 mg</i> .....                     | 104 |
| AUBAGIO TAB 7MG .....   | 125 | <i>azithromycin powd pack for susp 1 gm</i> .....                | 104 |
| AUGMENTIN SUS 125/5ML .....   | 122 | <i>azithromycin tab 250 mg</i> .....                             | 104 |
| AURYXIA TAB 210MG .....   | 96  | <i>azithromycin tab 500 mg</i> .....                             | 104 |
| AUTO-LANCET MIS.....  | 106 | <i>azithromycin tab 600 mg</i> .....                             | 104 |
| AUTO-LANCET MIS MINI .....  | 106 | AZOPT SUS 1% OP .....  | 119 |
| AUTOLET IMPR MIS LANC DEV .....   | 106 | <i>aztreonam for inj 1 gm</i> .....                              | 16  |
| AUTOLET LANC MIS DEVICE .....   | 106 | <i>aztreonam for inj 2 gm</i> .....                              | 16  |
| AUTOLET MINI MIS .....  | 106 | <b>B</b>   |     |
| AUTOLET PLUS MIS .....  | 106 | <i>bacitracin intramuscular for soln 50000 unit</i> .....        | 14  |
| AUTOLET PLUS MIS LANC DEV .....   | 106 | <i>bacitracin ophth oint 500 unit/gm</i> ..                      | 117 |
| AUTOSHIELD MIS 29X3/16.....   | 108 | <i>bacitracin-polymyxin b ophth oint</i> ..                      | 117 |
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| AUTOSHIELD MIS 30GX5MM .....  | 108 | <i>baclofen tab 10 mg</i> .....                                  | 114 |
| AVANDAMET TAB 2-1000MG.....   | 32  | <i>baclofen tab 20 mg</i> .....                                  | 114 |
| AVANDAMET TAB 2-500MG .....   | 32  | <i>balsalazide disodium cap 750 mg</i> .....                     | 95  |
| AVANDAMET TAB 4-500MG .....   | 32  | BALVERSA TAB 3MG .....   | 52  |
| AVANDIA TAB 2MG .....   | 34  | BALVERSA TAB 4MG .....   | 52  |
| AVANDIA TAB 4MG .....   | 34  | BALVERSA TAB 5MG .....   | 52  |
| AVANDIA TAB 8MG .....   | 34  | BANZEL SUS 40MG/ML.....  | 25  |
| AVAR LS PAD 10-2% .....   | 80  | BANZEL TAB 200MG.....  | 25  |
| AVAR PAD 9.5-5% .....   | 80  | BANZEL TAB 400MG.....  | 25  |
| AVASTIN INJ .....   | 49  | BARACLUDGE SOL .....   | 66  |
| AVEED INJ 750/3ML .....   | 13  | BD NEEDLES MIS 18GX1.5.....                                      | 108 |
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| AVONEX KIT 30MCG.....   | 125 | BELLA/OPIUM SUP 16.2-60 .....                                    | 131 |
|   |     | <i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> ..... | 43  |

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| <i>benazepril &amp; hydrochlorothiazide tab</i>    |     | <i>bethanechol chloride tab 5 mg.....</i>          | 133 |
| 20-12.5 mg.....                                    | 43  | <i>bethanechol chloride tab 50 mg.....</i>         | 133 |
| <i>benazepril &amp; hydrochlorothiazide tab</i>    |     | BETHKIS NEB 300/4ML.....                           | 4   |
| 20-25 mg .....                                     | 44  | <i>bexarotene cap 75 mg .....</i>                  | 56  |
| <i>benazepril &amp; hydrochlorothiazide tab 5-</i> |     | BEXSERO INJ .....                                  | 133 |
| 6.25 mg .....                                      | 43  | BIAFINE EMU .....                                  | 86  |
| <i>benazepril hcl tab 10 mg.....</i>               | 41  | <i>bicalutamide tab 50 mg.....</i>                 | 50  |
| <i>benazepril hcl tab 20 mg.....</i>               | 41  | BICILLIN C-R INJ 1200000.....                      | 123 |
| <i>benazepril hcl tab 40 mg.....</i>               | 41  | BICILLIN C-R INJ 900/300 .....                     | 123 |
| <i>benazepril hcl tab 5 mg .....</i>               | 41  | BICILLIN L-A INJ 1200000 .....                     | 122 |
| BENLYSTA INJ 120MG .....                           | 112 | BICILLIN L-A INJ 2400000 .....                     | 122 |
| BENLYSTA INJ 200MG/ML .....                        | 112 | BICILLIN L-A INJ 600000.....                       | 122 |
| BENLYSTA INJ 400MG .....                           | 112 | BIKTARVY TAB .....                                 | 63  |
| <i>benzonatate cap 100 mg.....</i>                 | 79  | <i>bimatoprost ophth soln 0.03% .....</i>          | 119 |
| <i>benzonatate cap 200 mg.....</i>                 | 79  | <i>bisacodyl tab &amp; peg 3350-kcl-sod</i>        |     |
| <i>benztropine mesylate inj 1 mg/ml....</i>        | 57  | <i>bicarb-nacl for soln kit.....</i>               | 103 |
| <i>benztropine mesylate tab 0.5 mg....</i>         | 57  | <i>bisacodyl tab delayed release 5 mg</i>          | 104 |
| <i>benztropine mesylate tab 1 mg.....</i>          | 57  | <i>bisoprolol &amp; hydrochlorothiazide tab</i>    |     |
| <i>benztropine mesylate tab 2 mg.....</i>          | 57  | 10-6.25 mg .....                                   | 44  |
| BERINERT INJ 500UNIT .....                         | 98  | <i>bisoprolol &amp; hydrochlorothiazide tab</i>    |     |
| BETADINE SOL 5% OP.....                            | 117 | 2.5-6.25 mg.....                                   | 44  |
| <i>betamethasone dipropionate</i>                  |     | <i>bisoprolol &amp; hydrochlorothiazide tab 5-</i> |     |
| <i>augmented cream 0.05%.....</i>                  | 83  | 6.25 mg .....                                      | 44  |
| <i>betamethasone dipropionate</i>                  |     | <i>bisoprolol fumarate tab 10 mg.....</i>          | 68  |
| <i>augmented gel 0.05% .....</i>                   | 83  | <i>bisoprolol fumarate tab 5 mg .....</i>          | 68  |
| <i>betamethasone dipropionate</i>                  |     | <i>bivalirudin trifluoroacetate for iv soln</i>    |     |
| <i>augmented lotion 0.05%.....</i>                 | 83  | 250 mg (base equiv) .....                          | 24  |
| <i>betamethasone dipropionate</i>                  |     | <i>bleomycin sulfate for inj 15 unit.....</i>      | 51  |
| <i>augmented oint 0.05% .....</i>                  | 83  | <i>bleomycin sulfate for inj 30 unit.....</i>      | 51  |
| <i>betamethasone dipropionate cream</i>            |     | BLEPHAMIDE OIN S.O.P.....                          | 118 |
| 0.05% .....  | 83  | BLEPHAMIDE SUS OP .....                            | 118 |
| <i>betamethasone dipropionate lotion</i>           |     | BOOSTRIX INJ .....                                 | 130 |
| 0.05%.....   | 83  | BOSENTAN TAB 125 MG .....                          | 72  |
| <i>betamethasone dipropionate oint</i>             |     | BOSENTAN TAB 62.5 MG .....                         | 72  |
| 0.05%.....   | 83  | BOSULIF TAB 100MG .....                            | 52  |
| <i>betamethasone valerate cream 0.1%</i>           |     | BOSULIF TAB 500MG .....                            | 52  |
| <i>(base equivalent).....</i>                      | 83  | BOTOX INJ 100UNIT .....                            | 116 |
| <i>betamethasone valerate lotion 0.1%</i>          |     | BOTOX INJ 200UNIT .....                            | 116 |
| <i>(base equivalent) .....</i>                     | 83  | BRAFTOVI CAP 50MG .....                            | 52  |
| <i>betamethasone valerate oint 0.1%</i>            |     | BRAFTOVI CAP 75MG .....                            | 52  |
| <i>(base equivalent) .....</i>                     | 83  | BREO ELLIPTA INH 100-25.....                       | 22  |
| BETASERON INJ 0.3MG.....                           | 125 | BREO ELLIPTA INH 200-25.....                       | 22  |
| <i>betaxolol hcl ophth soln 0.5%.....</i>          | 116 | BRILINTA TAB 60MG .....                            | 99  |
| <i>betaxolol hcl tab 10 mg .....</i>               | 68  | BRILINTA TAB 90MG .....                            | 99  |
| <i>betaxolol hcl tab 20 mg .....</i>               | 68  | <i>brimonidine tartrate ophth soln 0.15%</i>       |     |
| <i>bethanechol chloride tab 10 mg.....</i>         | 133 | .....  | 117 |
| <i>bethanechol chloride tab 25 mg.....</i>         | 133 |  |     |



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| <i>brimonidine tartrate ophth soln 0.2%</i>                               |     |
| .....   | 117 |
| <i>bromfenac sodium ophth soln 0.09%</i>                                  |     |
| (base equivalent) .....   | 119 |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....            | 58  |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....          | 58  |
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| BRUKINSA CAP 80MG .....   | 52  |
| <i>budesonide delayed release particles cap 3 mg</i> .....                | 78  |
| <i>budesonide inhalation susp 0.25 mg/2ml</i> .....                       | 21  |
| <i>budesonide inhalation susp 0.5 mg/2ml</i> .....                        | 21  |
| <i>budesonide inhalation susp 1 mg/2ml</i> .....                          | 21  |
| <i>budesonide nasal susp 32 mcg/act.</i>                                  | 115 |
| <i>budesonide tab er 24hr 9 mg</i> .....                                  | 78  |
| <i>bumetanide inj 0.25 mg/ml</i> .....                                    | 87  |
| <i>bumetanide tab 0.5 mg</i> .....  | 87  |
| <i>bumetanide tab 1 mg</i> .....  | 87  |
| <i>bumetanide tab 2 mg</i> .....  | 87  |
| BUNAVAIL MIS 2.1-0.3 .....  | 12  |
| BUNAVAIL MIS 4.2-0.7 .....  | 12  |
| BUNAVAIL MIS 6.3-1MG .....  | 12  |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....                   | 12  |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....                   | 12  |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....  | 13  |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> ..... | 12  |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....   | 12  |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....   | 12  |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....  | 13  |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....    | 13  |
| <i>buprenorphine td patch weekly 10 mcg/hr</i> .....                      | 13  |
| <i>buprenorphine td patch weekly 15 mcg/hr</i> .....                      | 13  |
| <i>buprenorphine td patch weekly 20 mcg/hr</i> .....                      | 13  |
| <i>buprenorphine td patch weekly 5 mcg/hr</i> .....                       | 13  |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i> .....                     | 13  |
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| <i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i> .....94     | <i>clindamycin hcl cap 300 mg</i> ..... 16                                |
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| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....29                  | <i>clindamycin phosphate vaginal cream 2%</i> ..... 135                   |
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| <i>clarithromycin tab 250 mg</i> ..... 104                                  | <i>clonazepam orally disintegrating tab 0.125 mg</i> ..... 25             |
| <i>clarithromycin tab 500 mg</i> ..... 104                                  | <i>clonazepam orally disintegrating tab 0.25 mg</i> ..... 25              |
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| <i>clonidine hcl tab 0.2 mg</i> .....           | 42  | <i>colestipol hcl tab 1 gm</i> .....        | 39  |
| <i>clonidine hcl tab 0.3 mg</i> .....           | 42  | <i>colistimethate sod for inj 150 mg</i>    |     |
| <i>clonidine hcl tab er 12hr 0.1 mg</i> .....   | 2   | ( <i>colistin base activity</i> ) .....     | 17  |
| <i>clonidine td patch weekly 0.1 mg/24hr</i>    |     | COLY-MYCIN S SUS OTIC .....                 | 120 |
| .....   | 43  | COMBIGAN SOL 0.2/0.5% .....                 | 116 |
| <i>clonidine td patch weekly 0.2 mg/24hr</i>    |     | COMBIPATCH DIS .....                        | 93  |
| .....   | 43  | COMBIPATCH DIS .05/.14.....                 | 93  |
| <i>clonidine td patch weekly 0.3 mg/24hr</i>    |     | COMBIVENT AER 20-100 .....                  | 22  |
| .....   | 43  | COMETRIQ KIT 100MG .....                    | 52  |
| <i>clopidogrel bisulfate tab 300 mg (base</i>   |     | COMETRIQ KIT 140MG .....                    | 52  |
| <i>equiv)</i> .....                             | 99  | COMETRIQ KIT 60MG .....                     | 52  |
| <i>clopidogrel bisulfate tab 75 mg (base</i>    |     | COMPLERA TAB .....                          | 63  |
| <i>equiv)</i> .....                             | 99  | COMVAX INJ .....                            | 134 |
| <i>clorazepate dipotassium tab 15 mg</i> ..     | 19  | CONCEPTROL GEL 4%.....                      | 135 |
| <i>clorazepate dipotassium tab 3.75 mg</i>      | 19  | COPAXONE INJ 20MG/ML.....                   | 125 |
| <i>clorazepate dipotassium tab 7.5 mg</i> ..    | 19  | COPAXONE INJ 40MG/ML.....                   | 125 |
| <i>clotrimazole troche 10 mg</i> .....          | 113 | COPIKTRA CAP 15MG .....                     | 53  |
| <i>clotrimazole w/ betamethasone cream</i>      |     | COPIKTRA CAP 25MG .....                     | 53  |
| <i>1-0.05%</i> .....                            | 81  | CORDRAN OIN 0.025% .....                    | 83  |
| <i>clotrimazole w/ betamethasone lotion</i>     |     | CORLANOR TAB 5MG.....                       | 72  |
| <i>1-0.05%</i> .....                            | 81  | CORLANOR TAB 7.5MG.....                     | 72  |
| <i>clozapine orally disintegrating tab 100</i>  |     | <i>cortisone acetate tab 25 mg</i> .....    | 78  |
| <i>mg</i> .....                                 | 61  | CORTISPORIN CRE 0.5% .....                  | 81  |
| <i>clozapine orally disintegrating tab 12.5</i> |     | CORTISPORIN OIN 1% .....                    | 81  |
| <i>mg</i> .....                                 | 60  | CORTISPORIN SUS -TC OTIC.....               | 120 |
| <i>clozapine orally disintegrating tab 150</i>  |     | COSENTYX INJ 150MG/ML .....                 | 82  |
| <i>mg</i> .....                                 | 61  | COSENTYX PEN INJ 300DOSE.....               | 82  |
| <i>clozapine orally disintegrating tab 200</i>  |     | COTELLIC TAB 20MG.....                      | 53  |
| <i>mg</i> .....                                 | 61  | CREON CAP 12000UNT .....                    | 86  |
| <i>clozapine orally disintegrating tab 25</i>   |     | CREON CAP 24000UNT .....                    | 86  |
| <i>mg</i> .....                                 | 61  | CREON CAP 3000UNIT.....                     | 86  |
| <i>clozapine tab 100 mg</i> .....               | 61  | CREON CAP 36000UNT .....                    | 86  |
| <i>clozapine tab 200 mg</i> .....               | 61  | CREON CAP 6000UNIT.....                     | 86  |
| <i>clozapine tab 25 mg</i> .....                | 61  | CRESEMBA CAP 186 MG .....                   | 37  |
| <i>clozapine tab 50 mg</i> .....                | 61  | CRESEMBA INJ 372MG .....                    | 37  |
| COARTEM TAB 20-120MG .....                      | 46  | CRINONE GEL 4% VAG.....                     | 136 |
| <i>codeine sulfate tab 15 mg</i> .....          | 8   | CRIXIVAN CAP 200MG .....                    | 63  |
| <i>codeine sulfate tab 30 mg</i> .....          | 8   | CRIXIVAN CAP 400MG .....                    | 64  |
| <i>codeine sulfate tab 60 mg</i> .....          | 8   | <i>cromolyn sodium ophth soln 4%</i> ....   | 119 |
| <i>colchicine tab 0.6 mg</i> .....              | 98  | <i>cromolyn sodium oral conc 100 mg/5ml</i> |     |
| <i>colchicine w/ probenecid tab 0.5-500</i>     |     | .....                                       | 95  |
| <i>mg</i> .....                                 | 98  | <i>cromolyn sodium soln nebu 20 mg/2ml</i>  |     |
| <i>colesevelam hcl packet for susp 3.75</i>     |     | .....                                       | 20  |
| <i>gm</i> .....                                 | 39  | <i>crotamiton lotion 10%</i> .....          | 85  |
| <i>colesevelam hcl tab 625 mg</i> .....         | 39  | CUPRIMINE CAP 250MG.....                    | 111 |
| <i>colestipol hcl granule packets 5 gm</i> ..   | 39  | CUVITRU INJ 2GM/10ML.....                   | 120 |
| <i>colestipol hcl granules 5 gm</i> .....       | 39  | CUVITRU INJ 4GM/20ML.....                   | 120 |

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| CUVITRU SOL 1GM/5ML.....                        | 120 | DARAPRIM TAB 25MG .....                             | 46  |
| CUVPOSA SOL 1MG/5ML .....                       | 131 | <i>daunorubicin hcl iv soln 20 mg/4ml</i>           |     |
| CVS LANCING MIS DEVICE.....                     | 106 | <i>(base equiv)</i> .....                           | 51  |
| <i>cyclobenzaprine hcl tab 10 mg</i> .....      | 114 | DAUNOXOME INJ 2MG/ML.....                           | 51  |
| <i>cyclobenzaprine hcl tab 5 mg</i> .....       | 114 | DAURISMO TAB 100MG .....                            | 50  |
| <i>cyclopentolate hcl ophth soln 1%</i> ... 116 |     | DAURISMO TAB 25MG .....                             | 50  |
| <i>cyclopentolate hcl ophth soln 2%</i> ... 116 |     | DEBACTEROL SOL 30-50% .....                         | 113 |
| CYCLOPHOSPH CAP 25MG.....                       | 47  | <i>deferasirox tab 360 mg</i> .....                 | 35  |
| CYCLOPHOSPH CAP 50MG.....                       | 47  | <i>deferasirox tab 90 mg</i> .....                  | 35  |
| <i>cyclophosphamide cap 25 mg</i> .....         | 47  | <i>deferasirox tab for oral susp 125 mg</i> 35      |     |
| <i>cyclophosphamide cap 50 mg</i> .....         | 47  | <i>deferasirox tab for oral susp 250 mg</i> 35      |     |
| <i>cyclophosphamide for inj 1 gm</i> .....      | 47  | <i>deferasirox tab for oral susp 500 mg</i> 35      |     |
| <i>cyclophosphamide for inj 2 gm</i> .....      | 48  | DELZICOL CAP 400MG.....                             | 95  |
| <i>cyclophosphamide for inj 500 mg</i> .....    | 48  | <i>demeclocycline hcl tab 150 mg</i> .....          | 127 |
| <i>cycloserine cap 250 mg</i> .....             | 47  | <i>demeclocycline hcl tab 300 mg</i> .....          | 127 |
| <i>cyclosporine cap 100 mg</i> .....            | 111 | DEMEROL INJ 100/2ML.....                            | 8   |
| <i>cyclosporine cap 25 mg</i> .....             | 111 | DEMEROL INJ 25MG/0.5 .....                          | 8   |
| <i>cyclosporine iv soln 50 mg/ml</i> .....      | 111 | DEMEROL INJ 75MG/1.5 .....                          | 8   |
| <i>cyclosporine modified cap 100 mg</i> .. 111  |     | DEMEROL INJ 75MG/ML.....                            | 8   |
| <i>cyclosporine modified cap 25 mg</i> ... 111  |     | DEMSER CAP 250MG.....                               | 42  |
| <i>cyclosporine modified cap 50 mg</i> ... 111  |     | DENAVIR CRE 1%.....                                 | 82  |
| <i>cyclosporine modified oral soln 100</i>      |     | DEPO-ESTRADI INJ 5MG/ML.....                        | 93  |
| <i>mg/ml</i> .....                              | 111 | DEPO-SQ PROV INJ 104 .....                          | 78  |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i> ..39   |     | DESCOVY TAB 200/25MG .....                          | 64  |
| <i>cyproheptadine hcl tab 4 mg</i> .....        | 39  | <i>desipramine hcl tab 10 mg</i> .....              | 31  |
| CYSTADANE POW.....                              | 91  | <i>desipramine hcl tab 100 mg</i> .....             | 31  |
| CYSTAGON CAP 150MG .....                        | 97  | <i>desipramine hcl tab 150 mg</i> .....             | 31  |
| CYSTAGON CAP 50MG .....                         | 97  | <i>desipramine hcl tab 25 mg</i> .....              | 31  |
| CYSTARAN SOL 0.44% .....                        | 119 | <i>desipramine hcl tab 50 mg</i> .....              | 31  |
| <i>cytarabine inj 20 mg/ml</i> .....            | 48  | <i>desipramine hcl tab 75 mg</i> .....              | 31  |
| <i>cytarabine inj pf 100 mg/ml</i> .....        | 49  | <i>desloratadine tab 5 mg</i> .....                 | 38  |
| <i>cytarabine inj pf 20 mg/ml</i> .....         | 48  | <i>desmopressin acetate nasal soln 0.01%</i>        |     |
| <b>D</b>  |     | <i>(refrigerated)</i> .....                         | 92  |
| <i>dacarbazine for inj 100 mg</i> .....         | 56  | <i>desmopressin acetate nasal spray soln</i>        |     |
| <i>dacarbazine for inj 200 mg</i> .....         | 56  | <i>0.01% (refrigerated)</i> .....                   | 92  |
| <i>dalfampridine tab er 12hr 10 mg</i> .... 125 |     | <i>desmopressin acetate tab 0.1 mg</i> .... 92      |     |
| DALIRESP TAB 500MCG .....                       | 21  | <i>desmopressin acetate tab 0.2 mg</i> .... 92      |     |
| <i>danazol cap 100 mg</i> .....                 | 13  | <i>desogest-eth estrad &amp; eth estrad tab</i>     |     |
| <i>danazol cap 200 mg</i> .....                 | 13  | <i>0.15-0.02/0.01 mg(21/5)</i> .....                | 75  |
| <i>danazol cap 50 mg</i> .....                  | 13  | <i>desogest-ethin est tab 0.1-</i>                  |     |
| <i>dantrolene sodium cap 100 mg</i> ..... 115   |     | <i>0.025/0.125-0.025/0.15-0.025mg-</i>              |     |
| <i>dantrolene sodium cap 25 mg</i> ..... 115    |     | <i>mg</i> .....                                     | 75  |
| <i>dantrolene sodium cap 50 mg</i> ..... 115    |     | <i>desogestrel &amp; ethinyl estradiol tab 0.15</i> |     |
| <i>dapsone gel 5%</i> .....                     | 80  | <i>mg-30 mcg</i> .....                              | 75  |
| <i>dapsone tab 100 mg</i> .....                 | 16  | DESVENLAFAX TAB 100MG ER.....                       | 30  |
| <i>dapsone tab 25 mg</i> .....                  | 16  | DESVENLAFAX TAB 50MG ER.....                        | 30  |
| DAPTACEL INJ .....                              | 130 |   |     |

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| <i>desvenlafaxine succinate tab er 24hr</i>  |     | <i>dextroamphetamine sulfate tab 10 mg</i>     | 1   |
| 100 mg (base equiv) .....                    | 30  | <i>dextroamphetamine sulfate tab 5 mg</i>      | 1   |
| <i>desvenlafaxine succinate tab er 24hr</i>  |     | DIACOMIT CAP 250MG .....                       | 25  |
| 25 mg (base equiv) .....                     | 30  | DIACOMIT CAP 500MG .....                       | 25  |
| <i>desvenlafaxine succinate tab er 24hr</i>  |     | DIACOMIT PAK 250MG .....                       | 25  |
| 50 mg (base equiv) .....                     | 30  | DIACOMIT PAK 500MG .....                       | 25  |
| DEXAMETHASON CON 1MG/ML .....                | 78  | DIALYVITE/ TAB ZINC .....                      | 113 |
| <i>dexamethasone elixir 0.5 mg/5ml</i> ....  | 78  | DIATHRIVE MIS LANCING .....                    | 106 |
| <i>dexamethasone sodium phosphate</i>        |     | <i>diazepam conc 5 mg/ml</i> .....             | 19  |
| <i>ophth soln 0.1%</i> .....                 | 118 | DIAZEPAM INJ 10MG/2ML .....                    | 19  |
| <i>dexamethasone soln 0.5 mg/5ml</i> ....    | 78  | <i>diazepam inj 5 mg/ml</i> .....              | 19  |
| <i>dexamethasone tab 0.5 mg</i> .....        | 78  | <i>diazepam oral soln 1 mg/ml</i> .....        | 19  |
| <i>dexamethasone tab 0.75 mg</i> .....       | 78  | <i>diazepam rectal gel delivery system 10</i>  |     |
| <i>dexamethasone tab 1 mg</i> .....          | 78  | mg .....                                       | 25  |
| <i>dexamethasone tab 1.5 mg</i> .....        | 78  | <i>diazepam rectal gel delivery system 2.5</i> |     |
| <i>dexamethasone tab 2 mg</i> .....          | 78  | mg .....                                       | 25  |
| <i>dexamethasone tab 4 mg</i> .....          | 78  | <i>diazepam rectal gel delivery system 20</i>  |     |
| <i>dexamethasone tab 6 mg</i> .....          | 78  | mg .....                                       | 25  |
| <i>dexchlorpheniramine maleate syrup 2</i>   |     | <i>diazepam tab 10 mg</i> .....                | 19  |
| mg/5ml .....                                 | 38  | <i>diazepam tab 2 mg</i> .....                 | 19  |
| DEXILANT CAP 30MG DR .....                   | 132 | <i>diazepam tab 5 mg</i> .....                 | 19  |
| DEXILANT CAP 60MG DR .....                   | 132 | <i>diclofenac potassium tab 50 mg</i> .....    | 6   |
| <i>dexmethylphenidate hcl cap er 24 hr</i>   |     | <i>diclofenac sodium ophth soln 0.1%</i>       | 119 |
| 10 mg .....                                  | 2   | <i>diclofenac sodium tab delayed release</i>   |     |
| <i>dexmethylphenidate hcl cap er 24 hr</i>   |     | 25 mg .....                                    | 6   |
| 15 mg .....                                  | 3   | <i>diclofenac sodium tab delayed release</i>   |     |
| <i>dexmethylphenidate hcl cap er 24 hr</i>   |     | 50 mg .....                                    | 6   |
| 20 mg .....                                  | 3   | <i>diclofenac sodium tab delayed release</i>   |     |
| <i>dexmethylphenidate hcl cap er 24 hr</i>   |     | 75 mg .....                                    | 6   |
| 30 mg .....                                  | 3   | <i>diclofenac sodium tab er 24hr 100 mg</i>    | 6   |
| <i>dexmethylphenidate hcl cap er 24 hr</i>   |     | <i>diclofenac w/ misoprostol tab delayed</i>   |     |
| 40 mg .....                                  | 3   | release 50-0.2 mg .....                        | 6   |
| <i>dexmethylphenidate hcl cap er 24 hr 5</i> |     | <i>diclofenac w/ misoprostol tab delayed</i>   |     |
| mg .....                                     | 2   | release 75-0.2 mg .....                        | 6   |
| <i>dexmethylphenidate hcl tab 10 mg</i> ...  | 3   | <i>dicloxacillin sodium cap 250 mg</i> ....    | 123 |
| <i>dexmethylphenidate hcl tab 2.5 mg</i> ... | 3   | <i>dicloxacillin sodium cap 500 mg</i> ....    | 123 |
| <i>dexmethylphenidate hcl tab 5 mg</i> ....  | 3   | <i>dicyclomine hcl cap 10 mg</i> .....         | 131 |
| <i>dexrazoxane hcl for inj 250 mg (base</i>  |     | <i>dicyclomine hcl oral soln 10 mg/5ml</i>     |     |
| equivalent) .....                            | 56  | .....  | 131 |
| <i>dexrazoxane hcl for inj 500 mg (base</i>  |     | <i>dicyclomine hcl tab 20 mg</i> .....         | 131 |
| equivalent) .....                            | 56  | <i>didanosine delayed release capsule 125</i>  |     |
| <i>dextroamphetamine sulfate cap er 24hr</i> |     | mg .....                                       | 64  |
| 10 mg .....                                  | 1   | <i>didanosine delayed release capsule 200</i>  |     |
| <i>dextroamphetamine sulfate cap er 24hr</i> |     | mg .....                                       | 64  |
| 15 mg .....                                  | 1   | <i>didanosine delayed release capsule 250</i>  |     |
| <i>dextroamphetamine sulfate cap er 24hr</i> |     | mg .....                                       | 64  |
| 5 mg .....                                   | 1   |  |     |



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| <i>didanosine delayed release capsule 400 mg</i> .....                     | 64  | <i>diphenhydramine hcl inj 50 mg/ml</i> ...                              | 38  |
| DIFICID TAB 200MG.....   | 105 | <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....              | 35  |
| <i>diflunisal tab 500 mg</i> .....   | 8   | <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....                  | 35  |
| <i>digoxin inj 0.25 mg/ml</i> .....  | 71  | <i>dipyridamole tab 25 mg</i> .....                                      | 99  |
| <i>digoxin oral soln 0.05 mg/ml</i> .....                                  | 71  | <i>dipyridamole tab 50 mg</i> .....                                      | 99  |
| <i>digoxin tab 125 mcg (0.125 mg)</i> .....                                | 71  | <i>dipyridamole tab 75 mg</i> .....                                      | 99  |
| <i>digoxin tab 250 mcg (0.25 mg)</i> .....                                 | 71  | <i>disopyramide phosphate cap 100 mg</i> 19                              |     |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> .....                | 108 | <i>disopyramide phosphate cap 150 mg</i> 19                              |     |
| DILANTIN CAP 30MG.....   | 27  | <i>disulfiram tab 250 mg</i> .....                                       | 124 |
| <i>diltiazem hcl cap er 24hr 120 mg</i> .....                              | 69  | <i>disulfiram tab 500 mg</i> .....                                       | 124 |
| <i>diltiazem hcl cap er 24hr 180 mg</i> .....                              | 69  | DIURIL SUS 250/5ML.....  | 88  |
| <i>diltiazem hcl cap er 24hr 240 mg</i> .....                              | 69  | <i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....       | 28  |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i> .....                 | 69  | <i>divalproex sodium tab delayed release 125 mg</i> .....                | 28  |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i> .....                 | 69  | <i>divalproex sodium tab delayed release 250 mg</i> .....                | 28  |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i> .....                 | 69  | <i>divalproex sodium tab delayed release 500 mg</i> .....                | 28  |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i> .....                 | 69  | <i>divalproex sodium tab er 24 hr 250 mg</i> .....                       | 28  |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> .....       | 70  | <i>divalproex sodium tab er 24 hr 500 mg</i> .....                       | 28  |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> .....       | 70  | <i>dofetilide cap 125 mcg (0.125 mg)</i> ..                              | 20  |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....       | 70  | <i>dofetilide cap 250 mcg (0.25 mg)</i> ....                             | 20  |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> .....       | 70  | <i>dofetilide cap 500 mcg (0.5 mg)</i> .....                             | 20  |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> .....       | 70  | <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> .....     | 124 |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> .....       | 70  | <i>donepezil hydrochloride orally disintegrating tab 5 mg</i> .....      | 124 |
| <i>diltiazem hcl tab 120 mg</i> .....                                      | 70  | <i>donepezil hydrochloride tab 10 mg</i> . 124                           |     |
| <i>diltiazem hcl tab 30 mg</i> .....                                       | 70  | <i>donepezil hydrochloride tab 5 mg</i> ..                               | 124 |
| <i>diltiazem hcl tab 60 mg</i> .....                                       | 70  | DOPTELET TAB 20MG.....   | 100 |
| <i>diltiazem hcl tab 90 mg</i> .....                                       | 70  | <i>dorzolamide hcl ophth soln 2%</i> .....                               | 119 |
| DIMENHYDRIN INJ 50MG/ML.....   | 36  | <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> ..... | 116 |
| <i>dimethyl fumarate capsule delayed release 120 mg</i> .....              | 125 | <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> .....   | 116 |
| <i>dimethyl fumarate capsule delayed release 240 mg</i> .....              | 125 | DOVATO TAB 50-300MG .....  | 64  |
| <i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> ..... | 125 | <i>doxazosin mesylate tab 1 mg</i> .....                                 | 43  |
| DIP/TET PED INJ 25-5LFU .....  | 130 | <i>doxazosin mesylate tab 2 mg</i> .....                                 | 43  |
| DIPENTUM CAP 250MG .....   | 95  | <i>doxazosin mesylate tab 4 mg</i> .....                                 | 43  |
|  |     | <i>doxazosin mesylate tab 8 mg</i> .....                                 | 43  |
|  |     | <i>doxepin hcl cap 10 mg</i> .....                                       | 31  |
|  |     | <i>doxepin hcl cap 100 mg</i> .....                                      | 31  |

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|--|-----|---|-----|
| <i>doxepin hcl cap 150 mg</i> .....          | 32  | <i>duloxetine hcl enteric coated pellets</i>  |     |
| <i>doxepin hcl cap 25 mg</i> .....           | 31  | <i>cap 30 mg (base eq)</i> .....              | 30  |
| <i>doxepin hcl cap 50 mg</i> .....           | 31  | <i>duloxetine hcl enteric coated pellets</i>  |     |
| <i>doxepin hcl cap 75 mg</i> .....           | 31  | <i>cap 60 mg (base eq)</i> .....              | 30  |
| <i>doxepin hcl conc 10 mg/ml</i> .....       | 32  | DUREZOL EMU 0.05% .....                       | 118 |
| <i>doxercalciferol cap 0.5 mcg</i> .....     | 91  | <i>dutasteride cap 0.5 mg</i> .....           | 97  |
| <i>doxercalciferol cap 1 mcg</i> .....       | 91  | <i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> |     |
| <i>doxercalciferol cap 2.5 mcg</i> .....     | 91  | <i>mg</i> .....                               | 97  |
| <i>doxercalciferol inj 4 mcg/2ml (2</i>      |     | DYRENIUM CAP 100MG.....                       | 88  |
| <i>mcg/ml)</i> .....                         | 91  | DYRENIUM CAP 50MG .....                       | 88  |
| <i>doxorubicin hcl for inj 10 mg</i> .....   | 51  | DYSPORT INJ 500UNIT .....                     | 116 |
| <i>doxorubicin hcl for inj 50 mg</i> .....   | 51  | <b>E</b>                                      |     |
| <i>doxorubicin hcl inj 2 mg/ml</i> .....     | 51  | EASY MINI MIS .....                           | 106 |
| <i>doxycycline hyclate cap 100 mg</i> .....  | 127 | EASY MINI MIS EJECT .....                     | 106 |
| <i>doxycycline hyclate cap 50 mg</i> .....   | 127 | EASY TOUCH MIS .....                          | 106 |
| <i>doxycycline hyclate for inj 100 mg</i> .  | 127 | EDARBI TAB 40MG.....                          | 42  |
| <i>doxycycline hyclate tab 100 mg</i> .....  | 127 | EDARBI TAB 80MG.....                          | 42  |
| <i>doxycycline hyclate tab 20 mg</i> .....   | 127 | EDARBYCLOR TAB 40-12.5.....                   | 44  |
| <i>doxycycline monohydrate cap 100 mg</i>    |     | EDARBYCLOR TAB 40-25MG .....                  | 44  |
| .....  | 127 | EDURANT TAB 25MG.....                         | 64  |
| <i>doxycycline monohydrate cap 50 mg</i>     |     | <i>efavirenz cap 200 mg</i> .....             | 64  |
| .....  | 127 | <i>efavirenz cap 50 mg</i> .....              | 64  |
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| <i>fluocinolone acetonide (otic) oil 0.01%</i> .....          | 120 | <i>fluphenazine hcl inj 2.5 mg/ml</i> .....                       | 62  |
| <i>fluocinolone acetonide cream 0.01%</i> 83                  |     | <i>fluphenazine hcl oral conc 5 mg/ml</i> ..                      | 62  |
| <i>fluocinolone acetonide cream 0.025%</i> .....              | 83  | <i>fluphenazine hcl tab 1 mg</i> .....                            | 62  |
| <i>fluocinolone acetonide oil 0.01% (body oil)</i> .....      | 83  | <i>fluphenazine hcl tab 10 mg</i> .....                           | 62  |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....     | 83  | <i>fluphenazine hcl tab 2.5 mg</i> .....                          | 62  |
| <i>fluocinolone acetonide oint 0.025%</i> ..                  | 83  | <i>fluphenazine hcl tab 5 mg</i> .....                            | 62  |
| <i>fluocinolone acetonide soln 0.01%</i> ..                   | 83  | <i>flurazepam hcl cap 15 mg</i> .....                             | 102 |
| <i>fluocinonide cream 0.05%</i> .....                         | 83  | <i>flurazepam hcl cap 30 mg</i> .....                             | 102 |
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| <i>fluocinonide gel 0.05%</i> .....                           | 83  | <i>flurbiprofen tab 100 mg</i> .....                              | 6   |
| <i>fluocinonide oint 0.05%</i> .....                          | 83  | <i>flurbiprofen tab 50 mg</i> .....                               | 6   |
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| FLUORABON DRO.....  | 110 | <i>fluticasone propionate cream 0.05%</i> 83                      |     |
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| FLUOR-A-DAY CHW 0.5MG F.....                                  | 109 | <i>fluvastatin sodium cap 20 mg (base equivalent)</i> .....       | 40  |
| FLUOR-A-DAY CHW 1MG F .....                                   | 110 | <i>fluvastatin sodium cap 40 mg (base equivalent)</i> .....       | 40  |
| <i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i> ..... | 119 | FLUVIRIN INJ 2014-15 .....  | 134 |
| <i>fluorometholone ophth susp 0.1%</i> ..                     | 118 | FLUVIRIN INJ 2015-16 .....  | 134 |
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| <i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> .....       | 49  | <i>fluvoxamine maleate tab 50 mg</i> .....                        | 29  |
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| <i>folic acid-vitamin b6-vitamin b12 tab</i><br><i>2.2-25-1 mg</i> .....          | 101 | FULL SPECT TAB B/ VIT C .....  | 113 |
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| <i>fosinopril sodium tab 40 mg</i> .....  | 41  | <i>gabapentin cap 300 mg</i> .....   | 25  |
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| GENOTROPIN INJ 0.8MG .....                     | 90  | <i>glimepiride tab 4 mg</i> .....                | 35  |
| GENOTROPIN INJ 1.2MG .....                     | 90  | <i>glipizide tab 10 mg</i> .....                 | 35  |
| GENOTROPIN INJ 1.4MG .....                     | 90  | <i>glipizide tab 5 mg</i> .....                  | 35  |
| GENOTROPIN INJ 1.6MG .....                     | 90  | <i>glipizide tab er 24hr 10 mg</i> .....         | 35  |
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| <i>gentamicin in saline inj 1 mg/ml</i> .....  | 4   | <i>glipizide-metformin hcl tab 5-500 mg</i>      | 32  |
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| <i>gentamicin in saline inj 2 mg/ml</i> .....  | 4   | GLUCAGEN INJ HYPOKIT.....                        | 33  |
| <i>gentamicin sulfate cream 0.1%</i> .....     | 81  | GLUCAGON INJ 1MG .....                           | 86  |
| <i>gentamicin sulfate inj 10 mg/ml</i> .....   | 4   | GLUCAGON KIT 1MG.....                            | 33  |
| <i>gentamicin sulfate inj 40 mg/ml</i> .....   | 4   | GLUCOLET 2 MIS LANCING .....                     | 106 |
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| <i>gentamicin sulfate oint 0.1%</i> .....      | 81  | <i>glyburide micronized tab 3 mg</i> .....       | 35  |
| <i>gentamicin sulfate ophth oint 0.3%</i>      | 117 | <i>glyburide micronized tab 6 mg</i> .....       | 35  |

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| <i>glyburide tab 1.25 mg</i> .....                        | 35  | <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> .....                 | 2   |
| <i>glyburide tab 2.5 mg</i> .....                         | 35  | GUANIDINE TAB 125MG .....   | 47  |
| <i>glyburide tab 5 mg</i> .....                           | 35  | GYNAZOLE-1 CRE 2% .....   | 135 |
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| <i>glycopyrrolate tab 1 mg</i> .....                      | 131 | <i>halobetasol propionate oint 0.05%</i> ...                              | 84  |
| <i>glycopyrrolate tab 2 mg</i> .....                      | 131 | HALOG OIN 0.1% .....  | 84  |
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| GLYXAMBI TAB 25-5 MG .....                                | 32  | <i>haloperidol decanoate im soln 50 mg/ml</i> .....                       | 60  |
| GOJJI MIS LANC DEV.....                                   | 106 | <i>haloperidol lactate inj 5 mg/ml</i> .....                              | 60  |
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| <i>granisetron hcl inj 0.1 mg/ml</i> .....                | 36  | <i>haloperidol tab 2 mg</i> .....   | 60  |
| <i>granisetron hcl inj 1 mg/ml</i> .....                  | 36  | <i>haloperidol tab 20 mg</i> .....  | 60  |
| <i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i><br>.....    | 36  | <i>haloperidol tab 5 mg</i> .....   | 60  |
| <i>granisetron hcl tab 1 mg</i> .....                     | 36  | HARVONI TAB 90-400MG.....   | 66  |
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| GRANIX INJ 480/1.6 .....                                  | 100 | HECTOROL INJ 2MCG/ML.....   | 91  |
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| <i>guaifenesin-codeine soln 100-10 mg/5ml</i><br>.....    | 79  | <i>heparin sodium (porcine) inj 10000 unit/ml</i> .....                   | 24  |
| <i>guaifenesin-codeine soln 100-6.3 mg/5ml</i><br>.....   | 79  | <i>heparin sodium (porcine) inj 20000 unit/ml</i> .....                   | 24  |
| <i>guanfacine hcl tab 1 mg</i> .....                      | 43  | <i>heparin sodium (porcine) inj 5000 unit/ml</i> .....                    | 24  |
| <i>guanfacine hcl tab 2 mg</i> .....                      | 43  | <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> .....              | 24  |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> ..... | 2   | <i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> ..... | 24  |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> ..... | 2   | <i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> ..... | 24  |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> ..... | 2   | HERCEPTIN INJ 150MG.....  | 49  |

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| HEXALEN CAP 50MG.....                         | 48  | <i>hydrocodone-acetaminophen tab 7.5-</i>      | 12  |
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| HORIZANT TAB 600MG ER .....                   | 126 | <i>.....</i>                                   | 12  |
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| HUMIRA INJ 10MG/0.2 .....                     | 5   | <i>.....</i>                                   | 12  |
| HUMIRA INJ 20/0.2ML .....                     | 5   | <i>hydrocortisone acetate w/ pramoxine</i>     | 14  |
| HUMIRA INJ 40/0.4ML .....                     | 5   | <i>perianal cream 1-1%.....</i>                | 14  |
| HUMIRA KIT 20MG/0.4 .....                     | 5   | <i>hydrocortisone acetate w/ pramoxine</i>     | 14  |
| HUMIRA KIT 40MG/0.8 .....                     | 5   | <i>perianal cream 2.5-1%.....</i>              | 14  |
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| HUMIRA PEN INJ 40MG/0.8 .....                 | 5   | <i>hydrocortisone lotion 2.5% .....</i>        | 84  |
| HUMIRA PEN KIT CD/UC/HS .....                 | 5   | <i>hydrocortisone oint 1% .....</i>            | 84  |
| HUMIRA PEN KIT PS/UV.....                     | 5   | <i>hydrocortisone oint 2.5% .....</i>          | 84  |
| HUMULIN R INJ U-100 .....                     | 34  | <i>hydrocortisone perianal cream 2.5%</i>      | 14  |
| HUMULIN R INJ U-500 .....                     | 34  | <i>hydrocortisone tab 10 mg.....</i>           | 78  |
| HYCAMTIN CAP 0.25MG .....                     | 57  | <i>hydrocortisone tab 20 mg.....</i>           | 78  |
| HYCAMTIN CAP 1MG.....                         | 57  | <i>hydrocortisone tab 5 mg.....</i>            | 78  |
| <i>hydralazine hcl inj 20 mg/ml .....</i>     | 46  | <i>hydrocortisone w/ acetic acid otic soln</i> | 120 |
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| <i>hydrochlorothiazide tab 12.5 mg.....</i>   | 88  | <i>hydromorphone hcl tab 2 mg .....</i>        | 9   |
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| KALETRA TAB 200-50MG.....                   | 64  | <i>lactic acid (ammonium lactate) lotion</i>    |     |
| KALYDECO PAK 50MG.....                      | 127 | 10% .....                                       | 84  |
| KALYDECO PAK 75MG.....                      | 127 | <i>lactic acid (ammonium lactate) lotion</i>    |     |
| KALYDECO TAB 150MG .....                    | 127 | 12% .....                                       | 84  |
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| KERYDIN SOL 5% .....                        | 81  | 3500 unit/30gm .....                            | 84  |
| KETEK TAB 300MG.....                        | 16  | <i>lactulose (encephalopathy) solution 10</i>   |     |
| KETEK TAB 400MG.....                        | 16  | gm/15ml .....                                   | 96  |
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| <i>ketoconazole shampoo 2%.....</i>         | 81  | LAMICTAL CHW 2MG .....                          | 26  |
| <i>ketoconazole tab 200 mg.....</i>         | 38  | <i>lamivudine oral soln 10 mg/ml .....</i>      | 64  |
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| <i>mg/2ml (30 mg/ml) .....</i>              | 6   | <i>lamivudine-zidovudine tab 150-300 mg</i>     |     |
| <i>ketorolac tromethamine inj 15 mg/ml</i>  | 6   | .....   | 64  |
| <i>ketorolac tromethamine inj 30 mg/ml</i>  | 6   | <i>lamotrigine orally disintegrating tab</i>    |     |
| <i>ketorolac tromethamine inj 300</i>       |     | 100 mg .....                                    | 26  |
| <i>mg/10ml (30 mg/ml).....</i>              | 7   | <i>lamotrigine orally disintegrating tab</i>    |     |
| <i>ketorolac tromethamine ophth soln</i>    |     | 200 mg .....                                    | 26  |
| 0.4%.....                                   | 119 | <i>lamotrigine orally disintegrating tab 25</i> |     |
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| 0.5%.....                                   | 119 | <i>lamotrigine orally disintegrating tab 50</i> |     |
| <i>ketorolac tromethamine tab 10 mg....</i> | 7   | mg .....  | 26  |
| KEVEYIS TAB 50MG.....                       | 87  | <i>lamotrigine tab 100 mg.....</i>              | 26  |
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| KISQALI 600 PAK FEMARA .....                | 52  | <i>lamotrigine tab chewable dispersible 25</i>  |     |
| KISQALI TAB 200DOSE.....                    | 54  | mg .....  | 26  |
| KISQALI TAB 400DOSE.....                    | 54  | <i>lamotrigine tab chewable dispersible 5</i>   |     |
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| <i>lamotrigine tab er 24hr 250 mg</i> ..... | 26  | LEUKINE INJ 250MCG .....                           | 100 |
| <i>lamotrigine tab er 24hr 50 mg</i> .....  | 26  | <i>leuprolide acetate inj kit 5 mg/ml</i> ....     | 50  |
| LANCET AUTO MIS INJECTOR .....              | 107 | <i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>      |     |
| LANCET DEVIC MIS 30G .....                  | 107 | <i>(base equiv)</i> .....                          | 22  |
| LANCET DEVIC MIS ADJUST .....               | 107 | <i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>      |     |
| LANCET WITH MIS EJECTOR.....                | 107 | <i>(base equiv)</i> .....                          | 22  |
| LANCING DEVI MIS .....                      | 107 | <i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>      |     |
| LANCING DEVI MIS 25G .....                  | 107 | <i>(base equiv)</i> .....                          | 22  |
| LANCING DEVI MIS 30G .....                  | 107 | <i>levalbuterol hcl soln nebu conc 1.25</i>        |     |
| LANCING DEVI MIS ADJUST .....               | 107 | <i>mg/0.5ml (base equiv)</i> .....                 | 22  |
| LANCING MIS DEVICE .....                    | 107 | <i>levalbuterol tartrate inhal aerosol 45</i>      |     |
| <i>lansoprazole cap delayed release 15</i>  |     | <i>mcg/act (base equiv)</i> .....                  | 22  |
| <i>mg</i> .....                             | 132 | LEVATOL TAB 20MG .....                             | 68  |
| <i>lansoprazole cap delayed release 30</i>  |     | LEVEMIR INJ.....                                   | 34  |
| <i>mg</i> .....                             | 132 | LEVEMIR INJ FLEXTOUC .....                         | 34  |
| <i>lanthanum carbonate chew tab 1000</i>    |     | <i>levetiracetam inj 500 mg/5ml (100</i>           |     |
| <i>mg (elemental)</i> .....                 | 96  | <i>mg/ml)</i> .....                                | 26  |
| <i>lanthanum carbonate chew tab 500 mg</i>  |     | <i>levetiracetam oral soln 100 mg/ml</i> ...       | 26  |
| <i>(elemental)</i> .....                    | 96  | <i>levetiracetam tab 1000 mg</i> .....             | 26  |
| <i>lanthanum carbonate chew tab 750 mg</i>  |     | <i>levetiracetam tab 250 mg</i> .....              | 26  |
| <i>(elemental)</i> .....                    | 96  | <i>levetiracetam tab 500 mg</i> .....              | 26  |
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| LANZO MIS LANCING .....                     | 107 | <i>levetiracetam tab er 24hr 750 mg</i> ....       | 26  |
| LASTACAFT SOL 0.25% .....                   | 119 | <i>levobunolol hcl ophth soln 0.5%</i> ....        | 116 |
| <i>latanoprost ophth soln 0.005%</i> .....  | 119 | <i>levocarnitine inj 200 mg/ml</i> .....           | 91  |
| LATUDA TAB 120MG.....                       | 59  | <i>levocarnitine oral soln 1 gm/10ml</i>           |     |
| LATUDA TAB 20MG .....                       | 59  | <i>(10%)</i> .....                                 | 91  |
| LATUDA TAB 40MG .....                       | 59  | <i>levocarnitine tab 330 mg</i> .....              | 91  |
| LATUDA TAB 60MG .....                       | 59  | <i>levocetirizine dihydrochloride soln 2.5</i>     |     |
| LATUDA TAB 80MG .....                       | 59  | <i>mg/5ml (0.5 mg/ml)</i> .....                    | 38  |
| LB LANCING MIS DEVICE.....                  | 107 | <i>levocetirizine dihydrochloride tab 5 mg</i>     |     |
| <i>leflunomide tab 10 mg</i> .....          | 7   | .....  | 38  |
| <i>leflunomide tab 20 mg</i> .....          | 7   | <i>levofloxacin in d5w iv soln 250</i>             |     |
| LEMTRADA INJ 12/1.2ML .....                 | 126 | <i>mg/50ml</i> .....                               | 95  |
| LENVIMA CAP 10 MG .....                     | 54  | <i>levofloxacin in d5w iv soln 500</i>             |     |
| LENVIMA CAP 14 MG .....                     | 54  | <i>mg/100ml</i> .....                              | 95  |
| LENVIMA CAP 18 MG .....                     | 54  | <i>levofloxacin in d5w iv soln 750</i>             |     |
| LENVIMA CAP 20 MG .....                     | 54  | <i>mg/150ml</i> .....                              | 95  |
| LENVIMA CAP 24 MG .....                     | 54  | <i>levofloxacin iv soln 25 mg/ml</i> .....         | 95  |
| LENVIMA CAP 8 MG .....                      | 54  | <i>levofloxacin ophth soln 0.5%</i> .....          | 117 |
| <i>letrozole tab 2.5 mg</i> .....           | 50  | <i>levofloxacin oral soln 25 mg/ml</i> .....       | 95  |
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| <i>leucovorin calcium tab 15 mg</i> .....   | 56  | <i>levofloxacin tab 500 mg</i> .....               | 95  |
| <i>leucovorin calcium tab 25 mg</i> .....   | 56  | <i>levofloxacin tab 750 mg</i> .....               | 95  |
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| <i>levonorgestrel &amp; ethinyl estradiol tab</i><br><i>0.1 mg-20 mcg</i> .....         | 76  | <i>lidocaine hcl urethral/mucosal gel</i><br><i>prefilled syringe 2%</i> .....                        | 85  |
| <i>levonorgestrel &amp; ethinyl estradiol tab</i><br><i>0.15 mg-30 mcg</i> .....        | 76  | <i>lidocaine hcl viscous soln 2%</i> .....  | 113 |
| <i>levonorgestrel tab 0.75 mg</i> .....   | 77  | <i>lidocaine inj 0.5% w/ epinephrine-</i><br><i>1:200000</i> .....                                    | 104 |
| <i>levonorgestrel tab 1.5 mg</i> .....  | 77  | <i>lidocaine inj 1% w/ epinephrine-</i><br><i>1:100000</i> .....                                      | 104 |
| <i>levonorgestrel-eth estra tab 0.05-</i><br><i>30/0.075-40/0.125-30mg-mcg</i> .....    | 76  | <i>lidocaine inj 2% w/ epinephrine-</i><br><i>1:100000</i> .....                                      | 104 |
| <i>levonorgestrel-ethinyl estradiol</i><br><i>(continuous) tab 90-20 mcg</i> .....      | 76  | <i>lidocaine oint 5%</i> .....  | 85  |
| <i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i><br><i>eth est tab 0.01mg(7)</i> .....  | 76  | <i>lidocaine patch 5%</i> .....   | 85  |
| <i>levonorg-eth est tab 0.15-0.03mg(84)</i><br><i>&amp; eth est tab 0.01mg(7)</i> ..... | 76  | <i>lidocaine-hydrocortisone acetate</i><br><i>perianal cream 3-0.5%</i> .....                         | 14  |
| <i>levorphanol tartrate tab 2 mg</i> .....  | 9   | <i>lidocaine-prilocaine cream 2.5-2.5%</i><br><i>lidocaine-prilocaine cream kit 2.5-2.5%</i><br>..... | 85  |
| <i>levothyroxine sodium for iv inj 100 mcg</i><br>.....                                 | 128 | LILETTA IUD 52MG .....  | 78  |
| LEVOTHYROXINE SODIUM FOR IV INJ<br><i>200 MCG</i> .....                                 | 128 | <i>lindane lotion 1%</i> .....  | 85  |
| <i>levothyroxine sodium for iv inj 500 mcg</i><br>.....                                 | 128 | <i>lindane shampoo 1%</i> .....   | 85  |
| <i>levothyroxine sodium tab 100 mcg</i> .....   | 128 | <i>linezolid for susp 100 mg/5ml</i> .....  | 16  |
| <i>levothyroxine sodium tab 112 mcg</i> .....   | 128 | <i>linezolid in sodium chloride iv soln 600</i><br><i>mg/300ml-0.9%</i> .....                         | 16  |
| <i>levothyroxine sodium tab 125 mcg</i> .....   | 128 | <i>linezolid tab 600 mg</i> .....   | 17  |
| <i>levothyroxine sodium tab 137 mcg</i> .....   | 128 | LINZESS CAP 145MCG.....   | 96  |
| <i>levothyroxine sodium tab 150 mcg</i> .....   | 129 | LINZESS CAP 290MCG.....   | 96  |
| <i>levothyroxine sodium tab 175 mcg</i> .....   | 129 | LINZESS CAP 72MCG .....   | 96  |
| <i>levothyroxine sodium tab 200 mcg</i> .....   | 129 | <i>liothyronine sodium iv soln 10 mcg/ml</i><br>.....   | 129 |
| <i>levothyroxine sodium tab 25 mcg</i> .....  | 128 | <i>liothyronine sodium tab 25 mcg</i> .....   | 129 |
| <i>levothyroxine sodium tab 300 mcg</i> .....   | 129 | <i>liothyronine sodium tab 5 mcg</i> .....  | 129 |
| <i>levothyroxine sodium tab 50 mcg</i> .....  | 128 | <i>liothyronine sodium tab 50 mcg</i> .....   | 129 |
| <i>levothyroxine sodium tab 75 mcg</i> .....  | 128 | <i>lisinopril &amp; hydrochlorothiazide tab 10-</i><br><i>12.5 mg</i> .....                           | 44  |
| <i>levothyroxine sodium tab 88 mcg</i> .....  | 128 | <i>lisinopril &amp; hydrochlorothiazide tab 20-</i><br><i>12.5 mg</i> .....                           | 44  |
| LEXIVA SUS 50MG/ML .....  | 65  | <i>lisinopril &amp; hydrochlorothiazide tab 20-</i><br><i>25 mg</i> .....                             | 44  |
| <i>lidocaine hcl local inj 1%</i> .....   | 104 | <i>lisinopril tab 10 mg</i> .....   | 41  |
| <i>lidocaine hcl local inj 2%</i> .....   | 104 | <i>lisinopril tab 2.5 mg</i> .....  | 41  |
| <i>lidocaine hcl local preservative free (pf)</i><br><i>inj 0.5%</i> .....              | 104 | <i>lisinopril tab 20 mg</i> .....   | 41  |
| <i>lidocaine hcl local preservative free (pf)</i><br><i>inj 1%</i> .....                | 104 | <i>lisinopril tab 30 mg</i> .....   | 41  |
| <i>lidocaine hcl local preservative free (pf)</i><br><i>inj 2%</i> .....                | 104 | <i>lisinopril tab 40 mg</i> .....   | 41  |
| <i>lidocaine hcl local preservative free (pf)</i><br><i>inj 4%</i> .....                | 104 | <i>lisinopril tab 5 mg</i> .....  | 41  |
| <i>lidocaine hcl soln 4%</i> .....  | 85  | LITE TOUCH MIS LANC PEN.....  | 107 |
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|   |     | <i>lithium carbonate cap 300 mg</i> .....   | 59  |
|   |     | <i>lithium carbonate cap 600 mg</i> .....   | 59  |



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| <i>lithium carbonate tab 300 mg</i> .....  | 59  | <i>loxapine succinate cap 25 mg</i> .....  | 61  |
| <i>lithium carbonate tab er 300 mg</i> .....   | 59  | <i>loxapine succinate cap 5 mg</i> .....   | 61  |
| <i>lithium carbonate tab er 450 mg</i> .....   | 59  | <i>loxapine succinate cap 50 mg</i> .....  | 61  |
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| LIVALO TAB 4MG.....  | 40  | LUCENTIS SOL 0.5MG.....  | 117 |
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| <i>lopinavir-ritonavir soln 400-100</i><br><i>mg/5ml (80-20 mg/ml)</i> .....           | 65  | LUPRON DEPOT INJ 11.25MG.....  | 50  |
| <i>lorazepam conc 2 mg/ml</i> .....  | 19  | LUPRON DEPOT INJ 22.5MG.....   | 50  |
| <i>lorazepam inj 2 mg/ml</i> .....   | 19  | LUPRON DEPOT INJ 3.75MG.....   | 50  |
| <i>lorazepam inj 4 mg/ml</i> .....   | 19  | LUPRON DEPOT INJ 30MG.....   | 50  |
| <i>lorazepam tab 0.5 mg</i> .....  | 19  | LUPRON DEPOT INJ 45MG.....   | 50  |
| <i>lorazepam tab 1 mg</i> .....  | 19  | LUPRON DEPOT INJ 7.5MG.....  | 50  |
| <i>lorazepam tab 2 mg</i> .....  | 19  | LURIDE CHW 0.25MG F.....   | 110 |
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| <i>losartan potassium &amp;</i><br><i>hydrochlorothiazide tab 50-12.5 mg</i><br>.....  | 44  | MACUGEN INJ.....   | 117 |
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| <i>losartan potassium tab 25 mg</i> .....  | 42  | MAKENA INJ 275MG.....  | 123 |
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| LOTEMAX SUS 0.5%.....  | 118 | <i>maprotiline hcl tab 75 mg</i> .....   | 29  |
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| <i>lovastatin tab 20 mg</i> .....  | 40  | MAXIDEX SUS 0.1% OP.....   | 118 |
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|  |     | <i>meclizine hcl tab 25 mg</i> .....   | 36  |
|  |     | <i>meclofenamate sodium cap 50 mg</i> .....  | 7   |
|  |     | <i>medroxyprogesterone acetate im susp</i><br><i>150 mg/ml</i> .....               | 78  |
|  |     | <i>medroxyprogesterone acetate im susp</i><br><i>prefilled syr 150 mg/ml</i> ..... | 78  |

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| <i>medroxyprogesterone acetate tab 10 mg</i> .....                       | 123 | <i>mesalamine enema 4 gm</i> .....                           | 96  |
| <i>medroxyprogesterone acetate tab 2.5 mg</i> .....                      | 123 | <i>mesalamine suppos 1000 mg</i> .....                       | 96  |
| <i>medroxyprogesterone acetate tab 5 mg</i> .....                        | 123 | <i>mesalamine tab delayed release 1.2 gm</i> .....           | 96  |
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| <i>mefloquine hcl tab 250 mg</i> .....                                   | 46  | <i>mesna inj 100 mg/ml</i> .....                             | 56  |
| <i>megestrol acetate susp 40 mg/ml</i> ....                              | 50  | MESNEX TAB 400MG.....  | 56  |
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| <i>megestrol acetate tab 40 mg</i> .....                                 | 50  | METAFOLBIC TAB PLUS.....                                     | 86  |
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| <i>meloxicam tab 15 mg</i> .....   | 7   | <i>metformin hcl tab 1000 mg</i> .....                       | 33  |
| <i>meloxicam tab 7.5 mg</i> .....  | 7   | <i>metformin hcl tab 500 mg</i> .....                        | 33  |
| <i>melphalan hcl for inj 50 mg (base equiv)</i> .....                    | 48  | <i>metformin hcl tab 850 mg</i> .....                        | 33  |
| <i>melphalan tab 2 mg</i> .....  | 48  | <i>metformin hcl tab er 24hr 500 mg</i> ...                  | 33  |
| <i>memantine hcl oral solution 2 mg/ml</i> .....                         | 124 | <i>metformin hcl tab er 24hr 750 mg</i> ...                  | 33  |
| <i>memantine hcl tab 10 mg</i> .....                                     | 124 | <i>methadone hcl conc 10 mg/ml</i> .....                     | 9   |
| <i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> ..... | 124 | <i>methadone hcl soln 10 mg/5ml</i> .....                    | 9   |
| <i>memantine hcl tab 5 mg</i> .....                                      | 124 | <i>methadone hcl soln 5 mg/5ml</i> .....                     | 9   |
| MENACTRA INJ.....  | 133 | <i>methadone hcl tab 10 mg</i> .....                         | 9   |
| MENEST TAB 0.3MG.....  | 94  | <i>methadone hcl tab 5 mg</i> .....                          | 9   |
| MENEST TAB 0.625MG.....  | 94  | <i>methadone hcl tab for oral susp 40 mg</i> .....           | 9   |
| MENEST TAB 1.25MG.....   | 94  | <i>methazolamide tab 25 mg</i> .....                         | 87  |
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| MENOMUNE INJ A/C/Y/W.....  | 134 | <i>methenamine mandelate tab 0.5 gm</i> 17                   |     |
| MENOSTAR DIS 14MCG.....  | 94  | <i>methenamine mandelate tab 1 gm</i> ... 17                 |     |
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| MENVEO INJ.....  | 134 | <i>methimazole tab 10 mg</i> .....                           | 128 |
| <i>meperidine hcl inj 10 mg/ml</i> .....                                 | 9   | <i>methimazole tab 5 mg</i> .....                            | 128 |
| <i>meperidine hcl oral soln 50 mg/5ml</i> ..                             | 9   | METHITEST TAB 10MG.....                                      | 13  |
| <i>meperidine hcl tab 100 mg</i> .....                                   | 9   | <i>methocarbamol tab 500 mg</i> .....                        | 114 |
| <i>meperidine hcl tab 50 mg</i> .....                                    | 9   | <i>methocarbamol tab 750 mg</i> .....                        | 114 |
| <i>meprobamate tab 200 mg</i> .....                                      | 18  | <i>methotrexate sodium for inj 1 gm</i> ....                 | 49  |
| <i>meprobamate tab 400 mg</i> .....                                      | 18  | <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....    | 49  |
| <i>mercaptopurine tab 50 mg</i> .....                                    | 49  | <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> ..... | 49  |
| <i>meropenem iv for soln 1 gm</i> .....                                  | 15  | <i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....     | 49  |
| <i>meropenem iv for soln 500 mg</i> .....                                | 15  | <i>methoxsalen rapid cap 10 mg</i> .....                     | 82  |
| <i>mesalamine cap dr 400 mg</i> .....                                    | 96  |  |     |
| <i>mesalamine cap er 24hr 0.375 gm</i> ... 96                            |     |  |     |

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| <i>methscopolamine bromide tab 2.5 mg</i>       | <i>methylphenidate hcl tab er 24hr 54 mg</i>    |
| ..... 131                                       | ..... 3   |
| <i>methscopolamine bromide tab 5 mg</i>         | <i>methylphenidate hcl tab er osmotic</i>       |
| ..... 131                                       | <i>release (osm) 18 mg</i> ..... 3              |
| <i>methyclothiazide tab 5 mg</i> ..... 88       | <i>methylphenidate hcl tab er osmotic</i>       |
| <i>methyldopa &amp; hydrochlorothiazide tab</i> | <i>release (osm) 27 mg</i> ..... 3              |
| <i>250-15 mg</i> ..... 45                       | <i>methylphenidate hcl tab er osmotic</i>       |
| <i>methyldopa &amp; hydrochlorothiazide tab</i> | <i>release (osm) 36 mg</i> ..... 4              |
| <i>250-25 mg</i> ..... 45                       | <i>methylphenidate hcl tab er osmotic</i>       |
| <i>methyldopa tab 250 mg</i> ..... 43           | <i>release (osm) 54 mg</i> ..... 4              |
| <i>methyldopa tab 500 mg</i> ..... 43           | <i>methylprednisolone acetate inj susp 40</i>   |
| <i>methyldopate hcl inj 250 mg/5ml</i> ..... 43 | <i>mg/ml</i> ..... 78                           |
| <i>methylphenidate hcl cap er 10 mg (cd)</i>    | <i>methylprednisolone tab 16 mg</i> ..... 78    |
| ..... 3   | <i>methylprednisolone tab 32 mg</i> ..... 78    |
| <i>methylphenidate hcl cap er 20 mg (cd)</i>    | <i>methylprednisolone tab 4 mg</i> ..... 78     |
| ..... 3   | <i>methylprednisolone tab 8 mg</i> ..... 78     |
| <i>methylphenidate hcl cap er 24hr 20 mg</i>    | <i>methylprednisolone tab therapy pack 4</i>    |
| <i>(la)</i> ..... 3                             | <i>mg (21)</i> ..... 78                         |
| <i>methylphenidate hcl cap er 24hr 30 mg</i>    | <i>methyltestosterone cap 10 mg</i> ..... 13    |
| <i>(la)</i> ..... 3                             | <i>metipranolol ophth soln 0.3%</i> ..... 116   |
| <i>methylphenidate hcl cap er 24hr 40 mg</i>    | <i>metoclopramide hcl inj 5 mg/ml (base</i>     |
| <i>(la)</i> ..... 3                             | <i>equivalent)</i> ..... 95                     |
| <i>methylphenidate hcl cap er 30 mg (cd)</i>    | <i>metoclopramide hcl soln 5 mg/5ml (10</i>     |
| ..... 3   | <i>mg/10ml) (base equiv)</i> ..... 95           |
| <i>methylphenidate hcl cap er 40 mg (cd)</i>    | <i>metoclopramide hcl tab 10 mg (base</i>       |
| ..... 3   | <i>equivalent)</i> ..... 95                     |
| <i>methylphenidate hcl cap er 50 mg (cd)</i>    | <i>metoclopramide hcl tab 5 mg (base</i>        |
| ..... 3   | <i>equivalent)</i> ..... 95                     |
| <i>methylphenidate hcl cap er 60 mg (cd)</i>    | <i>metolazone tab 10 mg</i> ..... 88            |
| ..... 3   | <i>metolazone tab 2.5 mg</i> ..... 88           |
| <i>methylphenidate hcl chew tab 10 mg</i> 3     | <i>metolazone tab 5 mg</i> ..... 88             |
| <i>methylphenidate hcl chew tab 2.5 mg</i> 3    | <i>metoprolol &amp; hydrochlorothiazide tab</i> |
| <i>methylphenidate hcl chew tab 5 mg</i> .. 3   | <i>100-25 mg</i> ..... 45                       |
| <i>methylphenidate hcl soln 10 mg/5ml</i> 3     | <i>metoprolol &amp; hydrochlorothiazide tab</i> |
| <i>methylphenidate hcl soln 5 mg/5ml</i> ... 3  | <i>100-50 mg</i> ..... 45                       |
| <i>methylphenidate hcl tab 10 mg</i> ..... 3    | <i>metoprolol &amp; hydrochlorothiazide tab</i> |
| <i>methylphenidate hcl tab 20 mg</i> ..... 3    | <i>50-25 mg</i> ..... 45                        |
| <i>methylphenidate hcl tab 5 mg</i> ..... 3     | <i>metoprolol succinate tab er 24hr 100</i>     |
| <i>methylphenidate hcl tab er 10 mg</i> ..... 3 | <i>mg (tartrate equiv)</i> ..... 68             |
| <i>methylphenidate hcl tab er 20 mg</i> ..... 3 | <i>metoprolol succinate tab er 24hr 200</i>     |
| <i>methylphenidate hcl tab er 24hr 18 mg</i>    | <i>mg (tartrate equiv)</i> ..... 68             |
| ..... 3   | <i>metoprolol succinate tab er 24hr 25 mg</i>   |
| <i>methylphenidate hcl tab er 24hr 27 mg</i>    | <i>(tartrate equiv)</i> ..... 68                |
| ..... 3   | <i>metoprolol succinate tab er 24hr 50 mg</i>   |
| <i>methylphenidate hcl tab er 24hr 36 mg</i>    | <i>(tartrate equiv)</i> ..... 68                |
| ..... 3   | <i>metoprolol tartrate iv soln 5 mg/5ml</i> 68  |
|   | <i>metoprolol tartrate tab 100 mg</i> ..... 68  |

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| <i>metoprolol tartrate tab 25 mg</i> .....      | 68  | <i>mirtazapine tab 45 mg</i> .....            | 28  |
| <i>metoprolol tartrate tab 50 mg</i> .....      | 68  | <i>mirtazapine tab 7.5 mg</i> .....           | 28  |
| METRONIDAZOL INJ 5MG/ML .....                   | 14  | MIRVASO GEL 0.33% .....                       | 85  |
| <i>metronidazole cap 375 mg</i> .....           | 14  | <i>misoprostol tab 100 mcg</i> .....          | 132 |
| <i>metronidazole cream 0.75%</i> .....          | 85  | <i>misoprostol tab 200 mcg</i> .....          | 132 |
| <i>metronidazole gel 0.75%</i> .....            | 85  | <i>mitomycin for iv soln 20 mg</i> .....      | 51  |
| <i>metronidazole gel 1%</i> .....               | 85  | <i>mitomycin for iv soln 40 mg</i> .....      | 52  |
| <i>metronidazole in nacl 0.79% iv soln</i>      |     | <i>mitomycin for iv soln 5 mg</i> .....       | 51  |
| <i>500 mg/100ml</i> .....                       | 14  | <i>mitoxantrone hcl inj conc 25</i>           |     |
| <i>metronidazole lotion 0.75%</i> .....         | 85  | <i>mg/12.5ml (2 mg/ml)</i> .....              | 52  |
| <i>metronidazole tab 250 mg</i> .....           | 14  | MM LANCING MIS DEVICE .....                   | 107 |
| <i>metronidazole tab 500 mg</i> .....           | 14  | M-M-R II INJ .....                            | 135 |
| <i>metronidazole vaginal gel 0.75%</i> ...      | 135 | <i>modafinil tab 100 mg</i> .....             | 4   |
| <i>mexiletine hcl cap 150 mg</i> .....          | 19  | <i>modafinil tab 200 mg</i> .....             | 4   |
| <i>mexiletine hcl cap 200 mg</i> .....          | 19  | <i>moderiba pak 1200/day</i> .....            | 66  |
| <i>mexiletine hcl cap 250 mg</i> .....          | 20  | <i>moderiba pak 800/day</i> .....             | 66  |
| MICROLET MIS NEXT .....                         | 107 | <i>moexipril hcl tab 15 mg</i> .....          | 41  |
| <i>midazolam hcl syrup 2 mg/ml (base</i>        |     | <i>moexipril hcl tab 7.5 mg</i> .....         | 41  |
| <i>equivalent)</i> .....                        | 103 | <i>moexipril-hydrochlorothiazide tab 15-</i>  |     |
| <i>midodrine hcl tab 10 mg</i> .....            | 136 | <i>12.5 mg</i> .....                          | 45  |
| <i>midodrine hcl tab 2.5 mg</i> .....           | 136 | <i>moexipril-hydrochlorothiazide tab 15-</i>  |     |
| <i>midodrine hcl tab 5 mg</i> .....             | 136 | <i>25 mg</i> .....                            | 45  |
| MIGLITOL TAB 100 MG .....                       | 32  | <i>moexipril-hydrochlorothiazide tab 7.5-</i> |     |
| MIGLITOL TAB 25 MG .....                        | 32  | <i>12.5 mg</i> .....                          | 45  |
| MIGLITOL TAB 50 MG .....                        | 32  | <i>molindone hcl tab 10 mg</i> .....          | 62  |
| <i>miglustat cap 100 mg</i> .....               | 99  | <i>molindone hcl tab 25 mg</i> .....          | 62  |
| MILK OF MAGN SUS 2400MG .....                   | 103 | <i>molindone hcl tab 5 mg</i> .....           | 62  |
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| <i>minocycline hcl cap 100 mg</i> .....         | 128 | <i>mometasone furoate solution 0.1%</i>       |     |
| <i>minocycline hcl cap 50 mg</i> .....          | 128 | <i>(lotion)</i> .....                         | 84  |
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| <i>minocycline hcl tab 100 mg</i> .....         | 128 | <i>montelukast sodium chew tab 4 mg</i>       |     |
| <i>minocycline hcl tab 50 mg</i> .....          | 128 | <i>(base equiv)</i> .....                     | 20  |
| <i>minocycline hcl tab 75 mg</i> .....          | 128 | <i>montelukast sodium chew tab 5 mg</i>       |     |
| <i>minoxidil tab 10 mg</i> .....                | 46  | <i>(base equiv)</i> .....                     | 20  |
| <i>minoxidil tab 2.5 mg</i> .....               | 46  | <i>montelukast sodium oral granules</i>       |     |
| MIOSTAT INJ 0.01% OP .....                      | 116 | <i>packet 4 mg (base equiv)</i> .....         | 20  |
| MIRENA IUD SYSTEM .....                         | 78  | <i>montelukast sodium tab 10 mg (base</i>     |     |
| <i>mirtazapine orally disintegrating tab 15</i> |     | <i>equiv)</i> .....                           | 21  |
| <i>mg</i> .....                                 | 28  | MONUROL PAK GRANULES .....                    | 17  |
| <i>mirtazapine orally disintegrating tab 30</i> |     | MORPHINE SUL INJ 10/0.7ML .....               | 9   |
| <i>mg</i> .....                                 | 28  | MORPHINE SUL INJ 150/30ML .....               | 9   |
| <i>mirtazapine orally disintegrating tab 45</i> |     | MORPHINE SUL INJ 2MG/ML .....                 | 9   |
| <i>mg</i> .....                                 | 28  | MORPHINE SUL INJ 4MG/ML .....                 | 9   |
| <i>mirtazapine tab 15 mg</i> .....              | 28  | MORPHINE SUL INJ 5MG/ML .....                 | 9   |
| <i>mirtazapine tab 30 mg</i> .....              | 28  | MORPHINE SUL SUP 30MG .....                   | 9   |

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| <i>morphine sulfate inj 10 mg/ml</i> .....   | 9   |
| <i>morphine sulfate inj 15 mg/ml</i> .....   | 9   |
| <i>morphine sulfate inj 8 mg/ml</i> .....  | 9   |
| <i>morphine sulfate inj pf 0.5 mg/ml</i> .....                                       | 9   |
| <i>morphine sulfate inj pf 1 mg/ml</i> .....   | 9   |
| <i>morphine sulfate iv soln 1 mg/ml</i> .....  | 9   |
| <i>morphine sulfate iv soln 25 mg/ml</i> ...   | 10  |
| <i>morphine sulfate iv soln 50 mg/ml</i> ...   | 10  |
| <i>morphine sulfate iv soln pf 10 mg/ml</i>  | 10  |
| <i>morphine sulfate iv soln pf 15 mg/ml</i>  | 10  |
| <i>morphine sulfate oral soln 10 mg/5ml</i><br>.....                                 | 10  |
| <i>morphine sulfate oral soln 100 mg/5ml</i><br>(20 mg/ml) .....                     | 10  |
| <i>morphine sulfate oral soln 20 mg/5ml</i><br>.....                                 | 10  |
| <i>morphine sulfate suppos 10 mg</i> .....   | 10  |
| <i>morphine sulfate suppos 20 mg</i> .....   | 10  |
| <i>morphine sulfate suppos 5 mg</i> .....  | 10  |
| <i>morphine sulfate tab 15 mg</i> .....  | 10  |
| <i>morphine sulfate tab 30 mg</i> .....  | 10  |
| <i>morphine sulfate tab er 100 mg</i> .....  | 10  |
| <i>morphine sulfate tab er 15 mg</i> .....   | 10  |
| <i>morphine sulfate tab er 200 mg</i> .....  | 10  |
| <i>morphine sulfate tab er 30 mg</i> .....   | 10  |
| <i>morphine sulfate tab er 60 mg</i> .....   | 10  |
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| <i>naproxen tab 500 mg</i> .....               | 7   | <i>neomycin-polymyxin-dexamethasone</i>        |     |
| <i>naproxen tab ec 375 mg</i> .....            | 7   | <i>ophth susp 0.1%</i> .....                   | 118 |
| <i>naproxen tab ec 500 mg</i> .....            | 7   | <i>neomycin-polymyxin-hc ophth susp</i>        | 118 |
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| <i>naratriptan hcl tab 2.5 mg (base equiv)</i> |     | <i>neomycin-polymyxin-hc otic susp 3.5</i>     |     |
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| NATURE-THROI TAB 65MG .....                    | 129 | <i>(antihyperlipidemic)</i> .....              | 41  |
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| NATURE-THROI TAB 97.5MG .....                  | 129 | <i>(antihyperlipidemic)</i> .....              | 41  |
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| <i>nefazodone hcl tab 100 mg</i> .....         | 30  | <i>nicardipine hcl iv soln 2.5 mg/ml</i> ....  | 70  |
| <i>nefazodone hcl tab 150 mg</i> .....         | 30  | <i>nicotine polacrilex gum 2 mg</i> .....      | 126 |
| <i>nefazodone hcl tab 200 mg</i> .....         | 30  | <i>nicotine polacrilex gum 4 mg</i> .....      | 126 |
| <i>nefazodone hcl tab 250 mg</i> .....         | 30  | <i>nicotine polacrilex lozenge 2 mg</i> ....   | 126 |
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| <i>neomycin-polymyxin-dexamethasone</i>        |     | <i>nifedipine tab er 24hr 30 mg</i> .....      | 70  |
| <i>ophth oint 0.1%</i> .....                   | 118 | <i>nifedipine tab er 24hr 60 mg</i> .....      | 70  |
|  |     | <i>nifedipine tab er 24hr 90 mg</i> .....      | 70  |

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| <i>nifedipine tab er 24hr osmotic release</i>  |    | <i>nitroglycerin td patch 24hr 0.2 mg/hr</i>        |     |
| 30 mg .....                                    | 70 | .....   | 18  |
| <i>nifedipine tab er 24hr osmotic release</i>  |    | <i>nitroglycerin td patch 24hr 0.4 mg/hr</i>        |     |
| 60 mg .....                                    | 70 | .....   | 18  |
| <i>nifedipine tab er 24hr osmotic release</i>  |    | <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>        |     |
| 90 mg .....                                    | 70 | .....   | 18  |
| <i>nilutamide tab 150 mg</i> .....             | 50 | <i>nitroglycerin tl soln 0.4 mg/spray (400</i>      |     |
| <i>nimodipine cap 30 mg</i> .....              | 70 | <i>mcg/spray)</i> .....                             | 18  |
| NINLARO CAP 2.3MG .....                        | 54 | <i>nizatidine cap 150 mg</i> .....                  | 131 |
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| <i>nisoldipine tab er 24hr 20 mg</i> .....     | 70 | <i>ptwk 150-35 mcg/24hr</i> .....                   | 77  |
| <i>nisoldipine tab er 24hr 25.5 mg</i> .....   | 70 | <i>norethindrone &amp; ethinyl estradiol tab</i>    |     |
| <i>nisoldipine tab er 24hr 30 mg</i> .....     | 70 | 0.4 mg-35 mcg .....                                 | 76  |
| <i>nisoldipine tab er 24hr 34 mg</i> .....     | 70 | <i>norethindrone &amp; ethinyl estradiol tab</i>    |     |
| <i>nisoldipine tab er 24hr 40 mg</i> .....     | 71 | 0.5 mg-35 mcg .....                                 | 76  |
| <i>nisoldipine tab er 24hr 8.5 mg</i> .....    | 70 | <i>norethindrone &amp; ethinyl estradiol tab 1</i>  |     |
| NITRO-BID OIN 2% .....                         | 17 | mg-35 mcg .....                                     | 76  |
| NITRO-DUR DIS 0.3MG/HR .....                   | 17 | <i>norethindrone &amp; ethinyl estradiol-fe</i>     |     |
| NITRO-DUR DIS 0.8MG/HR .....                   | 17 | <i>chew tab 0.4 mg-35 mcg</i> .....                 | 76  |
| <i>nitrofurantoin macrocrystalline cap 100</i> |    | <i>norethindrone &amp; ethinyl estradiol-fe</i>     |     |
| <i>mg</i> .....                                | 17 | <i>chew tab 0.8 mg-25 mcg</i> .....                 | 76  |
| <i>nitrofurantoin macrocrystalline cap 25</i>  |    | <i>norethindrone &amp; mestranol tab 1 mg-</i>      |     |
| <i>mg</i> .....                                | 17 | 50 mcg .....  | 76  |
| <i>nitrofurantoin macrocrystalline cap 50</i>  |    | <i>norethindrone ace &amp; ethinyl estradiol</i>    |     |
| <i>mg</i> .....                                | 17 | <i>tab 1 mg-20 mcg</i> .....                        | 76  |
| <i>nitrofurantoin monohydrate</i>              |    | <i>norethindrone ace &amp; ethinyl estradiol</i>    |     |
| <i>macrocrystalline cap 100 mg</i> .....       | 17 | <i>tab 1.5 mg-30 mcg</i> .....                      | 76  |
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| <i>nitroglycerin cap er 2.5 mg</i> .....       | 17 | <i>tab 1 mg-20 mcg</i> .....                        | 77  |
| <i>nitroglycerin cap er 6.5 mg</i> .....       | 17 | <i>norethindrone ace &amp; ethinyl estradiol-fe</i> |     |
| <i>nitroglycerin cap er 9 mg</i> .....         | 17 | <i>tab 1.5 mg-30 mcg</i> .....                      | 77  |
| <i>nitroglycerin iv soln 100 mcg/ml in d5w</i> |    | <i>norethindrone ace-eth estradiol-fe</i>           |     |
| .....  | 17 | <i>chew tab 1 mg-20 mcg (24)</i> .....              | 77  |
| <i>nitroglycerin iv soln 200 mcg/ml in d5w</i> |    | <i>norethindrone ace-ethinyl estradiol-fe</i>       |     |
| .....  | 18 | <i>cap 1 mg-20 mcg (24)</i> .....                   | 77  |
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| .....  | 18 | <i>tab 1 mg-20 mcg (24)</i> .....                   | 77  |
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| <i>mcg/spray</i> .....                         | 18 | <i>norethindrone acetate-ethinyl estradiol</i>      |     |
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| <i>nitroglycerin sl tab 0.4 mg</i> .....       | 18 | <i>norethindrone acetate-ethinyl estradiol</i>      |     |
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| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i>   |    | <i>norethindrone ac-ethinyl estrad-fe tab</i>       |     |
| .....  | 18 | 1-20/1-30/1-35 mg-mcg .....                         | 76  |
|  |    | <i>norethindrone tab 0.35 mg</i> .....              | 78  |

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| <i>nortriptyline hcl soln 10 mg/5ml</i> .....                            | 32  | <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> .....      | 92  |
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| NOVOLOG INJ 100/ML .....   | 34  | <i>ofloxacin otic soln 0.3%</i> .....                          | 120 |
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| RETACRIT INJ 3000UNIT                      | 100 | <i>0.25 mg</i>                                   | 60  |
| RETACRIT INJ 40000UNT                      | 100 | <i>risperidone orally disintegrating tab 0.5</i> |     |
| RETACRIT INJ 4000UNIT                      | 100 | <i>mg</i>  | 60  |



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| SAVELLA TAB 25MG .....   | 125 | <i>simvastatin tab 80 mg</i> .....   | 40  |
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| TIROSINT CAP 25MCG.....                       | 130 | <i>topiramate cap er 24hr sprinkle 200</i>    |     |
| TIROSINT CAP 50MCG.....                       | 130 | <i>mg.....</i>                                | 27  |
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| TIROSINT CAP 88MCG.....                       | 130 | <i>.....</i>                                  | 27  |
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| <i>tizanidine hcl cap 2 mg (base</i>          |     | <i>.....</i>                                  | 27  |
| <i>equivalent).....</i>                       | 114 | <i>topiramate sprinkle cap 15 mg.....</i>     | 27  |
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| <i>equivalent).....</i>                       | 114 | <i>topiramate tab 25 mg.....</i>              | 27  |
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| <i>tobramycin ophth soln 0.3%.....</i>        | 117 | <i>toremifene citrate tab 20 mg.....</i>      | 88  |

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| <i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....                | 45  | <i>triamcinolone acetonide cream 0.1%</i> 84                             |     |
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| <i>zidovudine tab 300 mg</i> .....                | 66  | ZONTIVITY TAB 2.08MG .....                      | 99  |
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|                  |  |
|------------------|--|
| English          | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-508-4677 (TTY: 711).                             |
| Spanish          | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-508-4677 (TTY: 711).                            |
| Navajo           | Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódílnih 1-844-508-4677 (TTY: 711.)      |
| Vietnamese       | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-508-4677 (TTY: 711).   |
| German           | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-508-4677 (TTY: 711).                |
| Chinese          | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-508-4677 (TTY : 711) 。  |
| Arabic           | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-508-4677 (رقم هاتف الصم والبكم: 711).                            |
| Korean           | 주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 1-844-508-4677 (TTY : 711)로 전화하십시오.  |
| Tagalog-Filipino | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-508-4677 (TTY: 711).          |
| Japanese         | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-508-4677 (TTY: 711) まで、お電話にてご連絡ください。   |
| French           | ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-508-4677 (ATS: 711).                      |
| Italian          | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-508-4677 (TTY: 711). |
| Russian          | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-508-4677 (телетайп: 711).                                 |
| Hindi            | सावधानी: यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं नि:शुल्क, आपके लिए उपलब्ध हैं। 1-844-508-4677 पर कॉल करें (टीटीवी: 711)।                               |
| Farsi            | توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-508-4677 (TTY: 711) تماس بگیرید.                              |
| Thai             | ความสนใจ: หากคุณพูดภาษาไทยมีบริการให้ความช่วยเหลือด้านภาษาฟรี โทร 1-844-508-4677 (TTY: 711)  |



## Notice of Non-Discrimination and Accessibility *Aviso de no discriminación y accesibilidad*

The following is a statement describing nondiscrimination for True Health New Mexico and the services it provides to its clients and members.

- We do not discriminate on the basis of race, color, creed or religion, sexual orientation, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call True Health New Mexico Customer Service at 1-844-508-4677, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can send a complaint to: True Health New Mexico Compliance Hotline, 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110. Phone: 1-855-882-3904. Fax: 1-866-231-1344.

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Phone: Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- Mail: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

### **Aviso de no discriminación y accesibilidad**

A continuación presentamos una declaración que resume la norma de no discriminación de *True Health New Mexico* y los servicios que prestamos a nuestros clientes y asegurados.

- No discriminamos por la raza, el color, el credo o la religión, la orientación sexual, el origen nacional, la edad, las discapacidades o el sexo en nuestras actividades o programas de salud.
- Ayudamos gratuitamente a las personas que tienen discapacidades o cuyo idioma nativo no es el inglés. Para pedir un documento en otro formato, como en letra grande, o para recibir la ayuda de un intérprete calificado, favor de llamar al Centro de Atención al Cliente de *True Health New Mexico* al 1-844-508-4677, para los servicios TTY llame al 1-800-659-8331, de lunes a viernes, de las 8:00 de la mañana a las 5:00 de la tarde.
- Si usted cree que no hemos prestado estos servicios o que le hemos discriminado de alguna otra manera por su raza, color, origen nacional, edad, discapacidad o sexo, puede enviar una queja a: *True Health New Mexico* Compliance Hotline, 2440 Louisiana Blvd. NE, Suite 601, Albuquerque, NM 87110. Teléfono: 1-855-882-3904. Fax: 1-866-231-1344.

Además, tiene derecho a presentar una queja directamente al Departamento de Salud y Servicios Humanos de los EE. UU. [*U.S. Dept. of Health and Human Services*] ya sea en línea, por teléfono o por correo:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Los formularios de queja están a su disposición en: <http://www.hhs.gov/ocr/office/file/index.html>.
- Por teléfono: Línea telefónica gratis: 1-800-368-1019, TDD: 1-800-537-7697
- Por correo: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201