

Arkansas Blue Cross and Blue Shield
Blue Choice Formulary
Effective 01/01/2023

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INTRODUCTION

We are pleased to provide the 2023 **Arkansas Blue Cross and Blue Shield Blue Choice Essential Value Formulary** as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Arkansas Blue Cross will utilize the services of the independent National P&T Committee as well as internal pharmacy and medical advisory committees to direct formulary decisions as it relates to our benefit certificates and policies.

DRUG LIST PRODUCT DESCRIPTIONS

There are two ways to find your drug on this drug list:

1. Medical Conditions

The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under Cardiovascular. If you know what your drug is used for, look for the category name in the list and then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the drug list. The Index is an alphabetical list of all drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.

- Next to your drug, see the page number where you can find the coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in the lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug. Their requirements and limits may include:

- **Prior Authorization:** Your plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from your plan before you fill your prescriptions.
- **Quantity Limits:** For certain drugs, your plan limits the amount of the drug that it will cover. Your plan may also limit the amount of drugs you may receive within a class of drugs. For example, for opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy:** Your plan needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. If you don't get approval, your plan may not cover the drug.

LEGEND

Symbol	Name
AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
PA*	If Quantity Limit is exceeded, Prior Authorization may apply
PA**	If Step Therapy requirements are not met, Prior Authorization may apply
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

SPECIALTY MEDICATIONS

A new, rapidly growing category of drugs, specialty medications are the result of continued advances in drug development technology and design. They are created to target and treat complex chronic or genetic medical conditions and include bioengineered proteins, blood-derived products and complex molecules. The therapeutic categories listed below include products that are covered as part of the Specialty benefit.

Acromegaly	Mental Health Conditions
Alpha-1 Antitrypsin Deficiency	Miscellaneous
Amyloidosis	Movement Disorders
Anemia	Multiple Sclerosis
Asthma	Neutropenia
Atopic Dermatitis	Ocular Disorders
Cardiac Disorders	Oncology - Injectable
Coagulation Disorders	Oncology - Oral/Topical
Cryopyrin-Associated Periodic Syndromes	Osteoporosis
Cystic Fibrosis	Paroxysmal Nocturnal Hemoglobinuria
Electrolyte Disorders	Phenylketonuria
Gastrointestinal Disorders-Other	Pre-Term Birth
Gout	Psoriasis
Growth Hormone & Related Disorders	Pulmonary Arterial Hypertension
Hematopoietics	Pulmonary Disorders - Other
Hemophilia, Von Willebrand Disease & Related	Rare Disorders - Other
Bleeding Disorders	Renal Disease
Hepatitis	Respiratory Syncytial Virus
Hereditary Angioedema	Rheumatoid Arthritis
HIV Medications	Seizure Disorders
Hormonal Therapies	Sickle Cell Disease
Immune Deficiencies & Related Disorders	Sleep Disorders
Infectious Disease - Other	Systemic Lupus Erythematosus
Inflammatory Bowel Disease	Thrombocytopenia
Iron Overload	Transplant
Lysosomal Storage Disorders	Urea Cycle Disorders

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. The utilization management program is available for therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as “SP” for your reference. For additional information, please refer to [Arkansasbluecross.com/pd_list/specialty.aspx](https://arkansasbluecross.com/pd_list/specialty.aspx) or to submit a prior authorization, please call 1-866-814-5506.

PLAN DESIGN

Preferred brand-name medications are listed to help identify product that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Special note for opioid containing products: The quantity of opioid product prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30 day supply. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Some Plans exclude mental health drugs.

Log in to [Arkansasbluecross.com](https://arkansasbluecross.com) to check coverage.

PREVENTIVE SERVICES

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share. These items may include:

- Bowel Preparations for Colorectal Cancer Screening
- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
- Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection
- Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity

Items that may be covered as preventive services under this formulary will not be specifically noted since final coverage is determined by the plan sponsor.

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2022 CVS Health and/or one of its affiliates. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Requirements/Limits
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ANALGESICS

GOUT

allopurinol tabs 100mg, 300mg

colchicine caps .6mg; tabs .6mg

MITIGARE CAPS .6mg

probenecid tabs 500mg

NSAIDS

diclofenac potassium tabs 50mg

diclofenac sodium delayed-rel tbec 25mg, 50mg, 75mg

diclofenac sodium ext-rel tb24 100mg

diflunisal tabs 500mg

etodolac caps 200mg, 300mg; tabs 400mg, 500mg

flurbiprofen tabs 50mg, 100mg

ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg

ketoprofen caps 50mg, 75mg

ketorolac tromethamine soln 15mg/ml, 30mg/ml; tabs 10mg

meloxicam tabs 7.5mg, 15mg

nabumetone tabs 500mg, 750mg

naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg

naproxen sodium tabs 275mg, 550mg

oxaprozin tabs 600mg

piroxicam caps 10mg, 20mg

sulindac tabs 150mg, 200mg

OPIOID ANALGESICS

acetaminophen w/ codeine soln 120-12 mg/5ml

QL

acetaminophen w/ codeine tab 300-15 mg

QL

acetaminophen w/ codeine tab 300-30 mg

QL

acetaminophen w/ codeine tab 300-60 mg

QL

codeine sulfate tabs 30mg

QL; PA*

fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr

QL; PA*, Initial PA may apply to higher strengths

fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg

PA, QL

hydrocodone-acetaminophen soln 7.5-325 mg/15ml

QL

hydrocodone-acetaminophen soln 10-325 mg/15ml

QL

hydrocodone-acetaminophen tab 5-325 mg

QL

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	QL; PA*
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbs 40mg</i>	QL; PA*
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	QL; PA*
<i>oxycodone hcl conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>tramadol hcl tabs 50mg</i>	QL; PA*
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	QL; PA*, Initial PA may apply to higher strengths

OPIOID PARTIAL AGONISTS

<i>BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths

VISCOSUPPLEMENTS

<i>DUROLANE PRSY 60mg/3ml</i>	SP, PA
<i>EUFLEXXA SOSY 20mg/2ml</i>	SP, PA
<i>GELSYN-3 SOSY 16.8mg/2ml</i>	SP, PA
<i>SUPARTZ FX SOSY 25mg/2.5ml</i>	SP, PA

ANTI-INFECTIVES

ANTHELMINTICS

<i>EMVERM CHEW 100mg</i>	QL; PA*
<i>ivermectin tabs 3mg</i>	
<i>praziquantel tabs 600mg</i>	QL; PA*

ANTIFUNGALS

<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>fluconazole sus 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	
<i>nystatin tabs 500000unit</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>terbinafine hcl tabs 250mg</i>	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA
ANTIRETROVIRAL AGENTS	
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
EDURANT TABS 25mg	QL; PA*
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	QL; PA*
<i>emtricitabine caps 200mg</i>	QL; PA*
<i>etravirine tabs 100mg, 200mg</i>	QL; PA*
<i>fosamprenavir calcium tabs 700mg</i>	QL; PA*
FUZEON SOLR 90mg	SP, PA, QL
INTELENCE TABS 25mg	QL; PA*
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	QL; PA*
ISENTRESS HD TABS 600mg	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	QL; PA*
PREZISTA SUSP 100mg/ml; TABS 75mg, 150mg, 600mg, 800mg	QL; PA*
<i>ritonavir tabs 100mg</i>	QL; PA*
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	QL; PA*
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
TIVICAY TABS 10mg, 25mg, 50mg	QL; PA*
TROGARZO SOLN 200mg/1.33ml	
VIREAD TABS 150mg, 200mg, 250mg	QL; PA*
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	QL; PA*
ANTIRETROVIRAL COMBINATION AGENTS	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL; PA*
BIKTARVY TAB	QL; PA*
CIMDUO TAB 300-300	QL; PA*
DESCOVY TAB 120-15MG	QL; PA*
DESCOVY TAB 200/25MG	QL; PA*
DOVATO TAB 50-300MG	QL; PA*
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL; PA*

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Drug Name	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
ODEFSEY TAB	QL; PA*
PREZCOBIX TAB 800-150	QL; PA*
SYMTUZA TAB	QL; PA*
TRIUMEQ TAB	QL; PA*

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid syrps 50mg/5ml; tabs 100mg, 300mg</i>	
PRIFTIN TABS 150mg	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin caps 150mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
<i>streptomycin sulfate solr 1gm</i>	
TRECTOR TABS 250mg	

ANTIVIRALS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	QL; PA*
<i>valacyclovir hcl tabs 1gm, 500mg</i>	

CEPHALOSPORINS

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml</i>	

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Drug Name	Requirements/Limits
CYTOMEGALOVIRUS AGENTS	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	SP, QL
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>clarithromycin ext-rel tb24 500mg</i>	
DIFICID SUSR 40mg/ml; TABS 200mg	PA
<i>erythrocin stearate tabs 250mg</i>	
<i>erythromycin susr 200mg/5ml; tabs 400mg</i>	
<i>erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg</i>	
FLUOROQUINOLONES	
<i>ciprofloxacin susr 500mg/5ml</i>	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
HEPATITIS B	
BARACLUDE SOLN .05mg/ml	SP, QL
<i>entecavir tabs .5mg, 1mg</i>	SP, QL
<i>lamivudine (hbv) tabs 100mg</i>	
VEMLIDY TABS 25mg	SP, QL
HEPATITIS C	
EPCLUSA PAK 150-37.5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
<i>ribavirin caps 200mg; tabs 200mg</i>	SP, PA

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Drug Name	Requirements/Limits
VOSEVI TAB	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

MISCELLANEOUS

<i>atovaquone susp 750mg/5ml</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	PA
<i>linezolid inj soln 600mg/300ml</i>	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>nitrofurantoin ext-rel caps 100mg</i>	
<i>nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg</i>	
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	QL
XIFAXAN TABS 550mg	PA

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	

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Drug Name	Requirements/Limits
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
TETRACYCLINES	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>doxycycline monohydrate susp susr 25mg/5ml</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	QL; PA*
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
<i>cyclophosphamide caps 25mg, 50mg</i>	
EMCYT CAPS 140mg	
LEUKERAN TABS 2mg	
<i>melfalan tabs 2mg</i>	
MYLERAN TABS 2mg	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	SP, PA
ANTIMETABOLITES	
<i>capecitabine tabs 150mg, 500mg</i>	SP, PA, QL
LONSURF TAB 15-6.14	SP, PA, QL
LONSURF TAB 20-8.19	SP, PA, QL
<i>mercaptopurine tabs 50mg</i>	
TABLOID TABS 40mg	
BIOLOGIC RESPONSE MODIFIERS	
ERIVEDGE CAPS 150mg	SP, PA, QL
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	SP, PA, QL
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	SP, PA, QL
BIOSIMILARS	
KANJINTI SOLR 150mg, 420mg	SP, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	SP, PA
TRAZIMERA SOLR 150mg, 420mg	SP, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	SP, PA
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tabs 250mg</i>	SP, PA, QL
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	SP, PA
ERLEADA TABS 60mg	SP, PA, QL
<i>exemestane tabs 25mg</i>	
FIRMAGON SOLR 80mg, 120mg/vial	SP, PA
<i>flutamide caps 125mg</i>	

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Drug Name	Requirements/Limits
<i>fulvestrant sosal 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
LYSODREN TABS 500mg	
<i>megestrol acetate susp 400mg/10ml; tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
NUBEQA TABS 300mg	SP, PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
XTANDI CAPS 40mg; TABS 40mg, 80mg	SP, PA, QL
YONSA TABS 125mg	SP, PA, QL

KINASE INHIBITORS

ALECENSA CAPS 150mg	SP, PA, QL
ALUNBRIG TABS 30mg, 90mg, 180mg	SP, PA, QL
ALUNBRIG PAK	SP, PA, QL
BOSULIF TABS 100mg, 400mg, 500mg	SP, PA, QL
BRAFTOVI CAPS 75mg	SP, PA, QL
BRUKINSA CAPS 80mg	SP, PA, QL
CABOMETYX TABS 20mg, 40mg, 60mg	SP, PA, QL
CALQUENCE CAPS 100mg; TABS 100mg	SP, PA, QL
CAPRELSA TABS 100mg, 300mg	SP, PA, QL
COPIKTRA CAPS 15mg, 25mg	SP, PA, QL
COTELLIC TABS 20mg	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	SP, PA, QL
GAVRETO CAPS 100mg	SP, PA, QL
GILOTRIF TABS 20mg, 30mg, 40mg	SP, PA, QL
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
IMBRUVICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg	SP, PA, QL
INLYTA TABS 1mg, 5mg	SP, PA, QL
IRESSA TABS 250mg	SP, PA, QL
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	SP, PA, QL
KISQALI TBPK 200mg	SP, PA, QL
KISQALI 200 PAK FEMARA	SP, PA, QL
KISQALI 400 PAK FEMARA	SP, PA, QL
KISQALI 600 PAK FEMARA	SP, PA, QL
KOSELUGO CAPS 10mg, 25mg	SP, PA, QL
<i>lapatinib ditosylate tabs 250mg</i>	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4mg	SP, PA, QL

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Drug Name	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10mg	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10mg	SP, PA, QL
LENVIMA CAP 14 MG	SP, PA, QL
LENVIMA CAP 18 MG	SP, PA, QL
LENVIMA CAP 24 MG	SP, PA, QL
LORBRENA TABS 25mg, 100mg	SP, PA, QL
MEKTOVI TABS 15mg	SP, PA, QL
NEXAVAR TABS 200mg	SP, PA, QL
RETEVMO CAPS 40mg, 80mg	SP, PA, QL
ROZLYTREK CAPS 100mg, 200mg	SP, PA, QL
RYDAPT CAPS 25mg	SP, PA, QL
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	SP, PA, QL
STIVARGA TABS 40mg	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAGRISSE TABS 40mg, 80mg	SP, PA, QL
TUKYSA TABS 50mg, 150mg	SP, PA, QL
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	SP, PA, QL
XOSPATA TABS 40mg	SP, PA, QL
ZELBORAF TABS 240mg	SP, PA, QL
ZYDELIG TABS 100mg, 150mg	SP, PA, QL
ZYKADIA TABS 150mg	SP, PA, QL
MISCELLANEOUS	
<i>bexarotene caps 75mg</i>	SP, PA
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
LYNPARZA TABS 100mg, 150mg	SP, PA, QL
MATULANE CAPS 50mg	
ODOMZO CAPS 200mg	SP, PA, QL
PERJETA SOLN 420mg/14ml	SP, PA
PHESGO SOL	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	
VENCLEXTA TABS 10mg, 50mg, 100mg	SP, PA, QL
VENCLEXTA TAB START PK	SP, PA, QL
VISTOGARD PACK 10gm	SP, QL
ZEJULA CAPS 100mg	SP, PA, QL
ZOLINZA CAPS 100mg	SP, PA, QL
PROTEASOME INHIBITORS	
<i>bortezomib solr 3.5mg</i>	SP, PA, QL
NINLARO CAPS 2.3mg, 3mg, 4mg	SP, PA, QL

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Drug Name	Requirements/Limits
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
ACE INHIBITORS	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>epplerenone tabs 25mg, 50mg</i>	
ALPHA BLOCKERS	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	

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Drug Name	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SP, PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	
<i>propafenone ext-rel cp12 225mg, 325mg, 425mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine powd 4gm/dose</i>	
<i>cholestyramine light powd 4gm/dose</i>	

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Drug Name	Requirements/Limits
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	
<i>gemfibrozil tabs 600mg</i>	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
<i>icosapent ethyl caps 1gm</i>	
<i>VASCEPA CAPS .5gm, 1gm</i>	
ANTILIPEMICS, PCSK9 INHIBITORS	
<i>PRALUENT SOAJ 75mg/ml, 150mg/ml</i>	SP, PA, QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
BETA-BLOCKERS	
<i>acebutolol hcl caps 200mg, 400mg</i>	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>pindolol tabs 5mg, 10mg</i>	

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Drug Name	Requirements/Limits
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
<i>diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>isradipine caps 2.5mg, 5mg</i>	
<i>nicardipine hcl caps 20mg, 30mg</i>	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	
DIGITALIS GLYCOSIDES	
<i>digoxin tabs 62.5mcg, 125mcg, 250mcg</i>	
<i>digoxin ped elixir soln .05mg/ml</i>	
DIURETICS	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
HEART FAILURE	
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	
<i>ENTRESTO TAB 24-26MG</i>	
<i>ENTRESTO TAB 49-51MG</i>	
<i>ENTRESTO TAB 97-103MG</i>	
MISCELLANEOUS	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	

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Drug Name	Requirements/Limits
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<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	
<i>isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg</i>	
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	
<i>nitroglycerin sublingual subl .3mg, .4mg, .6mg</i>	
<i>nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	

PULMONARY ARTERIAL HYPERTENSION

<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	SP, PA, QL
<i>ambrisentan tabs 5mg, 10mg</i>	SP, PA, QL
<i>bosentan tabs 62.5mg, 125mg</i>	SP, PA, QL
<i>OPSUMIT TABS 10mg</i>	SP, PA, QL
<i>ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg</i>	SP, PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg</i>	SP, PA, QL
<i>TRACLEER TBSO 32mg</i>	SP, PA, QL
<i>UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg</i>	SP, PA, QL
<i>UPTRAVI PACK TAB 200/800</i>	SP, PA, QL

CENTRAL NERVOUS SYSTEM

ANTIANKXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg</i>	QL
<i>alprazolam orally disintegrating tabs tbdp .25mg, .5mg, 1mg, 2mg</i>	QL
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>fluvoxamine ext-rel cp24 100mg, 150mg</i>	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>oxazepam caps 10mg, 15mg, 30mg</i>	QL

ANTICONSULSANTS

<i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	QL

Drug Name	Requirements/Limits
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	QL
<i>diazepam tabs 2mg, 5mg, 10mg</i>	QL
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
<i>phenytoin chew 50mg; susp 100mg/4ml</i>	
<i>phenytoin sodium extended caps 100mg</i>	
<i>primidone tabs 50mg, 250mg</i>	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>valproic acid caps 250mg</i>	
<i>vigabatrin pack 500mg; tabs 500mg</i>	SP, PA, QL
<i>zonisamide caps 25mg, 50mg, 100mg</i>	

ANTIDEMENTIA

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	
<i>memantine hcl soln 10mg/5ml; tabs 5mg, 10mg</i>	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	

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Drug Name	Requirements/Limits
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tabs 200mg</i>	
INBRIJA CAPS 42mg	SP, PA, QL
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	SP, PA, QL
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	
FIBROMYALGIA	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	PA
MIGRAINE	
AIMOVIG SOAJ 70mg/ml, 140mg/ml	ST, QL; PA**
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	ST, QL; PA**
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL; PA*
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL; PA*
<i>rizatriptan orally disintegrating tabs tbdp 5mg, 10mg</i>	QL; PA*
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL; PA*
<i>sumatriptan succinate soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	QL; PA*
UBRELVY TABS 50mg, 100mg	ST, QL; PA**
<i>zolmitriptan tabs 2.5mg, 5mg</i>	QL; PA*

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Drug Name	Requirements/Limits
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<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, QL; PA*</i> <i>5mg</i>	
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MISCELLANEOUS

<i>lithium carbonate caps 150mg, 300mg, 600mg;</i> <i>tabs 300mg; tbcr 300mg, 450mg</i>	
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<i>pyridostigmine bromide soln 60mg/5ml; tabs</i> <i>60mg</i>	
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<i>riluzole tabs 50mg</i>	
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MOVEMENT DISORDERS

<i>AUSTEDO TABS 6mg, 9mg, 12mg</i>	<i>SP, PA, QL</i>
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<i>INGREZZA CAPS 40mg, 60mg, 80mg</i>	<i>SP, PA, QL</i>
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<i>INGREZZA CAP 40-80MG</i>	<i>SP, PA, QL</i>
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<i>tetrabenazine tabs 12.5mg, 25mg</i>	<i>SP, PA, QL</i>
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MULTIPLE SCLEROSIS AGENTS

<i>AUBAGIO TABS 7mg, 14mg</i>	<i>SP, PA, QL</i>
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<i>AVONEX AJKT 30mcg/0.5ml; PSKT 30mcg/0.5ml</i>	<i>SP, PA, QL</i>
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<i>BETASERON KIT .3mg</i>	<i>SP, PA, QL</i>
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<i>COPAXONE SOSY 20mg/ml, 40mg/ml</i>	<i>SP, PA, QL</i>
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<i>dimethyl fumarate delayed-rel cpdr 120mg,</i> <i>240mg</i>	<i>SP, PA, QL</i>
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<i>GILENYA CAPS .5mg</i>	<i>SP, PA, QL</i>
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<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	<i>SP, PA, QL</i>
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<i>KESIMPTA SOAJ 20mg/0.4ml</i>	<i>SP, PA, QL</i>
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<i>MAYZENT TABS .25mg, 1mg, 2mg; TBPK .25mg</i>	<i>SP, PA, QL</i>
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<i>MAYZENT STARTER PACK TBPK .25mg</i>	<i>SP, PA, QL</i>
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<i>OCREVUS SOLN 300mg/10ml</i>	<i>SP, PA, QL</i>
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<i>REBIF SOAJ 22mcg/0.5ml, 44mcg/0.5ml; SOSY</i> <i>22mcg/0.5ml, 44mcg/0.5ml</i>	<i>SP, PA, QL</i>
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<i>TYSABRI CONC 300mg/15ml</i>	<i>SP, PA, QL</i>
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<i>VUMERITY CPDR 231mg</i>	<i>SP, PA, QL</i>
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<i>ZEPOSIA CAPS .92mg</i>	<i>SP, PA, QL</i>
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MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	
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<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
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<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
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<i>methocarbamol tabs 500mg, 750mg</i>	
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<i>tizanidine hcl tabs 2mg, 4mg</i>	
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OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> <i>(base equiv)</i>	<i>QL</i>
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<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> <i>(base equiv)</i>	<i>QL</i>
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Drug Name	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL

OPIOID ANTAGONIST

<i>naloxone hcl liqd 4mg/0.1ml</i>	QL; PA*
<i>naloxone hcl soaj 2mg/0.4ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosal 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl subl 2mg, 8mg</i>	PA, QL
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SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	

ENDOCRINE AND METABOLIC

ACROMEGALY

<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosal 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	SP, PA, QL
<i>SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml</i>	SP, PA, QL

ANDROGENS

<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate soln 200mg/ml</i>	PA

ANTIDIABETICS, AMYLIN ANALOGS

<i>SYMLINPEN SOPN 1500mcg/1.5ml, 2700mcg/2.7ml</i>	ST; PA**
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ANTIDIABETICS, BIGUANIDE

<i>metformin ext-rel tb24 500mg, 750mg</i>	Listing does not include generics for FORTAMET and GLUMETZA
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	

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Drug Name	Requirements/Limits
<i>glipizide-metformin hcl tab 5-500 mg</i>	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS	
JENTADUETO TAB 2.5-500	ST; PA**
JENTADUETO TAB 2.5-850	ST; PA**
JENTADUETO TAB 2.5-1000	ST; PA**
JENTADUETO TAB XR	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
TRADJENTA TABS 5mg	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
OZEMPIC SOPN 2mg/1.5ml, 4mg/3ml	ST, QL; PA**
OZEMPIC INJ 8MG/3ML	ST, QL; PA**
RYBELSUS TABS 3mg, 7mg, 14mg	ST, QL; PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	ST, QL; PA**
VICTOZA SOPN 18mg/3ml	ST, QL; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	
SOLIQUA	ST; PA**
ANTIDIABETICS, INSULIN	
BASAGLAR SOPN 100unit/ml	
FIASP	
FIASP INJ 100/ML	
HUMULIN R U-500 SOLN 500unit/ml; SOPN 500unit/ml	
LEVEMIR SOLN 100unit/ml; SOPN 100unit/ml	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100unit/ml; SUSP 100unit/ml	OTC
NOVOLIN R SOLN 100unit/ml; SOPN 100unit/ml	OTC
NOVOLOG SOCT 100unit/ml; SOLN 100unit/ml; SOPN 100unit/ml	
NOVOLOG MIX	
TRESIBA SOLN 100unit/ml; SOPN 100unit/ml, 200unit/ml	
ANTIDIABETICS, INSULIN SENSITIZER	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	

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Drug Name	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS	
TRIJARDY XR TAB	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS	
SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; PA**
SYNJARDY TAB 5-1000MG	ST; PA**
SYNJARDY TAB 12.5-500	ST; PA**
SYNJARDY XR TAB	ST; PA**
SYNJARDY XR TAB 5-1000MG	ST; PA**
SYNJARDY XR TAB 10-1000	ST; PA**
SYNJARDY XR TAB 25-1000	ST; PA**
XIGDUO XR TAB 2.5-1000	ST; PA**
XIGDUO XR TAB 5-500MG	ST; PA**
XIGDUO XR TAB 5-1000MG	ST; PA**
XIGDUO XR TAB 10-500MG	ST; PA**
XIGDUO XR TAB 10-1000	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	
GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS	
FARXIGA TABS 5mg, 10mg	ST; PA**
JARDIANCE TABS 10mg, 25mg	ST; PA**
ANTIDIABETICS, SULFONYLUREA	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, BISPHOSPHONATES	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 40mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
PROLIA SOSY 60mg/ml	SP, PA, QL

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Drug Name	Requirements/Limits
CALCIUM REGULATORS, PARATHYROID HORMONES	
FORTEO SOPN 600mcg/2.4ml	SP, PA, QL
TYMLOS SOPN 3120mcg/1.56ml	SP, PA, QL
CENTRAL PRECOCIOUS PUBERTY	
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	SP, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	SP, PA
SUPPRELIN LA KIT 50mg	SP, PA
TRIPTODUR SRER 22.5mg	SP, PA
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	SP, PA
<i>deferiprone tabs 500mg</i>	SP, PA
<i>deferoxamine mesylate solr 2gm, 500mg</i>	SP, PA
CONTRACEPTIVES	
<i>alyacen 1/35</i>	
ANNOVERA MIS	
<i>apri</i>	
<i>dasetta 1/35</i>	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
ELLA TABS 30mg	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	
<i>jolessa</i>	
KYLEENA IUD 19.5mg	
<i>leena</i>	
<i>lessina</i>	
<i>levora 0.15/30-28</i>	
LO LOESTRIN TAB 1-10-10	
<i>low-ogestrel</i>	
<i>medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 20mcg/day	
<i>norethindrone tabs .35mg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	

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Drug Name	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>pirmella 1/35</i>	
SKYLA IUD 13.5mg	
<i>trivora-28</i>	
<i>velivet</i>	
<i>wera</i>	
<i>xulane</i>	
<i>zovia 1/35</i>	

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS	OTC
ACCU-CHEK COMPACT PLUS STRIPS AND KITS	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	OTC
BD INSULIN SYRINGES AND NEEDLES	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	
LANCETS	OTC
OMNIPOD DASH INSULIN INFUSION PUMP	QL
ONETOUCH ULTRA STRIPS AND KITS	OTC
ONETOUCH VERIO STRIPS AND KITS	OTC

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75mg	SP, PA

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Drug Name	Requirements/Limits
LUPRON DEPOT (3-MONTH) KIT 11.25mg	SP, PA
ENZYME REPLACEMENTS	
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	SP, PA
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	SP, PA, QL
ESTROGENS	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	
estradiol vaginal tabs 10mcg	
estradiol vaginal crm crea .1mg/gm	
estradiol/norethindrone	
IMVEXXY INST 4mcg, 10mcg	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
VAGIFEM TABS 10mcg	
FERTILITY REGULATORS	
CETROTIDE KIT .25mg	SP, PA
clomiphene citrate tabs 50mg	
GONAL-F SOLR 450unit, 1050unit	SP, PA, QL
GONAL-F RFF SOLR 75unit	SP, PA, QL
GONAL-F RFF REDIJECT SOPN 300unit/0.5ml, 450unt/0.75ml, 900unit/1.5ml	SP, PA, QL
MENOPUR SOLR 75unit	SP, PA
OVIDREL INJ 250mcg/0.5ml	SP, PA
GAUCHER DISEASE	
CERDELGA CAPS 84mg	SP, PA, QL
CEREZYME SOLR 400unit	SP, PA, QL
GLUCOCORTICOIDS	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	
fludrocortisone acetate tabs .1mg	
hydrocortisone tabs 5mg, 10mg, 20mg	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg	
prednisolone soln 15mg/5ml	
prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	

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Drug Name	Requirements/Limits
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3mg/dose	
BAQSIMI TWO PACK POWD 3mg/dose	
<i>glucagon (rdna) kit 1mg</i>	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	
GVOKE KIT SOLN 1mg/0.2ml	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	SP, PA
ORFADIN CAPS 20mg	SP, PA
HUMAN GROWTH HORMONES	
NORDITROPIN SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	SP, PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS	
FENSOLVI KIT 45mg	SP, PA
MISCELLANEOUS	
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50mg, 150mg	SP, PA
KERENDIA TABS 10mg, 20mg	PA
PHOSPHATE BINDER AGENTS	
<i>calcium acetate caps caps 667mg</i>	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	
POLYNEUROPATHY	
TEGSEDI SOSY 284mg/1.5ml	SP, PA, QL
POTASSIUM-REMOVING AGENTS	
<i>*sodium polystyrene sulfonate powder**</i>	
PROGESTINS	
ENDOMETRIN INST 100mg	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone, micronized caps 100mg, 200mg</i>	
SELECTIVE ESTROGEN RECEPTOR MODULATORS	
<i>raloxifene hcl tabs 60mg</i>	

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Drug Name	Requirements/Limits
THYROID AGENTS	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg</i>	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
UTERINE FIBROIDS	
<i>MYFEMBREE TAB</i>	
<i>ORIAHNN CAP</i>	
VASOPRESSINS	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
GASTROINTESTINAL	
ANTICHOLINERGICS	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	
<i>glycopyrrolate soln 1mg/5ml</i>	AGE
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg</i>	
ANTIDIARRHEALS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
<i>loperamide hcl caps 2mg</i>	
ANTIEMETICS	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	QL; PA*
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	
<i>granisetron hcl tabs 1mg</i>	
<i>meclizine hcl tabs 12.5mg, 25mg</i>	
<i>metoclopramide hcl tabs 5mg, 10mg</i>	
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>promethazine hcl syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg</i>	

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Drug Name	Requirements/Limits
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium caps 750mg</i>	
<i>budesonide cpep 3mg</i>	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
<i>mesalamine cp24 .375gm; enem 4gm; tbec 1.2gm, 800mg</i>	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron hcl tabs .5mg, 1mg</i>	
LAXATIVES	
<i>CLENPIQ SOL</i>	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP
MISCELLANEOUS	
<i>misoprostol tabs 100mcg, 200mcg</i>	
<i>SYMPROIC TABS .2mg</i>	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMES	
<i>CREON CAP 3000UNIT</i>	
<i>CREON CAP 6000UNIT</i>	
<i>CREON CAP 12000UNIT</i>	
<i>CREON CAP 24000UNIT</i>	
<i>CREON CAP 36000UNIT</i>	
<i>VIOKACE TAB 10440</i>	
<i>VIOKACE TAB 20880</i>	
PROTON PUMP INHIBITORS	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	
<i>pantoprazole delayed-rel tabs tbec 20mg, 40mg</i>	
RECTAL, CORTICOSTEROIDS	
<i>hydrocortisone (rectal) crea 2.5%</i>	
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin ext-rel tb24 10mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	

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Drug Name	Requirements/Limits
MISCELLANEOUS	
<i>potassium citrate (alkalinizer) tbc</i>	15meq, 540mg, 1080mg
URINARY ANTISPASMODICS	
<i>bethanechol chloride tabs</i>	5mg, 10mg, 25mg, 50mg
<i>oxybutynin chloride syrp</i>	5mg/5ml; tabs 5mg
<i>oxybutynin ext-rel tb24</i>	5mg, 10mg, 15mg
<i>tolterodine tartrate tabs</i>	1mg, 2mg
<i>tropium tabs</i>	20mg
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea</i>	2%
<i>metronidazole vaginal gel gel</i>	.75%
<i>terconazole vaginal crea</i>	.4%, .8%; supp 80mg
HEMATOLOGIC	
ANTICOAGULANTS	
<i>ELIQUIS TABS</i>	2.5mg, 5mg
<i>ELIQUIS STARTER PACK TBPK</i>	5mg
<i>enoxaparin sodium soln</i>	300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml
<i>fondaparinux sodium soln</i>	2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml
<i>warfarin sodium tabs</i>	1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg
<i>XARELTO TABS</i>	2.5mg, 10mg, 15mg, 20mg
<i>XARELTO STAR TAB</i>	15/20MG
BLEEDING DISORDERS AGENTS	
<i>SEVENFACT SOLR</i>	1mg, 5mg SP, PA
HEMATOPOIETIC GROWTH FACTORS	
<i>DOPTELET TABS</i>	20mg SP, PA, QL
<i>NIVESTYM SOLN</i>	300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml SP, PA
<i>PROMACTA PACK</i>	12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg SP, PA, QL
<i>RETACRIT SOLN</i>	2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml SP, PA
<i>ZIEXTENZO SOSY</i>	6mg/0.6ml SP, PA, QL
HEMOPHILIA A AGENTS	
<i>ADVATE SOLR</i>	250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit SP, PA

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Drug Name	Requirements/Limits
ADYNOVATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
AFSTYLA KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit	SP, PA
ELOCTATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit, 5000unit, 6000unit	SP, PA
ESPEROCT SOLR 500unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	SP, PA
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
NOVOEIGHT SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
NUWIQ KIT 250unit, 500unit, 1000unit, 2000unit, 2500unit, 3000unit, 4000unit; SOLR 250unit, 500unit, 1000unit, 2000unit, 2500unit, 3000unit, 4000unit	SP, PA
XYNTHA KIT 250unit, 500unit, 1000unit, 2000unit	SP, PA
XYNTHA SOLOFUSE KIT 3000unit	SP, PA
HEMOPHILIA B AGENTS	
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	SP, PA
IDELVION SOLR 250unit, 500unit, 1000unit, 2000unit, 3500unit	SP, PA
REBINYN SOLR 500unit, 1000unit, 2000unit	SP, PA
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
TAVALISSE TABS 100mg, 150mg	SP, PA, QL
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080mg/20ml	SP, PA, QL
PLATELET AGGREGATION INHIBITORS	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel/aspirin</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	
SICKLE CELL DISEASE	
ENDARI PACK 5gm	SP, PA, QL
SIKLOS TABS 100mg, 1000mg	

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Drug Name	Requirements/Limits
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
REMICADE SOLR 100mg	SP, PA, QL
SIMPONI ARIA SOLN 50mg/4ml	SP, PA, QL
STELARA INTRAVENOUS SOLN 130mg/26ml	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ENBREL SOSY 50mg/ml	SP, PA, QL
HUMIRA PNKT 80mg/0.8ml; PSKT 20mg/0.4ml	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
COSENTYX SOAJ 150mg/ml	SP, PA, QL
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	SP, PA, QL
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	SP, PA, QL
RINVOQ TB24 15mg	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	
HUMIRA PSKT 80mg/0.8ml	SP, PA, QL
SKYRIZI SOCT 360mg/2.4ml	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45mg/0.5ml	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	
CIMZIA PSKT 200mg/ml	SP, PA, QL
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	
HUMIRA PNKT 40mg/0.8ml	SP, PA, QL
OTEZLA TABS 30mg	SP, PA, QL
SKYRIZI SOAJ 150mg/ml; SOLN 600mg/10ml	SP, PA, QL
STELARA SUBCUTANEOUS SOSY 45mg/0.5ml	SP, PA, QL
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	SP, PA, QL
TREMFYA SOPN 100mg/ml	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	
COSENTYX SOSY 150mg/ml	SP, PA, QL
ENBREL SOAJ 50mg/ml; SOCT 50mg/ml	SP, PA, QL
HUMIRA PNKT 40mg/0.8ml; PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
RINVOQ TB24 30mg	SP, PA, QL
SKYRIZI PSKT 75mg/0.83ml; SOSY 150mg/ml	SP, PA, QL

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Drug Name	Requirements/Limits
STELARA SUBCUTANEOUS SOSY 90mg/ml	SP, PA, QL
TREMFYA SOSY 100mg/ml	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ENBREL SOSY 25mg/0.5ml	SP, PA, QL
HUMIRA PNKT 40mg/0.4ml, 80mg/0.8ml	SP, PA, QL
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	SP, PA, QL
ORENCIA CLICKJECT SOAJ 125mg/ml	SP, PA, QL
ORENCIA SUBCUTANEOUS SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	SP, PA, QL
RINVOQ TB24 45mg	SP, PA, QL
XELJANZ TABS 5mg	SP, PA, QL
XELJANZ XR TB24 11mg	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

HUMIRA PNKT 40mg/0.8ml, 80mg/0.8ml	SP, PA, QL
RINVOQ	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
XELJANZ SOLN 1mg/ml; TABS 10mg	SP, PA, QL
XELJANZ XR TB24 22mg	SP, PA, QL

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
<i>penicillamine tabs 250mg</i>	
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	SP, PA, QL

HEREDITARY ANGIOEDEMA

<i>icatibant acetate soln 30mg/3ml</i>	SP, PA, QL
ORLADEYO CAPS 110mg, 150mg	SP, PA, QL
RUCONEST SOLR 2100unit	SP, PA, QL
TAKHZYRO SOLN 300mg/2ml	SP, PA, QL

IMMUNOGLOBULIN

CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	SP, PA
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IMMUNOSUPPRESSANTS

<i>azathioprine tabs 50mg</i>	
<i>cyclosporine caps 25mg, 100mg</i>	
<i>cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml</i>	

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Drug Name	Requirements/Limits
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ENSPRYNG SOSY 120mg/ml	SP, PA, QL
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<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	
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<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
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<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
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MISCELLANEOUS

ILARIS SOLN 150mg/ml	SP, PA
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>fluoritab soln .125mg/drop</i>	
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<i>flura-drops soln .25mg/drop</i>	
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<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq</i>	
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<i>sodium fluoride soln .5mg/ml; tabs .5mg, 1mg</i>	
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PRENATAL VITAMINS

<i>elite-ob</i>	
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<i>inatal gt</i>	
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<i>pnv-dha</i>	
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<i>pnv-select</i>	
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<i>prenatabs rx</i>	
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<i>prenatal 19</i>	
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<i>trinate</i>	
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VITAMINS

<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
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<i>cyanocobalamin soln 1000mcg/ml</i>	
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<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
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<i>ergocalciferol caps 1.25mg</i>	
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<i>folic acid tabs 1mg</i>	
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<i>multi-vitamin/fluoride dr</i>	
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<i>multi-vitamin/fluoride/ir</i>	
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<i>multivitamin/fluoride</i>	
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<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	
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<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	
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<i>phytonadione tabs 5mg</i>	
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OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
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<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
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<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
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Drug Name	Requirements/Limits
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<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentak oint .3%</i>	QL
<i>gentamicin sulfate (ophth) soln .3%</i>	QL; PA*
<i>moxifloxacin hcl (ophth) soln .5%</i>	
NATACYN SUSP 5%	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>trifluridine soln 1%</i>	

ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
<i>ketorolac tromethamine (ophth) soln .5%</i>	
<i>loteprednol etabonate susp .5%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	

ANTIALLERGICS

<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	

ANTI GLAUCOMA

<i>betaxolol hcl (ophth) soln .5%</i>	
<i>brimonidine tartrate soln .15%, .2%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	
<i>latanoprost soln .005%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	

Drug Name	Requirements/Limits
DRY EYE DISEASE	
RESTASIS EMUL .05%	PA, QL
XIIDRA SOLN 5%	PA, QL
RETINAL DISORDERS	
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	SP, PA
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml, .5mg/0.05ml	SP, PA
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	SP, PA
ANAPHYLAXIS TREATMENT AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml</i>	QL; PA*
EPIPEN SOAJ .3mg/0.3ml	QL; PA*
EPIPEN JR SOAJ .15mg/0.3ml	QL; PA*
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	QL; PA*
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL
ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation solution soln .02%</i>	QL
SPIRIVA AERS 1.25mcg/act, 2.5mcg/act; CAPS 18mcg	QL
YUPELRI SOLN 175mcg/3ml	QL
ANTI-HISTAMINES	
<i>azelastine hcl soln .1%, .15%</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
BETA AGONISTS	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, QL 1.25mg/3ml, 2.5mg/0.5ml</i>	
<i>albuterol sulfate, cfc-free aerosol aers 108mcg/act</i>	QL; Listing does not include certain NDCs
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	QL
<i>levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	QL
<i>levalbuterol, cfc-free aerosol aers 45mcg/act</i>	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act	QL

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Drug Name	Requirements/Limits
COLD/COUGH	
<i>benzonatate caps 100mg, 200mg</i>	Listing does not include certain NDCs.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	QL; PA*
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	QL; PA*
<i>promethazine vc/codeine</i>	QL; PA*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL; PA*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
CYSTIC FIBROSIS	
KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	SP, PA, QL
SYMDEKO TAB 50-75MG	SP, PA, QL
SYMDEKO TAB 100-150	SP, PA, QL
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
NASAL STEROIDS	
<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	
PULMONARY FIBROSIS AGENTS	
ESBRIET CAPS 267mg	SP, PA, QL
OFEV CAPS 100mg, 150mg	SP, PA, QL
<i>pirfenidone tabs 267mg, 801mg</i>	SP, PA, QL
SEVERE ASTHMA AGENTS	
FASENRA SOSY 30mg/ml	SP, PA, QL
FASENRA PEN SOAJ 30mg/ml	SP, PA, QL
NUCALA SOAJ 100mg/ml; SOSY 40mg/0.4ml, 100mg/ml	SP, PA, QL
TEZSPIRE SOSY 210mg/1.91ml	SP, PA, QL
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	SP, PA, QL
STEROID INHALANTS	
<i>budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	QL; PA*
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	QL
STEROID/BETA-AGONIST COMBINATIONS	
ADVAIR DISKU AER 100/50	QL
ADVAIR DISKU AER 250/50	QL

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Drug Name	Requirements/Limits
ADVAIR DISKU AER 500/50	QL
SYMBICORT AER 80-4.5	QL
SYMBICORT AER 160-4.5	QL

XANTHINES

theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg

TOPICAL

DERMATOLOGY, ACNE

avita crea .025%; *gel* .025%

claravis caps 10mg, 20mg, 30mg, 40mg

clindamycin gel *gel* 1%

QL; PA*, Listing does not include certain NDCs

clindamycin lotion *lotn* 1%

QL; PA*

clindamycin solution *soln* 1%

QL; PA*

erythromycin gel 2% *gel* 2%

QL; PA*

erythromycin soln *soln* 2%

QL; PA*

erythromycin/benzoyl peroxide

QL; PA*

sulfacetamide lotion 10% *lotn* 10%

tretinoin crea .025%, .05%, .1%; *gel* .01%, .025%

DERMATOLOGY, ACTINIC KERATOSIS

fluorouracil (topical) *crea* 5%; *soln* 2%, 5%

imiquimod crea 5%

DERMATOLOGY, ANTIBIOTICS

gentamicin sulfate (topical) *crea* .1%; *oint* .1%

QL; PA*

mupirocin oint 2%

QL; PA*

silver sulfadiazine crea 1%

DERMATOLOGY, ANTIFUNGALS

ciclopirox gel .77%; *sham* 1%

QL; PA*

ciclopirox olamine crea .77%; *susp* .77%

QL; PA*

clotrimazole (topical) *crea* 1%; *soln* 1%

QL; PA*

econazole nitrate crea 1%

QL; PA*

ketconazole (topical) *crea* 2%

QL; PA*

nystatin (topical) *crea* 100000unit/gm; *oint* 100000unit/gm; *powd* 100000unit/gm

QL; PA*

DERMATOLOGY, ANTIPSORIATICS

calcipotriene oint .005%; *soln* .005%

QL

ENSTILAR AER

ILUMYA SOSY 100mg/ml

SP, PA, QL

TACLONEX OIN

QL

TACLONEX SUS

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Drug Name	Requirements/Limits
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOSY 150mg/ml	SP, PA, QL
CIBINQO TABS 50mg, 100mg, 200mg	SP, PA, QL
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	SP, PA, QL
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	QL; PA*
<i>amcinonide crea .1%; lotn .1%</i>	QL; PA*
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	QL; PA*
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	QL; PA*
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desonide crea .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	QL; PA*
<i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i>	QL; PA*
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	QL; PA*
<i>fluticasone propionate crea .05%; oint .005%</i>	QL; PA*
<i>halobetasol propionate crea .05%; oint .05%</i>	QL; PA*
<i>hydrocortisone (topical) crea 2.5%</i>	QL; PA*
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>hydrocortisone valerate crea .2%; oint .2%</i>	QL; PA*
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	QL; PA*
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine ptch 5%</i>	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>pimecrolimus crea 1%</i>	

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Drug Name	Requirements/Limits
<i>tacrolimus (topical) oint .03%, .1%</i>	
DERMATOLOGY, ROSACEA	
<i>ivermectin (rosacea) crea 1%</i>	
<i>metronidazole (topical) crea .75%; gel .75%; lotn QL; PA* .75%</i>	
ORACEA CPDR 40mg	
SOOLANTRA CREA 1%	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid (otic) soln 2%</i>	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%</i>	
<i>ofloxacin (otic) soln .3%</i>	

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		<i>cromolyn sodium (ophth)</i>	41
		CUTAQUIG	39
		<i>cyanocobalamin</i>	40

<i>cyclobenzaprine hcl</i>	26	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>cyclophosphamide</i>	16	<i>0.025 mg</i>	34
<i>cycloserine</i>	13	<i>dipyridamole</i>	37
<i>cyclosporine</i>	39	<i>dipyridamole ext-rel/aspirin</i>	37
<i>cyclosporine modified (for</i>		<i>disopyramide phosphate</i>	20
<i>microemulsion)</i>	39	<i>divalproex sodium</i>	24
<i>cyproheptadine hcl</i>	42	<i>dofetilide</i>	20
CYSTAGON	33	<i>donepezil hydrochloride</i>	24
D		DOPTELET	36
<i>danazol</i>	31	<i>dorzolamide hcl</i>	41
<i>dantrolene sodium</i>	26	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dapsone</i>	15	<i>soln 22.3-6.8 mg/ml</i>	41
<i>dasetta 1/35</i>	30	DOVATO TAB 50-300MG	12
<i>deferasirox</i>	30	<i>doxazosin mesylate</i>	19
<i>deferiprone</i>	30	<i>doxercalciferol</i>	40
<i>deferoxamine mesylate</i>	30	<i>doxycycline hyclate</i>	16
DESCOVY TAB 120-15MG	12	<i>doxycycline monohydrate susp</i>	16
DESCOVY TAB 200/25MG	12	<i>dronabinol</i>	34
<i>desmopressin acetate</i>	34	<i>drosiprenone-ethinyl estradiol tab 3-</i>	
<i>desmopressin acetate spray</i>	34	<i>0.02 mg</i>	30
<i>desmopressin acetate spray</i>		<i>drosiprenone-ethinyl estradiol tab 3-</i>	
<i>refrigerated</i>	34	<i>0.03 mg</i>	30
<i>desogest-eth estrad & eth estrad tab</i>		DUPIXENT	45
<i>0.15-0.02/0.01 mg(21/5)</i>	30	DUROLANE	11
<i>desonide</i>	45	E	
<i>desoximetasone</i>	45	<i>econazole nitrate</i>	44
<i>dexamethasone</i>	32	EDURANT	12
<i>dexamethasone sodium phosphate</i>		<i>efavirenz</i>	12
<i>(ophth)</i>	41	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
DEXCOM CONTINUOUS GLUCOSE		<i>600-200-300 mg</i>	12
MONITORING SYSTEM.....	31	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>diazepam</i>	24	<i>400-300-300 mg</i>	12
<i>diazepam (anticonvulsant)</i>	24	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>diclofenac potassium</i>	10	<i>600-300-300 mg</i>	12
<i>diclofenac sodium (ophth)</i>	41	ELIGARD	16
<i>diclofenac sodium delayed-rel</i>	10	ELIQUIS	36
<i>diclofenac sodium ext-rel</i>	10	ELIQUIS STARTER PACK.....	36
<i>dicloxacillin sodium</i>	15	<i>elite-ob</i>	40
<i>dicyclomine hcl</i>	34	ELLA.....	30
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<i>diflunisal</i>	10	EMCYT	16
<i>digoxin</i>	22	EMGALITY	25
<i>digoxin ped elixir</i>	22	EMPAVELI	37
<i>diltiazem ext-rel</i>	22	<i>emtricitabine</i>	12
<i>dimethyl fumarate delayed-rel</i>	26	<i>emtricitabine-tenofovir disoproxil</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>fumarate tab 100-150 mg</i>	12
<i>mg/5ml</i>	34		

<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	13	<i>estradiol/norethindrone</i>	32
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	13	<i>ethambutol hcl</i>	13
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	13	<i>ethosuximide</i>	24
EMVERM	11	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	30
<i>enalapril maleate</i>	19	<i>etodolac</i>	10
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	19	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	30
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	19	<i>etoposide</i>	18
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ENDOMETRIN	33	<i>everolimus</i>	17
<i>enoxaparin sodium</i>	36	EVOTAZ TAB 300-150	13
ENSPRYNG	40	<i>exemestane</i>	16
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<i>entacapone</i>	25	<i>ezetimibe</i>	21
<i>entecavir</i>	14	F	
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ENTRESTO TAB 49-51MG	22	<i>famotidine</i>	35
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EPCLUSA PAK 150-37.5	14	FASENRA	43
EPCLUSA PAK 200-50MG	14	FASENRA PEN	43
EPCLUSA TAB 200-50MG	14	<i>felbamate</i>	24
EPCLUSA TAB 400-100	14	<i>felodipine ext-rel</i>	22
<i>epinephrine (anaphylaxis)</i>	42	<i>fenofibrate</i>	21
EPIPEN	42	FENSOLVI	33
EPIPEN JR	42	<i>fentanyl</i>	10
<i>eplerenone</i>	19	<i>fentanyl citrate</i>	10
<i>ergocalciferol</i>	40	FIASP	28
ERIVEDGE	16	FIASP INJ 100/ML	28
ERLEADA	16	<i>finasteride</i>	35
<i>erlotinib hcl</i>	17	FIRMAGON	16
<i>erythrocin stearate</i>	14	<i>flecainide acetate</i>	20
<i>erythromycin</i>	14	FLOVENT HFA	43
<i>erythromycin (ophth)</i>	41	<i>fluconazole</i>	11
<i>erythromycin delayed-rel</i>	14	<i>fludrocortisone acetate</i>	32
<i>erythromycin gel 2%</i>	44	<i>flunisolide spray</i>	43
<i>erythromycin soln</i>	44	<i>fluocinolone acetonide</i>	45
<i>erythromycin/benzoyl peroxide</i>	44	<i>fluocinonide</i>	45
ESBRIET	43	<i>fluoritab</i>	40
ESPEROCT	37	<i>fluorometholone (ophth)</i>	41
<i>estradiol</i>	32	<i>fluorouracil (topical)</i>	44
<i>estradiol vaginal</i>	32	<i>flura-drops</i>	40
<i>estradiol vaginal crm</i>	32	<i>flurbiprofen</i>	10
		<i>flutamide</i>	16
		<i>fluticasone propionate</i>	45
		<i>fluticasone spray</i>	43

<i>fluvoxamine ext-rel</i>	23	HARVONI PAK	14
<i>fluvoxamine maleate</i>	23	HARVONI PAK 45-200MG	14
<i>folic acid</i>	40	HARVONI TAB 45-200MG	14
<i>fondaparinux sodium</i>	36	HARVONI TAB 90-400MG	14
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<i>furosemide</i>	22	<i>hydrochlorothiazide</i>	22
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G		<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	43
<i>gabapentin</i>	24	<i>hydrocodone-acetaminophen soln 10-</i> <i>325 mg/15ml</i>	10
<i>galantamine hydrobromide</i>	24	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	10
GAVRETO	17	<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	11
GELSYN-3	11	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	10
<i>gemfibrozil</i>	21	<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	11
<i>gentak</i>	41	<i>hydrocortisone</i>	32
<i>gentamicin sulfate (ophth)</i>	41	<i>hydrocortisone (intrarectal)</i>	35
<i>gentamicin sulfate (topical)</i>	44	<i>hydrocortisone (rectal)</i>	35
GENVOYA TAB	13	<i>hydrocortisone (topical)</i>	45
GILENYA	26	<i>hydrocortisone butyrate</i>	45
GILOTRIF	17	<i>hydrocortisone valerate</i>	45
<i>glatiramer acetate</i>	26	<i>hydromorphone hcl</i>	11
<i>glimepiride</i>	29	<i>hydroxychloroquine sulfate</i>	39
<i>glipizide</i>	29	<i>hydroxyurea</i>	18
<i>glipizide ext-rel</i>	29	<i>hydroxyzine hcl</i>	42
<i>glipizide xl</i>	29	<i>hyoscyamine sulfate</i>	34
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	27	I	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	27	<i>ibandronate sodium</i>	29
<i>glipizide-metformin hcl tab 5-500 mg</i>	28	IBRANCE	17
<i>glucagon (rdna)</i>	33	<i>ibuprofen</i>	10
<i>glycopyrrolate</i>	34	<i>ibutilide fumarate</i>	20
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<i>ipratropium inhalation solution</i>	42	<i>labetalol hcl</i>	21
<i>ipratropium/albuterol inhalation soln</i>	42	<i>lactic acid (ammonium lactate)</i>	45
<i>irbesartan</i>	20	<i>lactulose</i>	35
<i>irbesartan-hydrochlorothiazide tab</i>		<i>lamivudine</i>	12
<i>150-12.5 mg</i>	19	<i>lamivudine (hbv)</i>	14
<i>irbesartan-hydrochlorothiazide tab</i>		<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>300-12.5 mg</i>	19	13
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<i>isoniazid</i>	13	<i>lapatinib ditosylate</i>	17
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<i>isosorbide mononitrate</i>	23	<i>leena</i>	30
<i>isosorbide mononitrate ext-rel</i>	23	<i>leflunomide</i>	39
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<i>ivermectin</i>	11	LENVIMA 20 MG DAILY DOSE	18
<i>ivermectin (rosacea)</i>	46	LENVIMA 4 MG DAILY DOSE	17
J		LENVIMA 8 MG DAILY DOSE	18
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<i>ketoconazole (topical)</i>	44, 45	<i>levothyroxine sodium</i>	34
<i>ketoprofen</i>	10	<i>lidocaine</i>	45
<i>ketorolac tromethamine</i>	10	<i>lidocaine hcl (mouth-throat)</i>	46
<i>ketorolac tromethamine (ophth)</i>	41	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	45
KEVZARA	39	<i>linezolid</i>	15
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LINZESS	35	<i>memantine hcl</i>	24
<i>liothyronine sodium</i>	34	MENOPUR.....	32
<i>lisinopril</i>	19	<i>mercaptapurine</i>	16
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	19	<i>mesalamine</i>	35
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	19	<i>metformin ext-rel</i>	27
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	19	<i>metformin hcl</i>	27
<i>lithium carbonate</i>	26	<i>methadone hcl</i>	11
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<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	20	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	21
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	20	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	21
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	19	<i>metoprolol succinate ext-rel</i>	21
<i>loteprednol etabonate</i>	41	<i>metoprolol tartrate</i>	21
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<i>malathion</i>	46	<i>montelukast sodium</i>	43
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<i>meclizine hcl</i>	34	<i>multivitamin/fluoride</i>	40
<i>medroxyprogesterone acetate</i>	33	<i>multi-vitamin/fluoride dr</i>	40
<i>medroxyprogesterone acetate 150 mg/ml</i>	30	<i>multi-vitamin/fluoride/ir</i>	40
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		<i>nabumetone</i>	10
		<i>nadolol</i>	21
		<i>naloxone hcl</i>	27
		<i>naltrexone hcl</i>	27
		<i>naproxen</i>	10

<i>naproxen sodium</i>	10	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>naratriptan hcl</i>	25	<i>tab 0.5 mg-2.5 mcg</i>	32
NATACYN	41	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin-polymyxin-gramicid op sol</i>		<i>tab 1 mg-5 mcg</i>	32
1.75-10000-0.025mg-unt-mg/ml ..	41	<i>norgestimate & ethinyl estradiol tab</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>0.25 mg-35 mcg</i>	31
<i>ophth oint 0.1%</i>	40	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>neomycin-polymyxin-dexamethasone</i>		<i>25/0.215-25/0.25-25 mg-mcg</i>	31
<i>ophth susp 0.1%</i>	40	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>neomycin-polymyxin-hc ophth susp</i> ..	41	<i>35/0.215-35/0.25-35 mg-mcg</i>	31
<i>neomycin-polymyxin-hc otic soln 1%</i>	46	<i>nortrel 0.5/35 (28)</i>	31
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nortrel 1/35</i>	31
<i>mg/ml-10000 unit/ml-1%</i>	46	NOVOEIGHT	37
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<i>chew tab 0.8 mg-25 mcg</i>	30	<i>ofloxacin (otic)</i>	46
<i>norethindrone ace & ethinyl estradiol</i>		<i>olmesartan medoxomil</i>	20
<i>tab 1 mg-20 mcg</i>	31	<i>olmesartan medoxomil-</i>	
<i>norethindrone ace & ethinyl estradiol</i>		<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>tab 1.5 mg-30 mcg</i>	31	20
<i>norethindrone ace & ethinyl estradiol-fe</i>		<i>olmesartan medoxomil-</i>	
<i>tab 1 mg-20 mcg</i>	31	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>norethindrone ace & ethinyl estradiol-fe</i>		20
<i>tab 1.5 mg-30 mcg</i>	31	<i>olmesartan medoxomil-</i>	
<i>norethindrone ace-eth estradiol-fe</i>		<i>hydrochlorothiazide tab 40-25 mg</i> .	20
<i>chew tab 1 mg-20 mcg (24)</i>	31	<i>olmesartan-amlodipine-</i>	
<i>norethindrone ace-ethinyl estradiol-fe</i>		<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>cap 1 mg-20 mcg (24)</i>	31	<i>mg</i>	20
<i>norethindrone ace-ethinyl estradiol-fe</i>		<i>olmesartan-amlodipine-</i>	
<i>tab 1 mg-20 mcg (24)</i>	31	<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>norethindrone acetate</i>	33	<i>mg</i>	20

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	20	<i>pantoprazole delayed-rel tabs</i>	35
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	20	<i>paricalcitol</i>	40
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	20	<i>peg-3350/electrolytes</i>	35
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ORENCIA SUBCUTANEOUS	39	<i>pilocarpine hcl (oral)</i>	46
ORENITRAM	23	<i>pimecrolimus</i>	45
ORFADIN	33	<i>pindolol</i>	21
ORIAHNN CAP	34	<i>pioglitazone hcl</i>	28
ORLADEYO	39	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	28
<i>oseltamivir phosphate</i>	13	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	28
OTEZLA	38	<i>pioglitazone hcl-metformin hcl tab 15- 500 mg</i>	28
OTEZLA TAB 10/20/30	38	<i>pioglitazone hcl-metformin hcl tab 15- 850 mg</i>	28
OVIDREL	32	<i>pirfenidone</i>	43
<i>oxaprozin</i>	10	<i>pirmella 1/35</i>	31
<i>oxazepam</i>	23	<i>piroxicam</i>	10
<i>oxcarbazepine</i>	24	<i>pnv-dha</i>	40
<i>oxybutynin chloride</i>	36	<i>pnv-select</i>	40
<i>oxybutynin ext-rel</i>	36	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	41
<i>oxycodone hcl</i>	11	<i>potassium chloride</i>	40
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	11	<i>potassium citrate (alkalinizer)</i>	36
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	11	PRALUENT	21
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	11	<i>pramipexole dihydrochloride</i>	25
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	11	<i>prasugrel hcl</i>	37
OZEMPIC	28	<i>pravastatin sodium</i>	21
OZEMPIC INJ 8MG/3ML	28	<i>praziquantel</i>	11
P		<i>prednisolone</i>	32
<i>pacerone</i>	20	<i>prednisolone acetate (ophth)</i>	41
		PREDNISOLONE SODIUM PHOSP	41
		<i>prednisolone sodium phosphate</i>	32
		<i>prednisone</i>	33
		<i>prenatabs rx</i>	40
		<i>prenatal 19</i>	40
		PREZCOBIX TAB 800-150	13

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<i>primidone</i>	24	RUCONEST	39
<i>probenecid</i>	10	RUXIENCE	16
<i>prochlorperazine maleate</i>	34	RYBELSUS	28
<i>progesterone, micronized</i>	33	RYDAPT	18
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PROLIA	29	<i>sapropterin dihydrochloride</i>	32
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<i>promethazine hcl</i>	34	<i>selegiline hcl</i>	25
<i>promethazine vc/codeine</i>	43	<i>selenium sulfide</i>	45
<i>promethazine w/ codeine syrup 6.25-</i> <i>10 mg/5ml</i>	43	<i>sevelamer carbonate</i>	33
<i>promethazine-dm syrup 6.25-15</i> <i>mg/5ml</i>	43	SEVENFACT	36
<i>propafenone ext-rel</i>	20	SIKLOS	37
<i>propafenone hcl</i>	20	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	23
<i>propranolol ext-rel</i>	22	<i>silver sulfadiazine</i>	44
<i>propranolol hcl</i>	22	SIMPONI ARIA	38
<i>propylthiouracil</i>	34	<i>simvastatin</i>	21
<i>pyrazinamide</i>	13	<i>sirolimus</i>	40
<i>pyridostigmine bromide</i>	26	SKYLA.....	31
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<i>raloxifene hcl</i>	33	<i>sodium fluoride</i>	40
<i>ramipril</i>	19	<i>sodium phenylbutyrate</i>	32
<i>ranolazine ext-rel</i>	23	SOLIQUA.....	28
<i>rasagiline mesylate</i>	25	SOMATULINE DEPOT	27
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REBINYN	37	<i>sotalol hcl</i>	20
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RETEVMO	18	SPRYCEL	18
REVLIMID.....	16	<i>stavudine</i>	12
<i>ribavirin</i>	14	STELARA INTRAVENOUS	38
<i>rifabutin</i>	13	STELARA SUBCUTANEOUS.....	38, 39
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<i>ritonavir</i>	12	<i>sulfacetamide sodium (ophth)</i>	41
<i>rivastigmine</i>	24	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	41
<i>rivastigmine tartrate</i>	24	<i>sulfamethoxazole/trimethoprim</i>	15
<i>rizatriptan benzoate</i>	25	<i>sulfamethoxazole/trimethoprim ds</i> ...	15
<i>rizatriptan orally disintegrating tabs</i> ..	25	<i>sulfasalazine</i>	35
<i>ropinirole hydrochloride</i>	25		

<i>sulindac</i>	10	<i>theophylline</i>	44
<i>sumatriptan</i>	25	<i>tiagabine hcl</i>	24
<i>sumatriptan succinate</i>	25	<i>timolol maleate (ophth)</i>	41
<i>sunitinib malate</i>	18	<i>tinidazole</i>	15
SUPARTZ FX	11	TIVICAY	12
SUPPRELIN LA	30	<i>tizanidine hcl</i>	26
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SYMBICORT AER 80-4.5	44	<i>tobramycin (ophth)</i>	41
SYMDEKO TAB 100-150	43	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	41
SYMDEKO TAB 50-75MG	43	<i>tolterodine tartrate</i>	36
SYMJEPI	42	<i>topiramate</i>	24
SYMLINPEN	27	<i>toremifene citrate</i>	17
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SYNJARDY TAB 12.5-500	29	<i>tramadol hcl</i>	11
SYNJARDY TAB 5-1000MG	29	<i>trandolapril</i>	19
SYNJARDY TAB 5-500MG	29	TRAZIMERA	16
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SYNJARDY XR TAB 5-1000MG	29	<i>tretinoin</i>	44
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TACLONEX OIN	44	<i>triamcinolone acetonide (topical)</i>	45
TACLONEX SUS	44	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	22
<i>tacrolimus</i>	40	<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	22
<i>tacrolimus (topical)</i>	46	<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	22
TAGRISSE	18	<i>trifluridine</i>	41
TAKHZYRO	39	<i>trihexyphenidyl hcl</i>	25
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<i>tamoxifen citrate</i>	17	TRIKAFTA TAB	43
<i>tamsulosin hcl</i>	35	<i>trimethobenzamide hcl</i>	34
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<i>tenofovir disoproxil fumarate</i>	12	<i>trivora-28</i>	31
<i>terazosin hcl</i>	19	TROGARZO	12
<i>terbinafine hcl</i>	12	<i>trospium</i>	36
<i>terconazole vaginal</i>	36	TRULICITY	28
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<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	20
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	20
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	20
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	20
<i>vancomycin hcl</i>	15
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