Basic Drug List

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

The drug list is regularly updated. Please visit myprime.com or bcbsil.com for the most up-to-date information.

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Introduction

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to present the 2018 Drug List. This is a list of preferred drugs which includes brand drugs and a partial listing of generic drugs. **Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

**Drug List updates** – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit myprime.com or bcbsil.com and log in to Blue Access for MembersSM (BAMSM) or call the number on the back of your ID card. Physicians can access the list from the provider portal at bcbsil.com.

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from BCBSIL, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

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

How member payment is determined

This list shows prescription drug products in tiers. Generally, each drug is placed into one of up to six member payment tiers: Preferred Generic (Tier 1), Non-Preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-Preferred Brand (Tier 4), Preferred Specialty (Tier 5) and Non-Preferred Specialty (Tier 6). Non-Preferred Brand or Non-Preferred Specialty drugs are not listed in this document. Based on your benefit design, drugs can either be in these tiers or you may have fewer tiers, e.g., all generics in one tier. To verify your payment amount for a drug, visit MyPrime.com or bcbsil.com and log in to Blue Access for Members or call the number on the back of your ID card.

**Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply.** For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit.
How to use this list

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). The reference brand drug is usually a non-preferred (NP) brand and is only included as a reference to the brand. Some generic products have no reference brand.

Example: **atorvastatin** (Lipitor)

Brand drugs are listed in all CAPITAL letters.

Example: **PROAIR HFA**

**Drugs used to treat multiple conditions**

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

**Generic drugs**

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Preferred brand drugs typically move to a non-preferred brand tier after a generic equivalent becomes available.

You may be responsible for your member share payment amount (copay/coinsurance) **plus** the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs generally have the lowest member payment amount.

**Consider talking to your doctor about generic drugs**

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.
Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss.

**Over-the-counter exclusions:** Your benefit plan may not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan material for details about your particular benefits.

**Compounded medications:** Your benefit plan may not provide coverage for compounded medications. Please see your plan materials or call the number on the back of your ID card to determine whether compounded medications are covered and/or verify your payment amount.

**Repackaged medications:** Repackaged versions of medications already available on the market are not covered.

**Prior Authorization (PA):** Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication will be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a dot under the prior authorization column. Some plans may have prior authorization on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

**Step Therapy (ST):** Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required, it will generally be noted next to the medication with a dot under the step therapy column. Some plans may have step therapy programs on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

**Dispensing Limits (DL):** Drug dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a dot under the dispensing limits column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you will be responsible for the full cost of the prescription beyond what your coverage allows.* For a list of medications and their dispensing limits, visit myprime.com or bcbsil.com.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

**Remember, medication decisions are between you and your doctor.** Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. BCBSIL does not provide health care services and, therefore, cannot guarantee any results or outcomes.
Specialty drugs
Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. For a current list of specialty medications, visit myprime.com or bcbsil.com and log in to Blue Access for Members.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. Your plan may have a different coverage level for self-administered specialty drugs. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on the back of your ID card.

AllianceRx Walgreens Prime
Through AllianceRx Walgreens Prime, members can have covered specialty medications delivered directly to them or their doctor’s office. When you receive specialty medications through AllianceRx Walgreens Prime, you also receive at no additional charge the following services:

- Coordination of coverage between you, your doctor and your health plan
- Educational materials about your particular condition and information about managing potential medication side effects
- Syringes, sharps containers and other supplies with every shipment for self-injectables
- 24/7/365 phone access to a pharmacist for urgent medication issues

To order through AllianceRx Walgreens Prime:

- Have your doctor call or fax your prescription to AllianceRx Walgreens Prime. Your doctor can call 877-627-6337 or fax to 877-828-3939.
- If you have an existing prescription for a covered specialty medication, you can call 877-627-6337 to transfer your prescription.
- A coordinator will contact you to arrange delivery of your medication.
- The prescription can be shipped directly to you or your prescribing doctor’s office. Each package is individually marked for each member. Refrigerated drugs are shipped in temperature-controlled packaging.

If you have questions, please contact AllianceRx Walgreens Prime at 877-627-6337, visit www.alliancerxwp.com, or call the number on the back of your ID card.

* Blue Cross and Blue Shield of Illinois (BCBSIL) is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management, home delivery pharmacy and specialty pharmacy services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.
Abbreviation/acronym key

caps ........................................... capsules
chew ........................................... chewable
conc .......................................... concentrate
cr ........................................... controlled release
dr ........................................... delayed release
ec ........................................... enteric coated
effe ........................................... effervescent
equiv ........................................... equivalent
er ........................................... extended release
inhal ........................................... inhalation
inj ........................................... injection
liq ........................................... liquid
lotn ........................................... lotion
nebu ........................................... nebulizer

odt ........................................... orally disintegrating tablets
oint ........................................... ointment
ophth ........................................... ophthalmic
osm ........................................... osmotic release
powd ........................................... powder
sa ........................................... sustained action
sl ........................................... sublingual
soln ........................................... solution
sr ........................................... sustained release
suppos ........................................ suppositories
sus ...............
<table>
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<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>atazanavir sulfate cap 150 mg (base equiv)</td>
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<td>MEFLOQUINE HCL – mefloquine hcl tab 250 mg</td>
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<td>PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)</td>
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<th>WORM INFECTIONS</th>
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<td>ALBENZA – albendazole tab 200 mg</td>
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<td>BENZNIDAZOLE – benznidazole tab 12.5 mg</td>
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<td>BILTRICIDE – praziquantel tab 600 mg</td>
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<td>ivermectin tab 3 mg (Stromectol)</td>
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<td>praziquantel tab 600 mg (Biltricide)</td>
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<td>ALINIA – nitazoxanide tab 500 mg</td>
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<tr>
<td>ALINIA – nitazoxanide for susp 100 mg/5ml</td>
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<td>clindamycin hcl cap 75 mg (Cleocin)</td>
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<td>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)</td>
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<td>dapsone tab 25 mg</td>
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<td>IMPAVIDO – miltefosine cap 50 mg</td>
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<td>SULFADIAZINE – sulfadiazine tab 500 mg</td>
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<td>XIFAXAN – rifaximin tab 550 mg</td>
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<td>CANCER DRUGS</td>
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<td>ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (200000 unit/0.5ml)</td>
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<td>AFINITOR – everolimus tab 2.5 mg</td>
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<td>AFINITOR – everolimus tab 7.5 mg</td>
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<td>anastrozole tab 1 mg (Arimidex)</td>
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<td>bexarotene cap 75 mg (Targretin)</td>
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<td>bicalutamide tab 50 mg (Casodex)</td>
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<td>capecitabine tab 150 mg (Xeloda)</td>
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<td>cyclophosphamide cap 25 mg (Cyclophosphamide)</td>
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<td>exemestane tab 25 mg (Aromasin)</td>
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<td>flutamide cap 125 mg</td>
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<td>hydroxyurea cap 500 mg (Hydrea)</td>
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<td>KISQALI – ribociclib succinate tab 200 mg (base equiv)</td>
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<td>letrozole tab 2.5 mg (Femara)</td>
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<td>LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg</td>
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<td>LEUKERAN – chlorambucil tab 2 mg</td>
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<td>megestrol acetate susp 40 mg/ml (Megace oral)</td>
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<td>megestrol acetate tab 40 mg</td>
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<td>MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)</td>
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<td>MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)</td>
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<td>melphalan tab 2 mg (Alkeran)</td>
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<td>mercaptopurine tab 50 mg (Purinethol)</td>
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<td>MESNEX – mesna tab 400 mg</td>
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<td>methotrexate sodium tab 2.5 mg (base equiv)</td>
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<td>MYLERAN – busulfan tab 2 mg</td>
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<td>NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)</td>
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<td>nilutamide tab 150 mg (Nilandron)</td>
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<td>PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)</td>
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<td>SPRYCEL – dasatinib tab 20 mg</td>
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<td>SPRYCEL – dasatinib tab 140 mg</td>
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<td>SUTENT – sunitinib malate cap 12.5 mg (base equivalent)</td>
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<td>SUTENT – sunitinib malate cap 15 mg (base equivalent)</td>
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<td>SUTENT – sunitinib malate cap 20 mg (base equivalent)</td>
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<td>SYLATRON – peginterferon alfa-2b for inj kit 200 mcg</td>
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<td>TABLOID – thioguanine tab 40 mg</td>
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<td>TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)</td>
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<td>TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)</td>
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<td>tamoxifen citrate tab 10 mg (base equivalent)</td>
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<td>TASIGNA – nilotinib hcl cap 50 mg (base equivalent)</td>
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<td>TASIGNA – nilotinib hcl cap 150 mg (base equivalent)</td>
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<td>temozolomide cap 5 mg (Temodar)</td>
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<td>tretinoin cap 10 mg</td>
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<td>TREXALL – methotrexate tab 5 mg (base equiv)</td>
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<td>TREXALL – methotrexate tab 7.5 mg (base equiv)</td>
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<td>VOTRIENT – pazopanib hcl tab 200 mg (base equiv)</td>
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<td>XALKORI – crizotinib cap 200 mg</td>
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<td>XTANDI – enzalutamide cap 40 mg</td>
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<td>ZYTIGA – abiraterone acetate tab 500 mg</td>
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<td>CORTICOSTEROIDS</td>
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<td>PREDNISONE INTENSOL – prednisone conc 5 mg/ml</td>
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<td>MALE HORMONES</td>
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<td>ANDROGEL – testosterone td gel 20.25 mg/1.25 gm (1.62%)</td>
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<td>ANDROGEL – testosterone td gel 40.5 mg/2.5 gm (1.62%)</td>
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<td>ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%)</td>
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<td>danazol cap 50 mg</td>
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<td>danazol cap 200 mg</td>
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<td>testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)</td>
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<td><strong>testosterone enanthate im inj in oil</strong> 200 mg/ml</td>
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<td><strong>testosterone td gel 25 mg/2.5gm (1%)</strong> (Androgel)</td>
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<td><strong>testosterone td gel 50 mg/5gm (1%)</strong> (Androgel)</td>
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<td><strong>ESTROGENS</strong></td>
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<td>COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day</td>
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<td>COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day</td>
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<td>DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)</td>
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<td>DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)</td>
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<td>DIVIGEL – estradiol td gel 1 mg/gm (0.1%)</td>
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<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg (Activella)</td>
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<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella)</td>
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<td>estradiol tab 0.5 mg (Estrace)</td>
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<td>estradiol tab 1 mg (Estrace)</td>
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<td>estradiol tab 2 mg (Estrace)</td>
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<td>estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)</td>
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<td>estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)</td>
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<td>Drug Name</td>
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<td>FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml</td>
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<td>FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml</td>
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<td>GANIRELIX ACETATE – ganirelix acetate inj 250 mcg/0.5ml</td>
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**DIABETES**

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<td>acarbose tab 25 mg (Precose)</td>
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<td>acarbose tab 100 mg (Precose)</td>
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<td>BYDUREON – exenatide for inj extended release susp 2 mg</td>
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<td>BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml</td>
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<td>BYDUREON PEN – exenatide extended release for susp pen-injector 2 mg</td>
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<td>glimepiride tab 1 mg (Amaryl)</td>
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<td>glipizide tab er 24hr 2.5 mg (Glucotrol xl)</td>
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<td>GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg</td>
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<td>JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg</td>
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<td>JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg</td>
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<td>JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)</td>
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<td>KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</td>
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<td>metformin hcl tab er 24hr 500 mg (Glucophage xr)</td>
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<td>metformin hcl tab 500 mg (Glucophage)</td>
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<td>nateglinide tab 60 mg (Starlix)</td>
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<td>ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv)</td>
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<td>ONGLYZA – saxagliptin hcl tab 5 mg (base equiv)</td>
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<td>OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)</td>
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<td>OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)</td>
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<td>pioglitazone hcl tab 15 mg (base equiv) (Actos)</td>
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<td>SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg</td>
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<td>SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg</td>
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<td>SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg</td>
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<td>SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg</td>
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<td>SYNJARDY XR – empagliflozin- metformin hcl tab er 24hr 5-1000 mg</td>
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<td>SYNJARDY XR – empagliflozin- metformin hcl tab er 24hr 10-1000 mg</td>
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<td>SYNJARDY XR – empagliflozin- metformin hcl tab er 24hr 12.5-1000 mg</td>
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<td>SYNJARDY XR – empagliflozin- metformin hcl tab er 24hr 25-1000 mg</td>
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<tr>
<td>VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</td>
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**DIABETES - INSULINS**

### Rapid-Acting Insulins
- FIASP – insulin aspart inj 100 unit/ml
- FIASP FLEXTOUCH – insulin aspart soln pen-injector 100 unit/ml
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVOLOG – insulin aspart inj 100 unit/ml</td>
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<tr>
<td>NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml</td>
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<tr>
<td>NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml</td>
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**Short-Acting Insulins**

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<tbody>
<tr>
<td>HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml)</td>
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<tr>
<td>HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml</td>
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<tr>
<td>NOVOLIN R – insulin regular (human) inj 100 unit/ml</td>
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**Intermediate-Acting Insulins**

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<tbody>
<tr>
<td>NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml</td>
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<tr>
<td>NOVOLIN 70/30 – insulin nph isophane &amp; regular human inj 100 unit/ml (70-30)</td>
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<tr>
<td>NOVOLOG MIX 70/30 – insulin aspart prot &amp; aspart (human) inj 100 unit/ml (70-30)</td>
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<tr>
<td>NOVOLOG MIX 70/30 PREFILL – insulin aspart prot &amp; aspart sus pen-inj 100 unit/ml (70-30)</td>
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**Basal Insulins**

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<tbody>
<tr>
<td>LANTUS – insulin glargine inj 100 unit/ml</td>
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<tr>
<td>LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml</td>
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<tr>
<td>LEVEMIR – insulin detemir inj 100 unit/ml</td>
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<tr>
<td>LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml</td>
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<tr>
<td>TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml</td>
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<tr>
<td>TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml</td>
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**THYROID REGULATION**

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<td>levothyroxine sodium tab 25 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 50 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 75 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 88 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 100 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 112 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 125 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 137 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 150 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 175 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 200 mcg (Synthroid)</td>
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<td>levothyroxine sodium tab 300 mcg (Synthroid)</td>
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<tr>
<td>liothyronine sodium tab 5 mcg (Cytomel)</td>
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<tr>
<td>liothyronine sodium tab 25 mcg (Cytomel)</td>
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<td>liothyronine sodium tab 50 mcg (Cytomel)</td>
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<td>methimazole tab 5 mg (Tapazole)</td>
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<td>methimazole tab 10 mg (Tapazole)</td>
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<td>propylthiouracil tab 50 mg</td>
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<td><strong>GROWTH HORMONE</strong></td>
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<td>INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)</td>
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<td>OMNITROPE – somatropin for inj 5.8 mg</td>
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<td>OMNITROPE – somatropin inj 5 mg/1.5ml</td>
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<tr>
<td>OMNITROPE – somatropin inj 10 mg/1.5ml</td>
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<td><strong>OTHER HORMONES AND RELATED DRUGS</strong></td>
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<td>alendronate sodium tab 5 mg</td>
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<td>alendronate sodium tab 35 mg</td>
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<td>alendronate sodium tab 70 mg (Fosamax)</td>
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<td>cabergoline tab 0.5 mg</td>
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<td>calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)</td>
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<td>calcitriol cap 0.5 mcg (Rocaltrol)</td>
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<td>calcitriol oral soln 1 mcg/ml (Rocaltrol)</td>
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<tr>
<td>desmopressin acetate inj 4 mcg/ml (Ddavp)</td>
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<td>desmopressin acetate nasal spray soln 0.01% (Ddavp)</td>
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<tr>
<td>desmopressin acetate nasal spray soln 0.01% (refrigerated)</td>
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<td>desmopressin acetate tab 0.1 mg (Ddavp)</td>
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<td>desmopressin acetate tab 0.2 mg (Ddavp)</td>
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<td>ibandronate sodium tab 150 mg (base equivalent) (Boniva)</td>
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<td>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</td>
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<td>levocarnitine tab 330 mg (Carnitor)</td>
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<tr>
<td>methylergonovine maleate tab 0.2 mg</td>
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<tbody>
<tr>
<td>NITYR – nitisinone tab 2 mg</td>
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<td>NITYR – nitisinone tab 5 mg</td>
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<td>NITYR – nitisinone tab 10 mg</td>
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<tr>
<td>octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)</td>
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<td>octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)</td>
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<td>octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)</td>
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<td>octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin)</td>
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<td>ORFADIN – nitisinone susp 4 mg/ml</td>
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<td>ORFADIN – nitisinone cap 2 mg</td>
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<td>ORFADIN – nitisinone cap 20 mg</td>
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<td>paricalcitol cap 1 mcg (Zemplar)</td>
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<td>paricalcitol cap 2 mcg (Zemplar)</td>
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<td>raloxifene hcl tab 60 mg (Evista)</td>
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<td>risendronate sodium tab 5 mg (Actonel)</td>
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<td>risendronate sodium tab 150 mg (Actonel)</td>
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<tr>
<td>SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)</td>
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<td>SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)</td>
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<td>SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)</td>
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<td>STIMATE – desmopressin acetate nasal soln 1.5 mg/ml</td>
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<td>Drug Name</td>
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<tr>
<td>STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml</td>
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<td>TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml</td>
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**HEART AND CIRCULATORY DRUGS**

**ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS**

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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tr>
<td>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</td>
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<tr>
<td>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)</td>
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<td>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)</td>
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<td>benazepril &amp; hydrochlorothiazide tab 20-25 mg (Lotensin hct)</td>
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<td>benazepril hcl tab 10 mg (Lotensin)</td>
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<td>captopril tab 12.5 mg</td>
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<td>captopril tab 50 mg</td>
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<td>captopril tab 100 mg</td>
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<tr>
<td>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</td>
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<td>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic)</td>
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<td>enalapril maleate tab 5 mg (Vasotec)</td>
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<td>PRALUENT – alirocumab subcutaneous soln pen-injector 75 mg/ml</td>
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### Drug Name

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<td>minoxidil tab 10 mg</td>
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<td>OPSUMIT – macitentan tab 10 mg</td>
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<td>phenoxybenzamine hcl cap 10 mg</td>
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<td>prazosin hcl cap 1 mg (Minipress)</td>
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<td>prazosin hcl cap 2 mg (Minipress)</td>
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<td>prazosin hcl cap 5 mg (Minipress)</td>
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<td>sildenafil citrate tab 20 mg (Revatio)</td>
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<tr>
<td>terazosin hcl cap 1 mg (base equivalent)</td>
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<td>terazosin hcl cap 2 mg (base equivalent)</td>
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<td>terazosin hcl cap 5 mg (base equivalent)</td>
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<td>terazosin hcl cap 10 mg (base equivalent)</td>
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<td>TRACLEER – bosentan tab for oral susp 32 mg</td>
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<td>TRACLEER – bosentan tab 62.5 mg</td>
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<td>UPTRAVI – selexipag tab therapy pack 200 mcg (140) &amp; 800 mcg (60)</td>
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### ERECTILE DYSFUNCTION

- **CIALIS** – tadalafil tab 2.5 mg
- **CIALIS** – tadalafil tab 5 mg
- **CIALIS** – tadalafil tab 10 mg
- **CIALIS** – tadalafil tab 20 mg

### BEE STING KITS

- **EPINEPHRINE (Mylan Products)** – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)
- **EPINEPHRINE (Mylan Products)** – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)
- **EPIPEN 2-PAK** – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)
- **EPIPEN-JR 2-PAK** – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)

### RESPIRATORY AGENTS

#### ANTIHISTAMINES

- **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)**
- **cyproheptadine hcl syrup 2 mg/5ml**
- **cyproheptadine hcl tab 4 mg**
- **desloratadine tab 5 mg (Clarinex)**
- **levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)**
- **levocetirizine dihydrochloride tab 5 mg (Xyzal)**
- **promethazine hcl suppos 12.5 mg**
- **promethazine hcl suppos 25 mg**
- **promethazine hcl suppos 50 mg**
- **promethazine hcl syrup 6.25 mg/5ml**
- **promethazine hcl tab 12.5 mg**
- **promethazine hcl tab 25 mg**
- **promethazine hcl tab 50 mg**

### NASAL PRODUCTS
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>azelastine hcl nasal spray 0.1% (137 mcg/spray)</td>
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<td>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</td>
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<td>azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)</td>
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<td>albuterol sulfate syrup 2 mg/5ml</td>
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<td>fluticasone propionate nasal susp 50 mcg/act (Flonase)</td>
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<td>albuterol sulfate tab 2 mg</td>
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<td>ipratropium bromide nasal soln 0.03% (21 mcg/spray) (Atrovent)</td>
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<td>ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh</td>
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<td>mometasone furoate nasal susp 50 mcg/act (Nasonex)</td>
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<td>ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act</td>
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<td>tramcinolone acetonide nasal aerosol suspension 55 mcg/act (Nasacort aq)</td>
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<td>acetylcysteine inhal soln 10%</td>
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<td>acetylcysteine inhal soln 20%</td>
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<td>ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act</td>
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<td>ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act</td>
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<td>ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act</td>
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<td>ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act (breath activated)</td>
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<td>ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated)</td>
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<td>ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)</td>
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<td>ASMANEX TWISTHALER 7 METE – mometasone furoate inhal powd 110 mg/inh (breath activated)</td>
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<td>BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh</td>
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<td>Drug Name</td>
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<td>budesonide inhalation susp 0.25 mg/2ml (Pulmicort)</td>
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<td>budesonide inhalation susp 0.5 mg/2ml (Pulmicort)</td>
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<td>COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act</td>
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<td>cromolyn sodium soln nebu 20 mg/2ml</td>
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<td>DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act</td>
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<td>FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister</td>
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<td>INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)</td>
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<td>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</td>
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<td>montelukast sodium chew tab 4 mg (base equiv) (Singulair)</td>
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<td>montelukast sodium chew tab 5 mg (base equiv) (Singulair)</td>
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<td>PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
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<td>PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)</td>
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<td>QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act</td>
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<td>SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)</td>
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<td>SPIRIVA HANDBLER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</td>
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<td>STIOLTO RESPIMAT – tiotropium bromodaterol inhal aero soln 2.5-2.5 mcg/act</td>
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<td>theophylline tab er 12hr 300 mg</td>
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<td>TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh</td>
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<td>VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
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<td>zafirlukast tab 10 mg (Accolate)</td>
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<td>zafirlukast tab 20 mg (Accolate)</td>
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**OTHER RESPIRATORY DRUGS**

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<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>KALYDECO – ivacaftor tab 150 mg</td>
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<tr>
<td>KALYDECO – ivacaftor packet 50 mg</td>
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<td>KALYDECO – ivacaftor packet 75 mg</td>
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<td>PULMOZYME – dornase alfa inhal soln 1 mg/ml</td>
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**GASTROINTESTINAL DRUGS**

**LAXATIVES**

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<td>lactulose solution 10 gm/15ml</td>
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<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl-sulfate for soln 236 gm (Golytely)</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl-sulfate for soln 240 gm (Colyte-flavor packs)</td>
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**ANTIDIARRHEALS**

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<th>Dispensing Limits</th>
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<tbody>
<tr>
<td>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</td>
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<td>loperamide hcl cap 2 mg</td>
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**ULCER/GERD**

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<tr>
<td>cimetidine tab 300 mg</td>
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<td>cimetidine tab 400 mg</td>
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<td>cimetidine tab 800 mg</td>
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<td>dicyclomine hcl cap 10 mg (Bentyl)</td>
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<td>dicyclomine hcl oral soln 10 mg/5ml</td>
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<td>dicyclomine hcl tab 20 mg (Bentyl)</td>
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<td>esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium)</td>
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<tr>
<td>esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)</td>
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<td>famotidine tab 20 mg (Pepcid)</td>
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<td>famotidine tab 40 mg (Pepcid)</td>
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<td>glycopyrrolate tab 1 mg (Robinul)</td>
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<td>glycopyrrolate tab 2 mg (Robinul forte)</td>
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<tr>
<td>Drug Name</td>
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<td>lansoprazole cap delayed release</td>
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<td>30 mg (Prevacid)</td>
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<td>2.5 mg (Pamine)</td>
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<td>(Pamine forte)</td>
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<td>misoprostol tab 100 mcg</td>
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<td>(Cytotec)</td>
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<td>(Cytotec)</td>
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<td>NEXIUM – esomeprazole magnesium</td>
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<td>NEXIUM – esomeprazole magnesium</td>
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<td>NEXIUM – esomeprazole magnesium</td>
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<td>10 mg (Prilosec)</td>
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<td>20 mg (Prilosec)</td>
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<td>40 mg (Prilosec)</td>
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<tr>
<td>(base equiv) (Protonix)</td>
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<td>pantoprazole sodium ec tab 40 mg</td>
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<td>(base equiv) (Protonix)</td>
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<td>(75 mg/5ml)</td>
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<td>(Zantac)</td>
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<td>(Zantac)</td>
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<td>(Carafate)</td>
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<td><strong>NAUSEA AND VOMITING</strong></td>
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<td>aprepitant capsule therapy pack 80 &amp; 125 mg (Emend)</td>
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<td>aprepitant capsule 125 mg (Emend)</td>
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<td>EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)</td>
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<td>granisetron hcl tab 1 mg</td>
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<td>meclizine hcl tab 12.5 mg</td>
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<td>ondansetron hcl inj 4 mg/2ml (2 mg/ml) (Zofran)</td>
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<td>ondansetron hcl oral soln 4 mg/5ml (Zofran)</td>
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<td>ondansetron hcl tab 4 mg (Zofran)</td>
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<td>ondansetron hcl tab 8 mg (Zofran)</td>
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<td>ondansetron hcl tab 24 mg</td>
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<td>ondansetron orally disintegrating tab 4 mg (Zofran odt)</td>
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<td>ondansetron orally disintegrating tab 8 mg (Zofran odt)</td>
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<td>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent) (Aloxi)</td>
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<td>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</td>
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<td>trimethobenzamide hcl cap 300 mg</td>
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<td>(Tigan)</td>
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<td><strong>DIGESTIVE ENZYMES</strong></td>
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<td>CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit</td>
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<tr>
<td>CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit</td>
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<td>Drug Name</td>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit</td>
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</table>

**OTHER GASTROINTESTINAL DRUGS**

- APRISO – mesalamine cap er 24hr 0.375 gm
- ASACOL HD – mesalamine tab delayed release 800 mg
- balsalazide disodium cap 750 mg (Colazal)
- calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo)
- calcium acetate (phosphate binder) tab 667 mg (Eliphos)
- CANASA – mesalamine suppos 1000 mg
- CHENODAL – chenodiol tab 250 mg
- DELZICOL – mesalamine cap dr 400 mg
- lactulose (encephalopathy) solution 10 gm/15ml
- LINZESS – linaclotide cap 72 mcg
- LINZESS – linaclotide cap 145 mcg
- LINZESS – linaclotide cap 290 mcg

**GENITOURINARY DRUGS**

**URINARY TRACT INFECTIONS**

- nitrofurantoin macrystalline cap 25 mg (Macrobid)
- nitrofurantoin macrystalline cap 50 mg (Macrobid)
- nitrofurantoin macrystalline cap 100 mg (Macrobid)
- nitrofurantoin monohydrate macrystalline cap 100 mg (Macrobid)
- nitrofurantoin susp 25 mg/5ml (Furadantin)

**URINARY TRACT SPASMS**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>oxybutynin chloride syrup 5 mg/5ml</td>
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<tr>
<td>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</td>
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<td>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</td>
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<td>VESICARE – solifenacin succinate tab 5 mg</td>
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<td><strong>VAGINAL PRODUCTS</strong></td>
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<td>CLEOCIN – clindamycin phosphate vaginal suppos 100 mg</td>
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<td>clindamycin phosphate vaginal cream 2% (Cleocin)</td>
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<td>CRINONE – progesterone vaginal gel 4%</td>
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<td>CRINONE – progesterone vaginal gel 8%</td>
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<td>estradiol vaginal cream 0.1 mg/gm (Estrace)</td>
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<td><strong>OTHER GENITOURINARY DRUGS</strong></td>
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<td>(Vistaril)</td>
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<tr>
<td>citalopram hydrobromide oral soln 10 mg/5ml</td>
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<tr>
<td>citalopram hydrobromide tab 10 mg (base equiv) (Celexa)</td>
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<td>clomipramine hcl cap 25 mg</td>
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<tr>
<td>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)</td>
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**PSYCHOTIC AND BIPOLAR DISORDERS**

- aripiprazole tab 2 mg (Abilify) •
- aripiprazole tab 5 mg (Abilify) •
- aripiprazole tab 10 mg (Abilify) •
- aripiprazole tab 15 mg (Abilify) •
- aripiprazole tab 20 mg (Abilify) •
- aripiprazole tab 30 mg (Abilify) •
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**MULTIPLE SCLEROSIS**

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<td>REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml &amp; 6x22 mcg/0.5ml</td>
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<td>TECFIDERA – dimethyl fumarate capsule delayed release 120 mg</td>
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<td>OTHER CENTRAL NERVOUS SYSTEM DRUGS</td>
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<td>acamprosate calcium tab delayed release 333 mg (Campral)</td>
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<td>bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)</td>
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<td>CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)</td>
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<td>CHANTIX – varenicline tartrate tab 1 mg (base equiv)</td>
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<td>CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)</td>
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<td>CHANTIX STARTING MONTH PA – varenicline tartrate tab 0.5 mg x 11 &amp; tab 1 mg x 42 pack</td>
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<td>disulfiram tab 250 mg (Antabuse)</td>
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<td>butalbital-acetaminophen tab 50-325 mg</td>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>fentanyl td patch 72hr 12 mcg/hr (Duragesic)</td>
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**NARCOTIC DRUGS**

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<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)</td>
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<td>hydrocodone-acetaminophen tab 10-325 mg (Norco)</td>
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**BLOOD MODIFYING DRUGS**

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<td>(recomb) rfviiifc for inj 1500 unit</td>
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<td>ELOCTATE – antihemophilic factor</td>
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<td>enoxaparin sodium inj 30 mg/0.3ml</td>
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<td>enoxaparin sodium inj 40 mg/0.4ml</td>
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<td>enoxaparin sodium inj 100 mg/ml</td>
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<td>enoxaparin sodium inj 300 mg/3ml</td>
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<td>(Lovenox)</td>
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<td>EPOGEN – epoetin alfa inj 2000 unit/ml</td>
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<td>EPOGEN – epoetin alfa inj 3000 unit/ml</td>
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<td>FEIBA – antiinhibitor coagulant complex for inj</td>
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<td>FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)</td>
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<td>folic acid tab 1 mg</td>
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<td>GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml</td>
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<td>GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml</td>
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<tr>
<td>HELIXATE FS – antihemophilic factor (recombinant) for inj 250 unit</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj 500 unit</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj 3000 unit</td>
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<tr>
<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml</td>
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<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)</td>
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<td>Drug Name</td>
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<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 250 unit</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 500 unit</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 1000 unit</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 1700 unit</td>
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<td>HUMATE-P – antihemophilic factor/vWF (human) for inj 250-600 unit</td>
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<td>HUMATE-P – antihemophilic factor/vWF (human) for inj 500-1200 unit</td>
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<td>HUMATE-P – antihemophilic factor/vWF (human) for inj 1000-2400 unit</td>
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<td>IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit</td>
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<td>IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit</td>
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<td>IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit</td>
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<td>IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit</td>
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<td>IXINITY – coagulation factor ix (recombant) for inj 250 unit</td>
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<td>IXINITY – coagulation factor ix (recombant) for inj 500 unit</td>
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<td>IXINITY – coagulation factor ix (recombant) for inj 1000 unit</td>
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<td>IXINITY – coagulation factor ix (recombant) for inj 1500 unit</td>
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<td>IXINITY – coagulation factor ix (recombant) for inj 2000 unit</td>
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<td>IXINITY – coagulation factor ix (recombant) for inj 3000 unit</td>
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<td>KOATE – antihemophilic factor (human) for inj 250 unit</td>
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<td>KOATE – antihemophilic factor (human) for inj 500 unit</td>
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<td>KOATE – antihemophilic factor (human) for inj 1000 unit</td>
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<td>KOATE-DVI – antihemophilic factor (human) for inj 250 unit</td>
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<td>KOATE-DVI – antihemophilic factor (human) for inj 500 unit</td>
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<td>KOATE-DVI – antihemophilic factor (human) for inj 1000 unit</td>
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<td>KOGENATE FS – antihemophilic factor (recombant) for inj kit 250 unit</td>
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<td>KOGENATE FS – antihemophilic factor (recombant) for inj kit 500 unit</td>
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<td>KOGENATE FS – antihemophilic factor (recombant) for inj kit 3000 unit</td>
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<td>KOGENATE FS BIO-SET – antihemophilic factor (recombant) for inj kit 1000 unit</td>
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<td>KOGENATE FS BIO-SET – antihemophilic factor (recombant) for inj kit 2000 unit</td>
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<td>KOVALTRY – antihemophilic factor (recombant) for inj kit 250 unit</td>
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<td>KOVALTRY – antihemophilic factor (recombant) for inj 250 unit</td>
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<td>KOVALTRY – antihemophilic factor (recombant) for inj 500 unit</td>
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<td>KOVALTRY – antihemophilic factor (recombant) for inj 1000 unit</td>
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<td>KOVALTRY – antihemophilic factor (recombant) for inj 2000 unit</td>
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<td>KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit</td>
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<tr>
<td>MONOCLOTE-P – antihemophilic factor (human) for inj kit 1000 unit</td>
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<td>MONOCLOTE-P – antihemophilic factor (human) for inj kit 1500 unit</td>
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<td>MONONINE – coagulation factor ix for inj 1000 unit</td>
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<td>NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml</td>
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<td>NEULASTA ONPRO KIT – pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml</td>
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<td>NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml</td>
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<td>NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)</td>
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<td>NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit</td>
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<td>NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit</td>
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<td>NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit</td>
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<td>NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit</td>
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<td>NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit</td>
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<td>NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit</td>
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<td>NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)</td>
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<td>NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)</td>
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<td>NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)</td>
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<td>NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 250 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 500 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 1000 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 3000 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 4000 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 250 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 500 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2000 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2500 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 3000 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 4000 unit</td>
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<td>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 5000 unit</td>
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<td>OBIZUR – antihemophilic factor (recomb porc) rfviii for inj 500 unit</td>
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<td>pentoxifylline tab er 400 mg</td>
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<td>prasugrel hcl tab 5 mg (base equiv) (Effient)</td>
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<td>prasugrel hcl tab 10 mg (base equiv) (Effient)</td>
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<td>PROCRIT – epoetin alfa inj 2000 unit/ml</td>
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<td>PROCRIT – epoetin alfa inj 3000 unit/ml</td>
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<td>PROCRIT – epoetin alfa inj 4000 unit/ml</td>
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<td>PROCRIT – epoetin alfa inj 10000 unit/ml</td>
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<tr>
<td>PROCRIT – epoetin alfa inj 20000 unit/ml</td>
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<tr>
<td>PROCRIT – epoetin alfa inj 40000 unit/ml</td>
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<tr>
<td>PROFILNINE – factor ix complex for inj 500 unit</td>
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<tr>
<td>PROFILNINE – factor ix complex for inj 1000 unit</td>
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<tr>
<td>PROFILNINE – factor ix complex for inj 1500 unit</td>
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<tr>
<td>PROFILNINE SD – factor ix complex for inj 500 unit</td>
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<tr>
<td>PROFILNINE SD – factor ix complex for inj 1000 unit</td>
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<tr>
<td>PROFILNINE SD – factor ix complex for inj 1500 unit</td>
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<tr>
<td>REBINYN – coagulation factor ix recom glycopegylated for inj 500 unit</td>
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<tr>
<td>REBINYN – coagulation factor ix recom glycopegylated for inj 1000 unit</td>
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<tr>
<td>REBINYN – coagulation factor ix recom glycopegylated for inj 2000 unit</td>
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<tr>
<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit</td>
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<tr>
<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit</td>
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<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit</td>
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<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit</td>
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<td>RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit</td>
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<tr>
<td>RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit</td>
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<thead>
<tr>
<th>Drug Name</th>
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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tr>
<td>RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit</td>
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<tr>
<td>RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit</td>
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<tr>
<td>RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit</td>
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<tr>
<td>RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit</td>
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<td>TRETEN – coagulation factor xiii a-subunit for inj 2000-3125 unit</td>
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<td>VONVENDI – von willebrand factor (recombinant) for inj 650 unit</td>
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<tr>
<td>VONVENDI – von willebrand factor (recombinant) for inj 1300 unit</td>
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<tr>
<td>warfarin sodium tab 1 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 2 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 2.5 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 3 mg (Coumadin)</td>
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<td>warfarin sodium tab 4 mg (Coumadin)</td>
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<td>warfarin sodium tab 5 mg (Coumadin)</td>
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<td>warfarin sodium tab 6 mg (Coumadin)</td>
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<td>warfarin sodium tab 7.5 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 10 mg (Coumadin)</td>
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<tr>
<td>WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit</td>
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<tr>
<td>WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit</td>
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<tr>
<td>XARELTO – rivaroxaban tab 10 mg</td>
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<tr>
<td>XARELTO – rivaroxaban tab 15 mg</td>
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<tr>
<td>XARELTO – rivaroxaban tab 20 mg</td>
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<tr>
<td>XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg &amp; 20 mg</td>
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<tr>
<td>XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit</td>
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<tr>
<td>Drug Name</td>
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<tr>
<td>XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit</td>
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<tr>
<td>XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit</td>
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<tr>
<td>XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit</td>
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<tr>
<td>ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml</td>
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<tr>
<td>ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml</td>
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**TOPICAL PRODUCTS**

**EYE**

**Anti-infectives**

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<thead>
<tr>
<th>Drug Name</th>
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<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACITRACIN – bacitracin ophth oint 500 unit/gm</td>
<td>•</td>
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<tr>
<td>bacitracin-polymyxin b ophth oint</td>
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<tr>
<td>ciprofloxacin hcl ophth soln 0.3% (Ciloxan)</td>
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<tr>
<td>erythromycin ophth oint 5 mg/gm</td>
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<tr>
<td>gentamicin sulfate ophth soln 0.3% (Garamycin)</td>
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<tr>
<td>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)</td>
<td>•</td>
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<tr>
<td>NATACYN – natamycin ophth susp 5%</td>
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**Steroids and Combination Products**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
<td>•</td>
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<tr>
<td>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml (Neosporin)</td>
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<tr>
<td>ofloxacin ophth soln 0.3% (Ocuflox)</td>
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<tr>
<td>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</td>
<td>•</td>
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<tr>
<td>sulfacetamide sodium ophth soln 10% (Bleph-10)</td>
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<tr>
<td>tobramycin ophth soln 0.3% (Tobrex)</td>
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<tr>
<td>trifluridine ophth soln 1% (Viroptic)</td>
<td>•</td>
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<tr>
<td>bacitracin-polymyxin-neomycin-hc ophth oint 1%</td>
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<tr>
<td>fluorometholone ophth susp 0.1% (Fml liquifilm)</td>
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<tr>
<td>LOTEMAX – loteprednol etabonate ophth susp 0.5%</td>
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<tr>
<td>LOTEMAX – loteprednol etabonate ophth gel 0.5%</td>
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<tr>
<td>LOTEMAX – loteprednol etabonate ophth oint 0.5%</td>
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<tr>
<td>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</td>
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<tr>
<td>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</td>
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<tr>
<td>prednisolone acetate ophth susp 1% (Pred forte)</td>
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<tr>
<td>PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%</td>
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<tr>
<td>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</td>
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<tr>
<td>tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)</td>
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<tr>
<td>ZYLET – loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</td>
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<tr>
<td>Drug Name</td>
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<td>Step Therapy</td>
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<tr>
<td><strong>Glaucoma</strong></td>
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<tr>
<td>ALPHAGAN P – brimonidine tartrate ophth soln 0.1%</td>
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<tr>
<td>AZOPT – brinzolamide ophth susp 1%</td>
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<tr>
<td>brimonidine tartrate ophth soln 0.15%</td>
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<tr>
<td>brimonidine tartrate ophth soln 0.2%</td>
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<tr>
<td>dorzolamide hcl ophth soln 2%</td>
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<tr>
<td>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)</td>
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<tr>
<td>latanoprost ophth soln 0.005%</td>
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<tr>
<td>levobunolol hcl ophth soln 0.5%</td>
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<tr>
<td>LUMIGAN – bimatoprost ophth soln 0.01%</td>
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<tr>
<td>pilocarpine hcl ophth soln 1%</td>
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<tr>
<td>pilocarpine hcl ophth soln 2%</td>
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<tr>
<td>pilocarpine hcl ophth soln 4%</td>
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<tr>
<td>SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%</td>
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<tr>
<td>timolol maleate ophth soln 0.25%</td>
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<tr>
<td>timolol maleate ophth soln 0.5%</td>
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<tr>
<td>TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)</td>
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<td><strong>Other Eye Products</strong></td>
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<tr>
<td>azelastine hcl ophth soln 0.05%</td>
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<tr>
<td>cromolyn sodium ophth soln 4%</td>
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<tr>
<td>cyclopentolate hcl ophth soln 1%</td>
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<tr>
<td>diclofenac sodium ophth soln 0.1%</td>
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<tr>
<td><strong>Ear</strong></td>
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<tr>
<td>acetic acid otic soln 2%</td>
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<tr>
<td>CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%</td>
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<tr>
<td>hydrocortisone w/acetic acid otic soln 1-2%</td>
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<tr>
<td>neomycin-polymyxin-hc otic soln 1%</td>
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<tr>
<td>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</td>
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<tr>
<td>ofloxacin otic soln 0.3%</td>
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<tr>
<td><strong>Mouth and Throat (Local)</strong></td>
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<td>cevimeline hcl cap 30 mg (Evoxac)</td>
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<tr>
<td>chlorhexidine gluconate soln 0.12%</td>
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<td>clotrimazole troche 10 mg</td>
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<tr>
<td>lidocaine hcl viscous soln 2%</td>
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<tr>
<td>nystatin susp 100000 unit/ml</td>
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<tr>
<td>pilocarpine hcl tab 5 mg (Salagen)</td>
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<tr>
<td>pilocarpine hcl tab 7.5 mg (Salagen)</td>
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<tr>
<td>triamcinolone acetonide dental paste 0.1%</td>
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**ANORECTAL AGENTS**
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<tbody>
<tr>
<td>CORTIFOAM – hydrocortisone acetate rectal foam 10% (90 mg/dose)</td>
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<tr>
<td>hydrocortisone enema 100 mg/60ml (Cortenema)</td>
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<tr>
<td>hydrocortisone rectal cream 2.5% (Anusol-hc)</td>
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**SKIN CONDITIONS/PRODUCTS**

**Acne**

- adapalene cream 0.1% (Differin)
- adapalene gel 0.1% (Differin)
- adapalene gel 0.3% (Differin)
- adapalene-benzoyl peroxide gel 0.1-2.5%

- benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)
- clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)

- clindamycin phosphate gel 1% (Cleocin-t)
- clindamycin phosphate lotion 1% (Cleocin-t)
- clindamycin phosphate soln 1% (Cleocin-t)
- clindamycin phosphate swab 1% (Cleocin-t)

- clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)

- erythromycin gel 2% (Erygel)
- erythromycin pads 2%
- erythromycin soln 2%

FINACEA – azelaic acid foam 15%
FINACEA – azelaic acid gel 15%

- isotretinoin cap 10 mg
- isotretinoin cap 20 mg
- isotretinoin cap 30 mg (Claravis)
- isotretinoin cap 40 mg

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>metronidazole cream 0.75% (Metrocream)</td>
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<tr>
<td>metronidazole gel 0.75%</td>
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<tr>
<td>metronidazole gel 1% (Metrogel)</td>
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<tr>
<td>metronidazole lotion 0.75% (Metrolotion)</td>
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</tbody>
</table>

SOOLANTRA – ivermectin cream 1%

- sulfacetamide sodium lotion 10% (acne) (Klaron)

- tazarotene cream 0.1% (Tazorac)
- TAZORAC – tazarotene cream 0.05%
- TAZORAC – tazarotene gel 0.05%
- TAZORAC – tazarotene gel 0.1%

- tretinoin cream 0.025% (Retin-a)
- tretinoin cream 0.05% (Retin-a)
- tretinoin cream 0.1% (Retin-a)
- tretinoin gel 0.01% (Retin-a)
- tretinoin gel 0.025% (Retin-a)
- tretinoin microsphere gel 0.04% (Retin-a micro)
- tretinoin microsphere gel 0.1% (Retin-a micro)

**Anti-infectives**

- ciclopinox gel 0.77% (Loprox)
- ciclopinox olamine cream 0.77% (base equiv)
- ciclopinox olamine susp 0.77% (base equiv)

- ciclopinox shampoo 1% (Loprox shampoo)
- ciclopinox solution 8% (Penlac nail lacquer)
- econazole nitrate cream 1%
- gentamicin sulfate cream 0.1%
- gentamicin sulfate oint 0.1%
- ketoconazole cream 2%
- ketoconazole shampoo 2% (Nizoral)
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>mupirocin calcium cream 2% (Bactroban)</td>
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<tr>
<td>mupirocin oint 2% (Bactroban)</td>
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<tr>
<td>nystatin cream 100000 unit/gm</td>
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<tr>
<td>nystatin oint 100000 unit/gm</td>
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<tr>
<td>nystatin topical powder 100000 unit/gm</td>
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<tr>
<td>silver sulfadiazine cream 1% (Silvadene)</td>
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</table>

**Corticosteroids**

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<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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</thead>
<tbody>
<tr>
<td>alclometasone dipropionate cream 0.05% (Aclovate)</td>
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<tr>
<td>alclometasone dipropionate oint 0.05%</td>
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<tr>
<td>betamethasone dipropionate augmented cream 0.05% (Diprolene af)</td>
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<tr>
<td>betamethasone dipropionate augmented lotion 0.05% (Diprolene)</td>
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<tr>
<td>betamethasone dipropionate augmented oint 0.05% (Diprolene)</td>
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<tr>
<td>betamethasone dipropionate cream 0.05%</td>
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<tr>
<td>betamethasone dipropionate lotion 0.05%</td>
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<tr>
<td>betamethasone dipropionate oint 0.05%</td>
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<tr>
<td>betamethasone valerate cream 0.1% (base equivalent)</td>
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<tr>
<td>betamethasone valerate lotion 0.1% (base equivalent)</td>
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<tr>
<td>betamethasone valerate oint 0.1% (base equivalent)</td>
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<tr>
<td>clobetasol propionate cream 0.05% (Temovate)</td>
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<tr>
<td>clobetasol propionate emollient base cream 0.05% (Temovate e)</td>
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<tr>
<td>clobetasol propionate foam 0.05% (Olux)</td>
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<tr>
<td>clobetasol propionate gel 0.05% (Temovate)</td>
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<tr>
<td>clobetasol propionate oint 0.05% (Temovate)</td>
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<tr>
<td>clobetasol propionate soln 0.05% (Temovate)</td>
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<tr>
<td>desonide cream 0.05% (Desowen)</td>
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<tr>
<td>desonide lotion 0.05% (Desowen)</td>
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<tr>
<td>desonide oint 0.05% (Desowen)</td>
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<tr>
<td>desoximetasone cream 0.05% (Topicort)</td>
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<tr>
<td>desoximetasone cream 0.25% (Topicort)</td>
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<tr>
<td>desoximetasone gel 0.05% (Topicort)</td>
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<tr>
<td>desoximetasone oint 0.25% (Topicort)</td>
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<tr>
<td>fluocinolone acetonide cream 0.01%</td>
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<tr>
<td>fluocinolone acetonide cream 0.025% (Synalar)</td>
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<tr>
<td>fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)</td>
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<tr>
<td>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)</td>
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<tr>
<td>fluocinolone acetonide oint 0.025% (Synalar)</td>
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<tr>
<td>fluocinolone acetonide soln 0.01% (Synalar)</td>
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<tr>
<td>fluocinolone cream 0.05%</td>
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<tr>
<td>fluocinolone emulsified base cream 0.05%</td>
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<tr>
<td>fluocinolone gel 0.05%</td>
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<tr>
<td>fluocinolone oint 0.05%</td>
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<tr>
<td>fluocinolone soln 0.05%</td>
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<tr>
<td>fluticasone propionate cream 0.05% (Cutivate)</td>
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<tr>
<td>fluticasone propionate oint 0.005% (Cutivate)</td>
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<tr>
<td>halobetasol propionate cream 0.05% (Ultravate)</td>
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<tr>
<td>Drug Name</td>
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<td>Step Therapy</td>
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<tr>
<td>halobetasol propionate oint 0.05% (Ultravate)</td>
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<tr>
<td>hydrocortisone cream 2.5%</td>
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<tr>
<td>hydrocortisone lotion 2.5%</td>
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<tr>
<td>hydrocortisone oint 2.5%</td>
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<tr>
<td>hydrocortisone valerate cream 0.2% (Westcort)</td>
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<tr>
<td>hydrocortisone valerate oint 0.2% (Westcort)</td>
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<tr>
<td>mometasone furoate cream 0.1% (Elocon)</td>
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<tr>
<td>mometasone furoate oint 0.1% (Elocon)</td>
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<tr>
<td>mometasone furoate solution 0.1% (lotion) (Elocon)</td>
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<tr>
<td>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</td>
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<tr>
<td>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</td>
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<tr>
<td>triamcinolone acetonide cream 0.025%</td>
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<tr>
<td>triamcinolone acetonide cream 0.1%</td>
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<tr>
<td>triamcinolone acetonide cream 0.5%</td>
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<tr>
<td>triamcinolone acetonide lotion 0.025%</td>
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<tr>
<td>triamcinolone acetonide lotion 0.1%</td>
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<tr>
<td>triamcinolone acetonide oint 0.025%</td>
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<tr>
<td>triamcinolone acetonide oint 0.1%</td>
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<tr>
<td>triamcinolone acetonide oint 0.5%</td>
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</table>

**Other Skin Products**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>acitretin cap 10 mg (Soriatane)</td>
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<tr>
<td>acitretin cap 17.5 mg (Soriatane)</td>
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<tr>
<td>acitretin cap 25 mg (Soriatane)</td>
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<tr>
<td>calcipotriene cream 0.005% (Dovonex)</td>
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<tr>
<td>calcipotriene oint 0.005%</td>
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<tr>
<td>calcipotriene soln 0.005% (50 mcg/ml)</td>
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**MISCELLANEOUS CATEGORIES**

**DIABETIC SUPPLIES**
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<thead>
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<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>TEST STRIPS – ASCENSIA BREEZE 2, CONTOUR, CONTOUR NEXT</td>
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<tr>
<td>INSULIN PEN NEEDLES – BD ULTRAFINE, NOVOFINE, NOVOTWIST</td>
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<tr>
<td>INSULIN SYRINGES – BD</td>
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<tr>
<td>LANCETS – BAYER FINGERSTIX, MICROLET, SINGLE-LET</td>
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<tr>
<td>LANCETS – BD MICROTAINER, ULTRAFINE</td>
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<tr>
<td>RESPIRATORY INHALER-ASSIST DEVICES</td>
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<tr>
<td>BREATHERITE – spacer/aerosol-holding chambers - device</td>
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<tr>
<td>MISCELLANEOUS DRUGS</td>
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<tr>
<td>azathioprine tab 50 mg (Imuran)</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</td>
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<tr>
<td>CELLECT – mycophenolate mofetil cap 250 mg</td>
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<tr>
<td>CELLECT – mycophenolate mofetil tab 500 mg</td>
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<tr>
<td>CHEMET – succimer cap 100 mg</td>
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<tr>
<td>cyclosporine cap 25 mg (Sandimmune)</td>
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<tr>
<td>cyclosporine cap 100 mg (Sandimmune)</td>
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<tr>
<td>cyclosporine modified cap 25 mg (Neoral)</td>
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<tr>
<td>cyclosporine modified cap 100 mg (Neoral)</td>
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<tr>
<td>cyclosporine modified oral soln 100 mg/ml (Neoral)</td>
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<tr>
<td>DEPEN TITRATABS – penicillamine tab 250 mg</td>
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<tr>
<td>EXJADE – deferasirox tab for oral susp 125 mg</td>
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<tr>
<td>EXJADE – deferasirox tab for oral susp 250 mg</td>
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<tr>
<td>Drug Name</td>
<td>Specialty</td>
<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<tr>
<td>EXJADE – deferasirox tab for oral susp 500 mg</td>
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<tr>
<td>JADENU – deferasirox tab 90 mg</td>
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<tr>
<td>JADENU – deferasirox tab 180 mg</td>
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<tr>
<td>JADENU – deferasirox tab 360 mg</td>
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<tr>
<td>mycophenolate mofetil cap 250 mg (Cellcept)</td>
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<tr>
<td>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</td>
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<tr>
<td>mycophenolate mofetil tab 500 mg (Cellcept)</td>
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<tr>
<td>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)</td>
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<tr>
<td>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)</td>
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<tr>
<td>naloxone hcl inj 0.4 mg/ml</td>
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<tr>
<td>naloxone hcl inj 4 mg/10ml</td>
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<td>naltrexone hcl tab 50 mg (Revia)</td>
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<tr>
<td>NARCAN – naloxone hcl nasal spray 4 mg/0.1ml</td>
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<tr>
<td>PROGRAF – tacrolimus cap 0.5 mg</td>
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<td>PROGRAF – tacrolimus cap 1 mg</td>
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<tr>
<td>PROGRAF – tacrolimus cap 5 mg</td>
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<tr>
<td>RAPAMUNE – sirolimus oral soln 1 mg/ml</td>
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<td>AUBAGIO – teriflunomide tab 7 mg</td>
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<tr>
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<td>Azithromycin tab 500 mg (Zithromax)</td>
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<td>estradiol vaginal cream 0.1 mg/gm (Estrace)</td>
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<td>estradiol td patch weekly 0.0375 mg/24hr (Climara)</td>
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<td>ethosuximide soln 250 mg/5ml (Zarontin)</td>
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<tr>
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<td>etodolac cap er 24hr 500 mg</td>
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<td>fentanyl citrate lozenge on a handle 400 mcg (Actiq)</td>
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<tr>
<td>fentanyl td patch 72hr 12 mcg/hr (Duragesic)</td>
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<td>fentanyl td patch 72hr 25 mcg/hr (Duragesic)</td>
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<td>fentanyl td patch 72hr 50 mcg/hr (Duragesic)</td>
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<tr>
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<tr>
<td>flecainide acetate tab 50 mg</td>
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<td>flecainide acetate tab 100 mg</td>
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<tr>
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<tr>
<td>GLYBURIDE METFORMIN TAB 2.5-500 MG (Glucovan)</td>
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<td>GLYBURIDE METFORMIN TAB 5-500 MG (Glucovan)</td>
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<td>GLYBURIDE MICRONIZED TAB 3 MG (Glynase)</td>
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<td>GLYBURIDE MICRONIZED TAB 6 MG (Glynase)</td>
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<tr>
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<tr>
<td>Glycinepoxide tab 2 mg (Robiniul forte)</td>
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<tr>
<td>GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg</td>
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<tr>
<td>GLYXAMBI – empagliflozin-linagliptin tab 25-50 mg</td>
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<tr>
<td>Granisetron hcl tab 1 mg</td>
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<tr>
<td>GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml</td>
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<tr>
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<td>GRLEESEOFULVIN MICROSIZE SOSP 125 MG/5ML</td>
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<td>Guanfacine hcl tab er 24hr 1 mg (base equiv)</td>
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<tr>
<td>Guanfacine hcl tab er 24hr 2 mg (base equiv)</td>
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<tr>
<td>Guanfacine hcl tab er 24hr 3 mg (base equiv)</td>
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<tr>
<td>Guanfacine hcl tab er 24hr 4 mg (base equiv)</td>
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<tr>
<td>Guanfacine hcl tab 1 mg (Tenex)</td>
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<tr>
<td>Guanfacine hcl tab 2 mg (Tenex)</td>
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<tr>
<td>Haloherodil lactate oral conc 2 mg/ml</td>
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<td>Haloperidol tab 0.5 mg</td>
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<td>Haloperidol tab 1 mg</td>
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<td>Haloperidol tab 2 mg</td>
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<td>Haloperidol tab 10 mg</td>
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<td>Haloperidol tab 20 mg</td>
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<tr>
<td>HARVONI – ledipasvir-sofosbuvir tab 90-400 mg</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit</td>
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<tr>
<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml</td>
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<td>HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml</td>
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<tr>
<td>HEMIBRA – emicizumab-kxwh subcutaneous soln 60 mg/ml/0.4ml (150 mg/ml)</td>
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<tr>
<td>HEMIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 500 unit</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 1000 unit</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 1700 unit</td>
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<td>HUMATE-P – anti-hemophilic factor/vwf (human) for inj 250-600 unit</td>
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<td>HUMATE-P – anti-hemophilic factor/vwf (human) for inj 500-1200 unit</td>
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<td>HUMATE-P – anti-hemophilic factor/vwf (human) for inj 1000-2400 unit</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml</td>
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<tr>
<td>HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml</td>
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<tr>
<td>HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml</td>
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<tr>
<td>HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml</td>
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<tr>
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<tr>
<td>HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml</td>
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HUMULIN R U-500 (CONCENTR INJ) – insulin regular (human) inj 500 unit/ml
HUMULIN R U-500 KWIPEN – insulin regular (human) soln pen-injector 500 unit/ml
hydralazine hcl tab 10 mg
hydralazine hcl tab 25 mg
hydralazine hcl tab 50 mg
hydralazine hcl tab 100 mg
hydrochlorothiazide cap 12.5 mg (Microzide)
hydrochlorothiazide tab 12.5 mg
hydrochlorothiazide tab 25 mg
hydrochlorothiazide tab 50 mg
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)
hydrocodone-acetaminophen tab 5-325 mg (Norco)
hydrocodone-acetaminophen tab 10-325 mg (Norco)
hydrocodone-ibuprofen tab 10-200 mg (Ibuprofen)
hydrocodone-ibuprofen tab 5-200 mg (Rephrexin)
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)
hydrocortisone cream 2.5%
hydrocortisone enema 100 mg/60ml (Cortenema)
hydrocortisone lotion 0.25%
hydrocortisone oint 2.5%
hydrocortisone rectal cream 2.5% (Anusol-hc)
hydrocortisone tab 5 mg (Cortef)
hydrocortisone tab 10 mg (Cortef)
hydrocortisone tab 20 mg (Cortef)
hydrocortisone valerate cream 0.2%
hydrocortisone valerate oint 0.2% (Westcort)
hydrocortisone w/ acetic acid otic soln 1-2% (Vosol hc)
ydroxyurea cap 500 mg (Hydrea)
ydroxyurea cap syrup 10 mg/5ml
dydroxyurea hcl tab 10 mg
dydroxyurea hcl tab 25 mg
dydroxyurea hcl tab 50 mg
hydroxyurea hcl cap 500 mg (Hydra)
ydroxyurea hcl syrup 10 mg/5ml
dydroxyzine hcl tab 10 mg
dydroxyzine hcl tab 25 mg
dydroxyzine hcl tab 50 mg
hydroxyzine pamoate cap 25 mg (Vistaril)
ydroxyzine pamoate cap 50 mg (Vistaril)
ibandronate sodium tab 150 mg (base equivalent) (Boniva)
ibrance – palbociclib cap 75 mg
ibrance – palbociclib cap 100 mg
ibrance – palbociclib cap 125 mg
ibuprofen susp 100 mg/5ml
ibuprofen tab 400 mg
ibuprofen tab 600 mg
ibuprofen tab 800 mg
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)
imipramine hcl tab 10 mg (Tofranil)
imipramine hcl tab 25 mg (Tofranil)
imipramine hcl tab 50 mg (Tofranil)
imiquimod cream 5% (Aldara)
impavidomine 5% (Aldara)
impavido – miltefosine cap 50 mg
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)
indapamide tab 1.25 mg
denapamide tab 2.5 mg
indomethacin cap 25 mg
indomethacin cap 50 mg
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg
INSULIN PEN NEEDLES – BD ULTRAFINE, NOVOFINE, NOVOTWIST
INSULIN SYRINGES – BD...
INTENCE – etravirine tab 25 mg
INTENCE – etravirine tab 100 mg
INVOICE – etravirine tab 200 mg
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg
INVOKAMET – canagliflozin-metformin hcl tab 100-1000 mg
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg
INVOKAMET – canagliflozin-metformin hcl tab 200-2000 mg
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<td>(Provigil)</td>
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<td>(Uniretic)</td>
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<td>mometasone furoate solution 0.1% (lotion) (Elocon)</td>
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Blue Cross and Blue Shield of Illinois October 2018 Basic Drug List 79
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<td>STELARA – ustekinumab inj 45 mg/0.5ml.</td>
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<tr>
<td>STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml.</td>
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<tr>
<td>STELARA – ustekinumab soln prefilled syringe 90 mg/0.5ml.</td>
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<tr>
<td>STIMATE – desmopressin acetate nasal soln 1.5 mg/ml</td>
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<tr>
<td>STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aerosol 2.5-2.5 mcg/act.</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml.</td>
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<tr>
<td>STRIBILD – elvitegrav-cobic-empiric-tab-tenofovitab 150-150-200-300 mg</td>
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<tr>
<td>STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv).</td>
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<tr>
<td>SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</td>
<td></td>
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<td></td>
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<tr>
<td>SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</td>
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<tr>
<td>SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</td>
<td></td>
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<tr>
<td>SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</td>
<td></td>
<td>55</td>
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<tr>
<td>sucralfate tab 1 gm (Carafate)</td>
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<td>sulfacetamide sodium lotion 10% (acne) (Klaron)</td>
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<td>sulfacetamide sodium ophth soln 10% (Bleph-10)</td>
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<tr>
<td>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</td>
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<tr>
<td>SULFADIAZINE – sulfadiazone tab 500 mg.</td>
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<tr>
<td>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</td>
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<tr>
<td>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</td>
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<td>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</td>
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<td>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</td>
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<td>sulfasalazine tab 500 mg (Azulfidine)</td>
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<tr>
<td>sulindac tab 150 mg</td>
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<tr>
<td>sulindac tab 200 mg</td>
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<tr>
<td>sumatriptan nasal spray 5 mg/act (Imitrex)</td>
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<tr>
<td>sumatriptan nasal spray 20 mg/act (Imitrex)</td>
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<tr>
<td>sumatriptan succinate inj 6 mg/0.5ml (Imitrex)</td>
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<tr>
<td>sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)</td>
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<tr>
<td>sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)</td>
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<td>sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)</td>
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<tr>
<td>sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)</td>
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<td>sumatriptan succinate solution tab 25 mg (Imitrex)</td>
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<td>sumatriptan succinate tab 50 mg (Imitrex)</td>
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<td>sumatriptan succinate tab 100 mg (Imitrex)</td>
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<td>SUTENT – sunitinib malate cap 12.5 mg (base equivalent)</td>
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<td>SUTENT – sunitinib malate cap 25 mg (base equivalent)</td>
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<td>SUTENT – sunitinib malate cap 37.5 mg (base equivalent)</td>
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<td>Medicine</td>
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<td>SUTENT</td>
<td>sunitinib malate cap 50 mg (base equivalent)</td>
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<td>SYMFI</td>
<td>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</td>
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<td>SYMFI LO</td>
<td>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</td>
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<td>SYNJARDY</td>
<td>empagliflozin-metformin hcl tab 5-1000 mg</td>
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<td>theophylline tab er 12hr 100 mg</td>
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<td>theophylline tab er 12hr 250 mg</td>
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<td>theophylline tab er 12hr 300 mg</td>
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<td>testosterone td gel 12.5 mg/act (1%) (Androgel pump)</td>
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<td>testosterone td gel 25 mg/2.5mg (1%) (Androgel)</td>
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<td>testosterone td gel 50 mg/5mg (1%) (Androgel)</td>
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<td>testosteron td soln 30 mg/act (Axiron)</td>
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<td>TECFIDERA</td>
<td>dimethyl fumarate capsule delayed release 240 mg</td>
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<td>TECFIDERA STARTER PACK</td>
<td>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</td>
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<td>telmisartan-hydrochlorothiazide tab 40-12.5 mg</td>
<td>(Micardis hct)</td>
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<td>telmisartan-hydrochlorothiazide tab 80-12.5 mg</td>
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<td>terezosin hcl cap 1 mg (base equivalent)</td>
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<td>terbutiline sulfate tab 2.5 mg</td>
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<td>terconazole vaginal cream 0.4%</td>
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<td>tetracycline hcl cap 250 mg</td>
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<td>tetracycline hcl cap 500 mg</td>
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<td>theophylline tab er 12hr 100 mg</td>
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<th>Quantity/Strength</th>
<th>Notes</th>
</tr>
</thead>
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<td>VALCHLOR – mechlorethamine hcl</td>
<td>0.016% (base)</td>
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<tr>
<td>TRUVADA – emtricitabine-tenofovir</td>
<td>100-150 mg</td>
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<td>TRUVADA – emtricitabine-tenofovir</td>
<td>133-200 mg</td>
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<td>TRUVADA – emtricitabine-tenofovir</td>
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<td>TRUVADA – emtricitabine-tenofovir</td>
<td>200-300 mg</td>
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<tr>
<td>TMYLOS – abaloparatide subcutaneous soln pen-injector</td>
<td>3120 mcg/1.56ml</td>
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</tbody>
</table>

| U                              |                   |                                     |
| UPTRAVI – selexipag tab         | 200 mcg           |                                     |
| UPTRAVI – selexipag tab         | 400 mcg           |                                     |
| UPTRAVI – selexipag tab         | 600 mcg           |                                     |
| UPTRAVI – selexipag tab         | 800 mcg           |                                     |
| UPTRAVI – selexipag tab         | 1000 mcg          |                                     |
| UPTRAVI – selexipag tab         | 1200 mcg          |                                     |
| UPTRAVI – selexipag tab         | 1400 mcg          |                                     |
| UPTRAVI – selexipag tab         | 1600 mcg          |                                     |
| UPTRAVI – selexipag tab         | Therapy pack 200 mcg (140) & 800 mcg (60) |                                     |
| URSODIOL cap 300 mg (Actigall)  |                   |                                     |
| URSODIOL tab 250 mg (Urso 250)  |                   |                                     |
| URSODIOL tab 500 mg (Urso forte)|                   |                                     |

<p>| V                              |                   |                                     |
| VALCYCLOVIR hcl tab 1 gm        |                   | (Valtrex)                           |
| VALCYCLOVIR hcl tab 500 mg      |                   | (Valtrex)                           |
| VALCHLOR – mechlorethamine hcl  | 0.016% (base)     | (Valcyte)                           |
| VALGANCICLOVIR hcl for soln 50 mg/ml | (base equiv) | (Valcyte)                           |
| Valsartan-hydrochlorothiazide tab | 80-12.5 mg | (Diovan hct)                       |
| Valsartan-hydrochlorothiazide tab | 160-12.5 mg | (Diovan hct)                       |
| Valsartan-hydrochlorothiazide tab | 160-25 mg | (Diovan hct)                       |
| Valsartan-hydrochlorothiazide tab | 320-12.5 mg | (Diovan hct)                       |
| Valsartan-hydrochlorothiazide tab | 320-25 mg | (Diovan hct)                       |
| Valsartan tab 40 mg (Diovan)    |                   |                                     |
| Valsartan tab 80 mg (Diovan)    |                   |                                     |
| Valsartan tab 160 mg (Diovan)   |                   |                                     |
| Valsartan tab 320 mg (Diovan)   |                   |                                     |
| Vancocin hcl cap 125 mg         |                   | (Vancocin hcl)                      |
| Vancocin hcl cap 250 mg         |                   | (Vancocin hcl)                      |
| VELPHORO – sucralfate oxyhydroxide chew tab | 500 mg |                                     |
| VENLAFAXINE hcl cap er 24hr 37.5 mg (base equivalent) | | (Effexor xr) |
| VENLAFAXINE hcl cap er 24hr 75 mg (base equivalent) | | (Effexor xr) |
| VENLAFAXINE hcl cap er 24hr 150 mg (base equivalent) | | (Effexor xr) |
| VENLAFAXINE hcl tab er 24hr 37.5 mg (base equivalent) | | (Venlafaxine hcl er) |
| VENLAFAXINE hcl tab er 24hr 75 mg (base equivalent) | | (Venlafaxine hcl er) |
| VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act | | (90mcg base equiv) |
| VEPICARE – solifenacin succinate tab 5 mg | | |
| VEPICARE – solifenacin succinate tab 10 mg | | |
| VIBERZI – eluxadoline tab 75 mg | | |
| VIBERZI – eluxadoline tab 100 mg | | |
| VICTOZA – liraglutide soln pen-injector 18 mg/3ml | | (6 mg/ml) |
| VIDEK – didanosine for soln 2 gm | | |
| VIDEK – didanosine for soln 4 gm | | |
| vigabatrin powd pack 500 mg | | (Sabril) |
| VIRAMUNE – nevirapine susp 50 mg/5ml | | |
| VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm | | |
| VIREAD – tenofovir disoproxil fumarate tab 150 mg | | |
| VIREAD – tenofovir disoproxil fumarate tab 200 mg | | |
| VIREAD – tenofovir disoproxil fumarate tab 250 mg | | |
| VONVENDI – von willebrand factor (recombinant) for inj 650 unit | | |
| VONVENDI – von willebrand factor (recombinant) for inj 1300 unit | | |
| voriconazole for susp 40 mg/ml | | (Vfend) |
| voriconazole tab 50 mg | | (Vfend) |
| voriconazole tab 200 mg | | (Vfend) |
| VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg | | |
| VOTRIENT – pazopanib hcl tab 200 mg | | (base equiv) |
| VYVANSE – lisdexamfetamine dimesylate cap 10 mg | | |
| VYVANSE – lisdexamfetamine dimesylate cap 20 mg | | |
| VYVANSE – lisdexamfetamine dimesylate cap 30 mg | | |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength</th>
<th>Formulation</th>
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<tbody>
<tr>
<td>VYVANSE – lisdexamfetamine dimesylate cap</td>
<td>40 mg</td>
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<tr>
<td>VYVANSE – lisdexamfetamine dimesylate cap</td>
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<td>VYVANSE – lisdexamfetamine dimesylate cap</td>
<td>60 mg</td>
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<td>VYVANSE – lisdexamfetamine dimesylate cap</td>
<td>70 mg</td>
<td>cap 70 mg</td>
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<td>VYVANSE – lisdexamfetamine dimesylate chew tab</td>
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<td>XYNTHA – antihemophilic factor recombinant paf for inj kit</td>
<td>2000 unit</td>
<td>kit 2000 unit, kit 1000 unit, kit 500 unit, kit 250 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit</td>
<td>500 unit</td>
<td>kit 500 unit, kit 300 unit, kit 100 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit</td>
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<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit</td>
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<tr>
<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit</td>
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<td>ZALEPLON – zolpidem tartrate tab</td>
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<td>ZALEPLON – zolpidem tartrate tab</td>
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<td>ZALUXE – zafirlukast cap</td>
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<td>cap 5 mg, cap 10 mg, cap 20 mg, cap 40 mg</td>
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<tr>
<td>ZELBORAF – vemurafenib cap</td>
<td>250 mg</td>
<td>cap 250 mg, cap 500 mg</td>
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<tr>
<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
<td>3000 unit</td>
<td>cap 3000 unit, cap 10000 unit, cap 15000 unit</td>
</tr>
<tr>
<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
<td>3000 unit</td>
<td>cap 3000 unit, cap 15000 unit</td>
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<tr>
<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<td>cap 6000 unit, cap 10000 unit</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<tr>
<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<tr>
<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<tr>
<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<td>ZENPEP – pancrelipase (lip-prot-amyl) dr cap</td>
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<tr>
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</tbody>
</table>

Blue Cross and Blue Shield of Illinois October 2018 Basic Drug List
ZYLET – loteprednol etabonate-tobramycin ophth susp
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