Performance Drug List

October 2019

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. You can view the most up-to-date list, or the specialty drug list, at MyPrime.com or bcbstx.com.

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

Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to present the 2019 Drug List. All available covered drugs are shown on this list. Drugs that are not shown are not covered. **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](http://www.MyPrime.com) or [bcbstx.com](http://www.bcbstx.com) and log in or call the number on your ID card. Physicians can access the list from the provider portal at [bcbstx.com](http://www.bcbstx.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 your health plan, 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. Newly marketed drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

How member payment is determined

Generally, each prescription drug product 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). Depending on your benefit plan, drugs can either be in these tiers or you may have fewer tiers, e.g. all generics in one tier. **Note:** Some brands may be in a generic tier and some generics may be in a brand tier. To verify your payment amount for a drug, visit [myprime.com](http://www.myprime.com) and log in or call the number on 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. Drugs that have not received FDA approval 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). Some generic products have no reference brand.

Example: **atorvastatin** (Lipitor)

Brand drugs are listed in all CAPITAL letters.

Example: **PROAIR HFA**

- Preferred Generics are marked with a “p” and shown in lower-case **boldface** type
- Non-Preferred Generics are marked with a “np” and shown in lower-case **boldface** type
- Preferred Brands are marked with a “P” and shown in all CAPITAL letters
- Non-Preferred Brands are marked with a “NP” and shown in all CAPITAL letters
- Preferred Specialty Drugs are marked with a “P” and shown as lower-case **boldface** type or in all CAPITAL letters. These drugs are also marked with a dot in the Specialty column.
- Non-Preferred Specialty Drugs are marked with a “NP” and shown as lower-case **boldface** type or in all CAPITAL letters. These drugs are also marked with a dot in the Specialty column.
- Drugs that are also marked with a “+” indicate group-specific coverage. Please see your benefit plan materials for coverage details, or call the number on the back of your member ID card.

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.

**Please note:** Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor’s office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.
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.

Brand drugs will be removed from the drug list 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 equivalent. 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. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

**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 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.

**Non FDA-approved drugs:** Drugs that have not received FDA approval 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 may 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 may be responsible for the full cost of the prescription beyond what your coverage allows.¹ For a list of medications and their dispensing limits, visit myprime.com.

¹Please 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. Blue Cross and Blue Shield of Texas 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](http://MyPrime.com).

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 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 877-627-6337 or e-prescribe your prescription to AllianceRx Walgreens Prime. Your doctor can find e-prescribing information at [www.alliancerxwp.com](http://www.alliancerxwp.com).
- 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](http://www.alliancerxwp.com), or call the number on your ID card.

* Blue Cross and Blue Shield of Texas (BCBSTX), is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association. BCBSTX contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.
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<th>Abbreviation/acronym key</th>
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You, your prescribing health care provider, or your authorized representative, can ask for a Drug List exception if your drug is not on (or is being removed from) the Drug List. To request this exception, you, your prescriber, or your authorized representative, can call the number on your ID card to ask for a review. If the coverage request is denied, BCBSTX will let you and your prescriber (or authorized representative) know why it was denied. Call the number on your ID card if you have any questions.
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<th>Tier Designation</th>
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<th>Prior Authorization</th>
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<th>Step Therapy</th>
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**MACROLIDES**

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**ERYTHROMYCIN ETHYSUCCINATE**

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**FLUOROQUINOLONES**

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**AMINOGLYCOSIDES**

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**SULFONAMIDES**

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**ANTIMYCOBACTERIAL AGENTS**

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### Drug Name

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<td>SYMFI- efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</td>
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<td>ALINIA- nitazoxanide tab 500 mg</td>
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<td>ACTHIB- haemophilus b polysaccharide conjugate vaccine for inj</td>
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<th>Step Therapy</th>
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<tr>
<td>GARDASIL 9- human papillomavirus (hpv) 9-valent recom vac susp</td>
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<tr>
<td>GARDASIL 9- human papillomavirus (hpv) 9-valent recom vac susp pref syr</td>
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<td>HAVRIX- hepatitis a vaccine inj susp 720 el unit/0.5ml</td>
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<td>HAVRIX- hepatitis a vaccine inj susp 1440 el unit/ml</td>
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<td>HEPLISAV-B- hepatitis b vaccine recom adjuvanted pref syr 20 mcg/0.5ml</td>
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<td>HEPLISAV-B- hepatitis b vaccine recombinant adjuvanted 20 mcg/0.5ml</td>
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<td>HIBERIX- haemophilus b polysaccharide conjugate vac for inj 10 mcg</td>
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<td>IMOVAX RABIES (H.D.C.V)- rabies virus vaccine, hdc inj</td>
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<td>IPOL INACTIVATED IPV- poliovirus vaccine, ipv injection</td>
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<td>M-M-R II- measles, mumps &amp; rubella virus vaccines for inj</td>
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<td>MENACTRA- meningococcal (a, c, y, and w-135) conjugate vaccine inj</td>
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<td>MENVEO- meningococcal (a, c, y, and w-135) oligo conj vac for inj</td>
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<td>PEDVAX HIB- haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml</td>
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<td>PNEUMOVAX 23- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml</td>
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<td>Drug Name</td>
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<td>Specialty</td>
<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>PNEUMOVAX 23/1 DOSE- pneumococcal vaccine polyvalent inj 25 mcg/0.5ml</td>
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<td>PREVNAR 13- pneumococcal 13-valent conjugate vaccine inj</td>
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<td>PROQUAD- measles-mumps-rubella-varicella virus vaccines for susp</td>
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<td>RABAVERA- rabies vaccine, pcec for inj</td>
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<td>RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml</td>
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<td>RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 10 mcg/ml</td>
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<td>RECOMBIVAX HB- hepatitis b vaccine (recombinant) susp 40 mcg/ml</td>
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<td>ROTARIX- rotavirus vaccine, live for oral susp</td>
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<td>ROTATEQ- rotavirus vaccine, live oral pentavalent soln</td>
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<td>SHINGRIX- zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml</td>
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<td>TRUMENBA- meningococcal group b vac (recomb) im susp prefilled syr</td>
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<td>TWINRIX- hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml</td>
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<td>VAQTA- hepatitis a vaccine inj susp 25 unit/0.5ml</td>
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<td>VAQTA- hepatitis a vaccine inj susp 50 unit/ml</td>
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<td>VARIVAX- varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml</td>
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<td>VIVOTIF- typhoid vaccine cap delayed release</td>
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<td>ZOSTAVAX- zoster vaccine live for subcutaneous susp 19400 unit/0.65ml</td>
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<tr>
<td>ADCCEL- tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml</td>
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<td>BOOSTRIX- tet tox-diph-acell pertuss ad inj 5-2-18.5 lf-lf-mcg/0.5ml</td>
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<td>Drug Name</td>
<td>Tier Designation</td>
<td>Specialty</td>
<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>DAPTACEL- diph, acellular pert &amp; tet tox inj 15 lf-23 mcg-5 lf/0.5ml</td>
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<td>DIPHTHERIA/TETANUS TOXOID- diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml</td>
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<td>INFANRIX- diph, acellular pert &amp; tet tox inj 25 lf-58 mcg-10 lf/0.5ml</td>
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<tr>
<td>KINRIX- diph-tetanus tox ad-acell pert &amp; polio virus, ipv vac inj</td>
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<tr>
<td>PEDIARIX- diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj</td>
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<td>PENTACEL- diph-ac per-tet tox ad-polio-haemoph b poly vac for im susp</td>
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<tr>
<td>QUADRACEL- diph-tetanus tox ad-acell pert &amp; polio virus, ipv vac inj</td>
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<td>TDVAX- tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml</td>
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<td>TENIVAC- tetanus-diphtheria toxoids (td) inj 5-2ifu</td>
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<td>BIOLOGICALS MISC</td>
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<td>GRASTEK- timothy grass pollen allergen ext sl tab 2800 bau</td>
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<tr>
<td>ODACTRA- dust mite mixed ext sl tab 12 sq-hdm</td>
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<td>ORALAIR- grass mixed pollen ext sl tab 300 ir (index of reactivity)</td>
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<td>RAGWITEK- short ragweed pollen allergen extract sl tab 12 amb a 1-u</td>
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<td>abiraterone acetate tab 250 mg (Zytiga)</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 5 mg</td>
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<td>AFINITOR- everolimus tab 7.5 mg</td>
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<td>AFINITOR- everolimus tab 10 mg</td>
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<tr>
<td>Drug Name</td>
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<td>Step Therapy</td>
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<tr>
<td>AFINITOR DISPERZ- everolimus tab for oral susp 2 mg</td>
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<tr>
<td>AFINITOR DISPERZ- everolimus tab for oral susp 3 mg</td>
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<tr>
<td>AFINITOR DISPERZ- everolimus tab for oral susp 5 mg</td>
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<tr>
<td>ALECENSA- alectinib hcl cap 150 mg (base equivalent)</td>
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<td>ALUNBRIG- brigatinib tab initiation therapy pack 90 mg &amp; 180 mg</td>
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<td>ALUNBRIG- brigatinib tab 30 mg</td>
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<td>ALUNBRIG- brigatinib tab 90 mg</td>
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<td>ALUNBRIG- brigatinib tab 180 mg</td>
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<td>anastrozole tab 1 mg (Arimidex)</td>
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<td>BALVERSA- erdafitinib tab 3 mg</td>
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<td>BALVERSA- erdafitinib tab 4 mg</td>
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<td>BALVERSA- erdafitinib tab 5 mg</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>BOSULIF- bosutinib tab 100 mg</td>
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<td>BOSULIF- bosutinib tab 400 mg</td>
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<td>BOSULIF- bosutinib tab 500 mg</td>
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<td>BRAFTOVI- encorafenib cap 75 mg</td>
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<td>CABOMETYX- cabozantinib s-malate tab 20 mg (base equivalent)</td>
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<td>CABOMETYX- cabozantinib s-malate tab 40 mg (base equivalent)</td>
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<td>CABOMETYX- cabozantinib s-malate tab 60 mg (base equivalent)</td>
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<td>CALQUENCE- acalabrutinib cap 100 mg</td>
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<td>capecitabine tab 150 mg (Xeloda)</td>
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<td>capecitabine tab 500 mg (Xeloda)</td>
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<td>CAPRELSA- vandetanib tab 100 mg</td>
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<td>CAPRELSA- vandetanib tab 300 mg</td>
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<td>COMETRIQ- cabozantinib s-mal cap 1 x 80 mg &amp; 1 x 20 mg (100 dose) kit</td>
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<td>COMETRIQ- cabozantinib s-mal cap 1 x 80 mg &amp; 3 x 20 mg (140 dose) kit</td>
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<td>COMETRIQ- cabozantinib s-mal cap 3 x 20 mg (60 mg dose) kit</td>
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<td>COPIKTRA- duvelisib cap 15 mg</td>
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<td>COPIKTRA- duvelisib cap 25 mg</td>
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<td>COTELLIC- cobimetinib fumarate tab 20 mg (base equivalent)</td>
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<td>cyclophosphamide cap 25 mg (Cyclophosphamide)</td>
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<td>cyclophosphamide cap 50 mg (Cyclophosphamide)</td>
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<td>DAURISMO- glasdegib maleate tab 25 mg (base equivalent)</td>
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<td>DAURISMO- glasdegib maleate tab 100 mg (base equivalent)</td>
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<td>ELIGARD- leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</td>
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<td>ELIGARD- leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</td>
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<td>ELIGARD- leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</td>
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<td>ELIGARD- leuprolide acetate for subcutaneous inj kit 7.5 mg</td>
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<td>EMCYT- estramustine phosphate sodium cap 140 mg</td>
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<td>ERIVEDGE- vismodegib cap 150 mg</td>
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<td>ERLLEADA- apalutamide tab 60 mg</td>
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<td>erlotinib hcl tab 25 mg (base equivalent) (Tarceva)</td>
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<td>erlotinib hcl tab 100 mg (base equivalent) (Tarceva)</td>
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<td>erlotinib hcl tab 150 mg (base equivalent) (Tarceva)</td>
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<td>ETOPOSIDE- etoposide cap 50 mg</td>
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<td>exemestane tab 25 mg (Aromasin)</td>
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<td>FARYDAK- panobinostat lactate cap 10 mg (base equivalent)</td>
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<td>flutamide cap 125 mg</td>
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<td>GILOTRIF- afatinib dimaleate tab 20 mg (base equivalent)</td>
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<td>•</td>
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<td>GILOTRIF- afatinib dimaleate tab 40 mg (base equivalent)</td>
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<td>GLEOSTINE- lomustine cap 10 mg</td>
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<td>GLEOSTINE- lomustine cap 40 mg</td>
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<td>GLEOSTINE- lomustine cap 100 mg</td>
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<td>HYCAMTIN- topotecan hcl cap 1 mg (base equiv)</td>
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<td>INLYTA- axitinib tab 5 mg</td>
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<td>INTRON A- interferon alfa-2b inj 6000000 unit/ml</td>
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<td>INTRON A- interferon alfa-2b inj 10000000 unit/ml</td>
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<td>INTRON A- interferon alfa-2b for inj 10000000 unit</td>
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<td>IRESSA- gefitinib tab 250 mg</td>
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<td>JAKAFI- ruxolitinib phosphate tab 5 mg (base equivalent)</td>
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<td>JAKAFI- ruxolitinib phosphate tab 10 mg (base equivalent)</td>
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<td>JAKAFI- ruxolitinib phosphate tab 15 mg (base equivalent)</td>
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<td>JAKAFI- ruxolitinib phosphate tab 25 mg (base equivalent)</td>
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<td>KISQALI- ribociclib succinate tab pack 200 mg daily dose</td>
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<td>KISQALI- ribociclib succinate tab pack 400 mg daily dose (200 mg tab)</td>
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<td>KISQALI- ribociclib succinate tab pack 600 mg daily dose (200 mg tab)</td>
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<td>KISQALI FEMARA 200 DOSE- ribociclib 200 mg dose (200 mg tab) &amp; letrozole 2.5 mg tbpk</td>
<td>P</td>
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<td>KISQALI FEMARA 400 DOSE- ribociclib 400 mg dose (200 mg tab) &amp; letrozole 2.5 mg tbpk</td>
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<td>KISQALI FEMARA 600 DOSE- ribociclib 600 mg dose (200 mg tab) &amp; letrozole 2.5 mg tbpk</td>
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<td>LENVIMA 10 MG DAILY DOSE- lenvatinib cap therapy pack 10 mg (10 mg daily dose)</td>
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<td>Drug Name</td>
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<td>Step Therapy</td>
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<td>LENVIMA 12MG DAILY DOSE-rlenvatinib cap therapy pack 4 (3) mg (12 mg daily dose)</td>
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<td>LENVIMA 14 MG DAILY DOSE-lenvatinib cap therapy pack 10 &amp; 4 mg (14 mg daily dose)</td>
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<td>LENVIMA 18 MG DAILY DOSE-lenvatinib cap therapy pack 10 &amp; 4 (2) mg (18 mg daily dose)</td>
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<td>LENVIMA 20 MG DAILY DOSE-lenvatinib cap therapy pack 10 (2) mg (20 mg daily dose)</td>
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<td>LENVIMA 24 MG DAILY DOSE-lenvatinib cap therapy pack 10 (2) &amp; 4 mg (24 mg daily dose)</td>
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<td>LENVIMA 4 MG DAILY DOSE-lenvatinib cap therapy pack 4 mg (4 mg daily dose)</td>
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<td>LENVIMA 8 MG DAILY DOSE-lenvatinib cap therapy pack 4 (2) mg (8 mg daily dose)</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>LEUCOVORIN CALCIUM- leucovorin calcium tab 15 mg</td>
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<tr>
<td>leucovorin calcium tab 5 mg</td>
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<td>leucovorin calcium tab 25 mg</td>
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<td>LEUKERAN- chlorambucil tab 2 mg</td>
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<td>leuprolide acetate inj kit 5 mg/ml</td>
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<tr>
<td>LONSURF- trifluridine-tipiracil tab 15-6.14 mg</td>
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<td>LONSURF- trifluridine-tipiracil tab 20-8.19 mg</td>
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<tr>
<td>LORBRENA- lorlatinib tab 25 mg</td>
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<tr>
<td>LORBRENA- lorlatinib tab 100 mg</td>
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<td>LUPRON DEPOT (1-MONTH)-leuprolide acetate for inj kit 3.75 mg</td>
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<td>LUPRON DEPOT (1-MONTH)-leuprolide acetate for inj kit 7.5 mg</td>
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<td>LUPRON DEPOT (3-MONTH)-leuprolide acetate (3 month) for inj kit 11.25 mg</td>
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<td>LUPRON DEPOT (3-MONTH)-leuprolide acetate (3 month) for inj kit 22.5 mg</td>
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<td>LUPRON DEPOT (4-MONTH)-leuprolide acetate (4 month) for inj kit 30 mg</td>
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<td>LUPRON DEPOT (6-MONTH)-leuprolide acetate (6 month) for inj kit 45 mg</td>
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<td>LYNPARZA- olaparib tab 100 mg</td>
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<tr>
<td>LYNPARZA- olaparib tab 150 mg</td>
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<td>LYSODREN- mitotane tab 500 mg</td>
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<td>MATULANE- procarbazine hcl cap 50 mg</td>
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<tr>
<td>megestrol acetate susp 40 mg/ml (Megace oral)</td>
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<td>megestrol acetate tab 20 mg</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>MEKITOVI- binimetinib tab 15 mg</td>
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<td>melphalan tab 2 mg (Alkeran)</td>
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<td>mercaptopurine tab 50 mg</td>
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<td>MESNEX- mesna tab 400 mg</td>
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<td>METHOTREXATE SODIUM- methotrexate sodium inj 250 mg/10ml (25 mg/ml)</td>
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<td>methotrexate sodium for inj 1 gm</td>
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<td>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</td>
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<td>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</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>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</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>NERLYNX- neratinib maleate tab 40 mg (base equivalent)</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>NINLARO- ixazomib citrate cap 2.3 mg (base equivalent)</td>
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<td>NINLARO- ixazomib citrate cap 3 mg (base equivalent)</td>
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<td>NINLARO- ixazomib citrate cap 4 mg (base equivalent)</td>
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<td>ODOMZO- sonidegib phosphate cap 200 mg (base equivalent)</td>
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<td>POMALYST- pomalidomide cap 1 mg</td>
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<td>POMALYST- pomalidomide cap 2 mg</td>
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<td>POMALYST- pomalidomide cap 3 mg</td>
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<td>POMALYST- pomalidomide cap 4 mg</td>
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<td>PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ml)</td>
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<td>RUBRACA- rucaparib camsylate tab 200 mg (base equivalent)</td>
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<td>RUBRACA- rucaparib camsylate tab 250 mg (base equivalent)</td>
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<td>RUBRACA- rucaparib camsylate tab 300 mg (base equivalent)</td>
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<td>RYDAPT- midostaurin cap 25 mg</td>
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<td>SOLTAMOX- tamoxifen citrate oral soln 10 mg/5ml (base equivalent)</td>
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<td>SPRYCEL- dasatinib tab 20 mg</td>
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<td>SPRYCEL- dasatinib tab 50 mg</td>
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<td>SPRYCEL- dasatinib tab 70 mg</td>
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<td>SPRYCEL- dasatinib tab 100 mg</td>
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<td>SPRYCEL- dasatinib tab 140 mg</td>
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<td>STIVARGA- regorafenib tab 40 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 25 mg (base equivalent)</td>
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<td>SUTENT- sunitinib malate cap 50 mg (base equivalent)</td>
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**ANDROGEN-ANABOLIC**

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<td>danazol cap 200 mg</td>
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<td>METHITEST- methyltestosterone oral tab 10 mg</td>
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<td>METHYLTESTOSTERONE- methyltestosterone cap 10 mg</td>
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<td>ESTROGENS</td>
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<td>ANGELIQ- drospirenone-estradiol tab 0.5-1 mg</td>
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<td>CLIMARA PRO- estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day</td>
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<td>COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.14 mg/day</td>
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<td>ESTROGEL- estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</td>
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<td>EVAMIST- estradiol transdermal spray 1.53 mg/spray</td>
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<td>MENEST- esterified estrogens tab 0.3 mg</td>
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<td>MENOSTAR- estradiol td patch weekly 14 mcg/24hr</td>
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<td>PREFEST- estradiol tab 1 mg(15)/estrad-norgestimate tab 1-0.09mg(15)</td>
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<td>PREMPHASE- conj est 0.625(14)/conj est-medroxyprogesterone ac tab 0.625-5mg(14)</td>
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<td>PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg</td>
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<td>PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg</td>
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<td>PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg</td>
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CONTRACEPTIVES

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<td>DEPO-SUBQ PROVERA 104-medroxyprogesterone acetate susp pref syr 104 mg/0.65ml</td>
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<td>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Cyclessa)</td>
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<td>FALESSA- levonorgestel-eth estrad tab 0.1 mg-20 mcg &amp; fa tab 1 mg kit</td>
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<td>LO LOESTRIN FE- norethindrone &amp; ethinyl estradiol-fe chew tab 1 mg-20 mcg (24)/10 mcg (2)</td>
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<td>NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</td>
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<td>OGESTREL- norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</td>
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**PROGESTINS**

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<td>medroxyprogesterone acetate tab 2.5 mg (Provera)</td>
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**ANTIDIABETICS**

**Antidiabetics**

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<td>STEGLATRO- ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv)</td>
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**Rapid-Acting Insulins**

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<td>TIROSINT- levothyroxine sodium cap 150 mcg</td>
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<td>Drug Name</td>
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<td>calcitriol oral soln 1 mcg/ml (Rocaltrol)</td>
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<td>CARBAGLU- carglumic acid tab 200 mg</td>
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<td>CHORIONIC GONADOTROPIN- chorionic gonadotropin for im inj 10000 unit</td>
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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>CLOMIPHENE CITRATE- clomiphene citrate tab 50 mg</td>
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<td>DDAVP- desmopressin acetate nasal soln 0.01% (refrigerated)</td>
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<td>desmopressin acetate inj 4 mcg/ml (Ddavp)</td>
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<td>GALAFOLD- migalastat hcl cap 123 mg (base equivalent)</td>
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<td>H.P. ACTHAR- corticotropin inj gel 80 unit/ml</td>
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<td>ORFADIN- nitisinone cap 2 mg</td>
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<td>ORFADIN- nitisinone susp 4 mg/ml</td>
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<td>STRENSIQ- asfotase alfa subcutaneous inj 80 mg/0.8 ml</td>
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<td>SYNAREL- nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)</td>
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<td>TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56 ml</td>
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**CARDIOVASCULAR AGENTS**

**CARDIOTONICS**
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<th>Drug Name</th>
<th>Tier Designation</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>DIGOXIN- digoxin oral soln 0.05 mg/ml</td>
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<td>digoxin tab 125 mcg (0.125 mg) (Lanoxin)</td>
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<td>ANTIANGINAL AGENTS</td>
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<td>NITRO-BID- nitroglycerin oint 2%</td>
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### CALCIUM CHANNEL BLOCKERS

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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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**DIURETICS**

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<th>Dispensing Limits</th>
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**VASOPRESSORS**

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**ANTIHYPERLIPIDEMICS**

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<th>Tier Designation</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>TYVASO- treprostinil inhalation solution 0.6 mg/ml</td>
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### ERCTILE DYSFUNCTION

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<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>VENTAVIS- iloprost inhalation solution 20 mcg/ml</td>
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<td>ANORO ELLIPTA- umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh</td>
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<td>ARCAPTA NEOHALER- indacaterol male inhal powder cap 75 mcg (base equiv)</td>
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<td>ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 50 mcg/act</td>
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<td>ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 100 mcg/act</td>
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<td>ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 200 mcg/act</td>
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<tr>
<td>ASMANEX HFA- mometasone furoate inhal aerosol suspension 100 mcg/act</td>
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<tr>
<td>ASMANEX HFA- mometasone furoate inhal aerosol suspension 200 mcg/act</td>
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<tr>
<td>ASMANEX TWISTHALER 120 ME- mometasone furoate inhal powd 220 mcg/inh (breath activated)</td>
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<tr>
<td>ASMANEX TWISTHALER 30 MET-mometasone furoate inhal powd 110 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 60 MET-mometasone furoate inhal powd 220 mcg/inh (breath activated)</td>
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<td>ATROVENT HFA- ipratropium bromide hfa inhal aerosol 17 mcg/act</td>
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<td>BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 100-25 mcg/ inh</td>
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<td>BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 200-25 mcg/ inh</td>
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<td>BROVANA- arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</td>
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<td>budesonide inhalation susp 0.25 mg/2ml (Pulmicort)</td>
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<tr>
<td>budesonide inhalation susp 0.5 mg/2ml (Pulmicort)</td>
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<td>budesonide inhalation susp 1 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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<tr>
<td>cromolyn sodium soln nebu 20 mg/2ml</td>
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<tr>
<td>DALIRES- roflumilast tab 250 mcg</td>
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<tr>
<td>DALIRES- roflumilast tab 500 mcg</td>
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<td>DULERA- mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act</td>
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<tr>
<td>DULERA- mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act</td>
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<tr>
<td>DUPIXENT- dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml</td>
<td>NP</td>
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<td>ELIXOPHYLLIN- theophylline elixir 80 mg/15ml</td>
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<tr>
<td>Drug Name</td>
<td>Tier Designation</td>
<td>Specialty</td>
<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<tr>
<td>FLOVENT DISKUS- fluticasone propionate aer pow ba 50 mcg/ blister</td>
<td>P</td>
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<tr>
<td>FLOVENT DISKUS- fluticasone propionate aer pow ba 100 mcg/ blister</td>
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<tr>
<td>FLOVENT DISKUS- fluticasone propionate aer pow ba 250 mcg/ blister</td>
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<tr>
<td>FLOVENT HFA- fluticasone propionate hfa inhal aero 44 mcg/ act (50/valve)</td>
<td>P</td>
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<tr>
<td>FLOVENT HFA- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</td>
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<tr>
<td>FLOVENT HFA- fluticasone propionate hfa inhal aer 220 mcg/ act (250/valve)</td>
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<tr>
<td>FLUTICASONE PROPIONATE/SA-fluticasone-salmeterol aer powder ba 55-14 mcg/act</td>
<td>np</td>
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<tr>
<td>FLUTICASONE PROPIONATE/SA-fluticasone-salmeterol aer powder ba 113-14 mcg/act</td>
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<tr>
<td>FLUTICASONE PROPIONATE/SA-fluticasone-salmeterol aer powder ba 232-14 mcg/act</td>
<td>np</td>
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<tr>
<td>INCURSE ELLIPTA- umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)</td>
<td>P</td>
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<tr>
<td>ipratropium bromide inhal soln 0.02%</td>
<td>p</td>
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<tr>
<td>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</td>
<td>np</td>
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<tr>
<td>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)</td>
<td>np</td>
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<tr>
<td>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)</td>
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<tr>
<td>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)</td>
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<tr>
<td>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)</td>
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<tr>
<td>montelukast sodium chew tab 4 mg (base equiv) (Singulair)</td>
<td>p</td>
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<tr>
<td>montelukast sodium chew tab 5 mg (base equiv) (Singulair)</td>
<td>p</td>
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<tr>
<td>montelukast sodium chew tab 10 mg (base equiv) (Singulair)</td>
<td>p</td>
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<tr>
<td>PROAIR HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
<td>P</td>
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<tr>
<td>PROAIR RESPICLICK- albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)</td>
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<tr>
<td>QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act</td>
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<tr>
<td>QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 80 mcg/act</td>
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<tr>
<td>SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)</td>
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<tr>
<td>SPIRIVA HANDIHALER- tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</td>
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<tr>
<td>SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act</td>
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<tr>
<td>SPIRIVA RESPIMAT- tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act</td>
<td>P</td>
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<tr>
<td>STIOLTO RESPIMAT- tiotropium br-olodaterol inhale aero soln 2.5-2.5 mcg/act</td>
<td>P</td>
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<tr>
<td>STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)</td>
<td>P</td>
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<tr>
<td>SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</td>
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<tr>
<td>Drug Name</td>
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<tr>
<td>SYMPLICORT- budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</td>
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<tr>
<td>terbutaline sulfate tab 2.5 mg</td>
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<td>terbutaline sulfate tab 5 mg</td>
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<tr>
<td>THEO-24- theophylline cap er 24hr 100 mg</td>
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<tr>
<td>THEO-24- theophylline cap er 24hr 200 mg</td>
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<td>THEO-24- theophylline cap er 24hr 300 mg</td>
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<tr>
<td>THEO-24- theophylline cap er 24hr 400 mg</td>
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<tr>
<td>theophylline soln 80 mg/15ml</td>
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<tr>
<td>theophylline tab er 12hr 100 mg</td>
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<tr>
<td>theophylline tab er 12hr 200 mg</td>
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<tr>
<td>theophylline tab er 12hr 300 mg</td>
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<td>theophylline tab er 12hr 450 mg</td>
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<tr>
<td>theophylline tab er 24hr 400 mg</td>
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<tr>
<td>theophylline tab er 24hr 600 mg</td>
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<td>TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh</td>
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<tr>
<td>VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
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<tr>
<td>zafirlukast tab 10 mg (Accolate)</td>
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<tr>
<td>zafirlukast tab 20 mg (Accolate)</td>
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<td>GASTROINTESTINAL AGENTS - MISC.</td>
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<td>ESBRIET- pirfenidone cap 267 mg</td>
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<tr>
<td>ESBRIET- pirfenidone tab 267 mg</td>
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<td>ESBRIET- pirfenidone tab 801 mg</td>
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<td>GLASSIA- alpha1-proteinase inhibitor (human) inj 1000 mg/50ml</td>
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<tr>
<td>KALYDECO- ivacaftor packet 25 mg</td>
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<td>KALYDECO- ivacaftor packet 50 mg</td>
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<td>KALYDECO- ivacaftor packet 75 mg</td>
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<td>KALYDECO- ivacaftor packet 150 mg</td>
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<tr>
<td>OFEV- nintedanib esylate cap 100 mg (base equivalent)</td>
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<tr>
<td>OFEV- nintedanib esylate cap 150 mg (base equivalent)</td>
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<tr>
<td>ORKAMBI- lumacaftor-ivacaftor granules packet 100-125 mg</td>
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<tr>
<td>ORKAMBI- lumacaftor-ivacaftor granules packet 150-188 mg</td>
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<tr>
<td>ORKAMBI- lumacaftor-ivacaftor tab 100-125 mg</td>
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<tr>
<td>ORKAMBI- lumacaftor-ivacaftor tab 200-125 mg</td>
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<tr>
<td>PULMOZYME- dornase alfa inhal soln 1 mg/ml</td>
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<tr>
<td>SYMDEKO- tezacaftor-ivacaftor 50-75 mg &amp; ivacaftor 75 mg tab tbpk</td>
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<tr>
<td>SYMDEKO- tezacaftor-ivacaftor 100-150 mg &amp; ivacaftor 150 mg tab tbpk</td>
<td>P</td>
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<tr>
<td>BISACODYL tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</td>
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<tr>
<td>lactulose solution 10 gm/15ml</td>
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<tr>
<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)</td>
<td>p</td>
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<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)</td>
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<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs)</td>
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<tr>
<td>SUPREP BOWEL PREP KIT- sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</td>
<td>NP</td>
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<tr>
<td>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</td>
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<tr>
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<tr>
<td>DIPHENOXYLATE/ATROPINE- diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</td>
<td>NP</td>
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<tr>
<td>MOTOSEN- difenoxin w/ atropine tab 1-0.025 mg</td>
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<tr>
<td>MYTESI- crofelemer tab delayed release 125 mg</td>
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<td>ANTIEMETICS</td>
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<td>AKYNZEO- netupitant-palonosetron cap 300-0.5 mg</td>
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<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</td>
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<td>TRANSERM SCOP- scopolamine td patch 72hr 1 mg/3days</td>
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<td>trimethobenzamide hcl cap 300 mg (Tigan)</td>
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<td>VARUBI- rolapitant hcl tab 90 mg (base equiv)</td>
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**DIGESTIVE AIDS**

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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
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<tr>
<td>CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit</td>
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<td>SUCRAID- sacrosidase soln 8500 unit/ml</td>
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**GASTROINTESTINAL AGENTS- MISC.**

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<td>AMITIZA- lubiprostone cap 8 mcg</td>
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<td>APRISO- mesalamine cap er 24hr 0.375 gm</td>
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<td>AURYXIA- ferric citrate tab 1 gm (210 mg ferric iron)</td>
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<td>balsalazide disodium cap 750 mg (Colazal)</td>
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<td>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</td>
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<td>FOSRENOL- lanthanum carbonate oral powder pack 750 mg (elemental)</td>
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<td>lactulose (encephalopathy) solution 10 gm/15ml</td>
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<td>MOVANTIK- naloexog oxalate tab 25 mg (base equivalent)</td>
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<td>OCALIVA- obeticholic acid tab 5 mg</td>
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<td>PHOSLYRA- calcium acetate (phosphate binder) oral soln 667 mg/5ml</td>
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<td>SFROWASA- mesalamine sulfite-free (sf) enema 4 gm/60ml</td>
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<tr>
<td>sulfasalazine tab 500 mg (Azulfidine)</td>
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<tr>
<td>SYMPROIC- naldemedine tosylate tab 0.2 mg (base equivalent)</td>
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<td>TRULANCE- plecanatide tab 3 mg</td>
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<tr>
<td>ursodiol cap 300 mg (Actigall)</td>
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<td>ursodiol cap 250 mg (Urso 250)</td>
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<td>VELPHORO- sucroferric oxyhydroxide chew tab 500 mg</td>
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<td>VIBERZI- eluxadoline tab 75 mg</td>
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<td>VIBERZI- eluxadoline tab 100 mg</td>
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<tr>
<td>XERMELO- telotristat etiprate tab 250 mg (telotristat ethyl equiv)</td>
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**GENITOURINARY AGENTS**

**URINARY ANTI-INFECTIVES**

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<th>Drug Name</th>
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<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tr>
<td>methenamine hippurate tab 1 gm (Hiprex)</td>
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<td>MONUROL- fosfomycin tromethamine powd pack 3 gm (base equivalent)</td>
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<td>nitrofurantoin susp 25 mg/5ml (Furadantin)</td>
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**URINARY ANTISPASMODICS**

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<td>oxybutynin chloride syrup 5 mg/5ml</td>
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<td>tolterodine tartrate cap er 24hr 4 mg (Detrol la)</td>
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<td>VESICARE- solifenacin succinate tab 10 mg</td>
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<td>AVC- sulfanilamide vaginal cream 15%</td>
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<td>clindamycin phosphate vaginal cream 2% (Cleocin)</td>
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<td>CLINDESSE- clindamycin phosphate (one dose) vaginal cream 2%</td>
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<tr>
<td>ENCARE- nonoxynol-9 vaginal suppos 100 mg</td>
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<thead>
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<tr>
<td>ENDOMETRIN- progesterone vaginal insert 100 mg</td>
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<td>estradiol vaginal cream 0.1 mg/gm (Estrace)</td>
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<td>ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</td>
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<td>FEMRING- estradiol acetate vaginal ring 0.05 mg/24hr</td>
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<td>FEMRING- estradiol acetate vaginal ring 0.1 mg/24hr</td>
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<td>GYNAZOLE-1- butoconazole nitrate (one dose) vaginal cream 2%</td>
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<td>metronidazole vaginal gel 0.75% (Metrogel-vaginal)</td>
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<td>MICONAZOLE 3- miconazole nitrate vaginal suppos 200 mg</td>
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<td>nonoxynol-9 gel 4%</td>
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<td>NUVESSA- metronidazole vaginal gel 1.3%</td>
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<td>OPTIONS GYNOL II VAGINAL- nonoxynol-9 gel 3%</td>
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<td>PREMARIN- estrogens, conjugated vaginal cream 0.625 mg/gm</td>
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<td>SHUR-SEAL- nonoxynol-9 gel 2%</td>
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<td>TERCONAZOLE- terconazole vaginal cream 0.8%</td>
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<td>terconazole vaginal cream 0.4% (Terazol 7)</td>
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<td>terconazole vaginal suppos 80 mg</td>
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<td>TODAY SPONGE- nonoxynol-9 vaginal sponge 1000 mg</td>
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<td>VAGIFEM- estradiol vaginal tab 10 mcg</td>
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<td>VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 film 28%</td>
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<td>VCF VAGINAL CONTRACEPTIVE- nonoxynol-9 foam 12.5%</td>
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<td>GENITOURINARY AGENTS - MISC.</td>
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<td>alfuzosin hcl tab er 24hr 10 mg (Uroxatral)</td>
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<td>Drug Name</td>
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<td>CYSTAGON- cysteamine bitartrate cap 50 mg</td>
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<td>CYSTAGON- cysteamine bitartrate cap 150 mg</td>
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<td>dutasteride cap 0.5 mg (Avodart)</td>
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<td>ELMIRON- pentosan polysulfate sodium caps 100 mg</td>
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<td>finasteride tab 5 mg (Proscar)</td>
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<td>K-PHOS NO 2- potassium &amp; sodium acid phosphates tab 305-700 mg</td>
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<td>LITHOSTAT- acetohydroxamic acid tab 250 mg</td>
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<td>potassium citrate tab er 5 meq (540 mg) (Urocit-k 10)</td>
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<td>PROCYSBI- cysteamine bitartrate cap delayed release 25 mg (base equiv)</td>
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<td>PROCYSBI- cysteamine bitartrate cap delayed release 75 mg (base equiv)</td>
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<td>sodium citrate &amp; citric acid soln 500-334 mg/5ml (Shohls solution modi)</td>
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<td>tamsulosin hcl cap 0.4 mg (Flomax)</td>
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<td>THIOLA- tioproin tab 100 mg</td>
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<td>THIOLA EC- tioproin tab delayed release 100 mg</td>
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**CENTRAL NERVOUS SYSTEM DRUGS**

**ANTIANXIETY AGENTS**

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<td>alprazolam tab er 24hr 0.5 mg (Xanax xr)</td>
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<td>clorazepate dipotassium tab 3.75 mg</td>
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<td>clorazepate dipotassium tab 7.5 mg (Tranxene t)</td>
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<td>DIAZEPAM- diazepam oral soln 1 mg/ml</td>
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| lorazepam tab 1 mg (Ativan) | p | | | | *
| lorazepam tab 2 mg (Ativan) | p | | | | *
<p>| OXAZEPAM- oxazepam cap 10 mg | np | | | | |
| OXAZEPAM- oxazepam cap 30 mg | NP | | | | |
| oxazepam cap 15 mg | np | | | | |
| <strong>ANTIDEPRESSANTS</strong> | | | | | |
| amitriptyline hcl tab 10 mg | p | | | | |
| amitriptyline hcl tab 25 mg (Elavil) | p | | | | |
| amitriptyline hcl tab 50 mg | p | | | | |
| amitriptyline hcl tab 75 mg | np | | | | |
| amitriptyline hcl tab 100 mg | np | | | | |
| amitriptyline hcl tab 150 mg | np | | | | |
| bupropion hcl tab er 12hr 100 mg (Wellbutrin sr) | p | | | | |
| bupropion hcl tab er 12hr 150 mg (Wellbutrin sr) | p | | | | |
| bupropion hcl tab er 12hr 200 mg (Wellbutrin sr) | p | | | | |
| bupropion hcl tab er 24hr 150 mg (Wellbutrin xl) | np | | | | |
| bupropion hcl tab er 24hr 300 mg (Wellbutrin xl) | np | | | | |
| bupropion hcl tab 75 mg | p | | | | |
| bupropion hcl tab 100 mg | np | | | | |
| citalopram hydrobromide oral soln 10 mg/5ml | np | | | | |
| citalopram hydrobromide tab 10 mg (base equiv) (Celexa) | p | | | | |
| citalopram hydrobromide tab 20 mg (base equiv) (Celexa) | p | | | | |
| citalopram hydrobromide tab 40 mg (base equiv) (Celexa) | p | | | | |
| clomipramine hcl cap 25 mg (Anafranil) | np | | | | |
| clomipramine hcl cap 50 mg (Anafranil) | np | | | | |
| clomipramine hcl cap 75 mg (Anafranil) | np | | | | |
| desipramine hcl tab 10 mg (Norpramin) | np | | | | |
| desipramine hcl tab 25 mg (Norpramin) | np | | | | |
| desipramine hcl tab 50 mg | np | | | | |
| desipramine hcl tab 75 mg | np | | | | |
| desipramine hcl tab 100 mg | np | | | | |
| desipramine hcl tab 150 mg | np | | | | |
| desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq) | np | | | | |
| desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq) | np | | | | |
| desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq) | np | | | | |
| DOXEPIN HCL- doxepin hcl cap 150 mg | np | | | | |
| doxepin hcl cap 10 mg | p | | | | |
| doxepin hcl cap 25 mg | np | | | | |
| doxepin hcl cap 50 mg | np | | | | |
| doxepin hcl cap 75 mg | np | | | | |
| doxepin hcl cap 100 mg | np | | | | |
| doxepin hcl conc 10 mg/ml | p | | | | |
| duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta) | np | | | | |
| duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta) | p | | | | |</p>
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<td>Step Therapy</td>
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**PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.**

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<td>NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered)</td>
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<td>NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray)</td>
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**ANALGESICS AND ANESTHETICS**

**ANALGESICS - NON-NARCOTIC**

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<td>HUMIRA PEDIATRIC CROHNS D-adalimumab prefilled syringe kit 40 mg/0.8ml</td>
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<td>XELJANZ- tofacitinib citrate tab 5 mg (base equivalent)</td>
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<td>AIMOVIG- erenumab-aooe subcutaneous soln auto-injector 70 mg/ml</td>
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<td>ERGOMAR- ergotamine tartrate sl tab 2 mg</td>
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<td>sumatriptan nasal spray 5 mg/act (Imitrex)</td>
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<td>SUMATRIPTAN SUCCINATE- sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</td>
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**GOUT AGENTS**

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<td>MITIGARE- colchicine cap 0.6 mg</td>
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**NEUROMUSCULAR DRUGS**

**ANTICONVULSANTS**

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### 2019

**Blue Cross and Blue Shield October 2019 Performance Drug List**

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<td>phenytoin chew tab 50 mg (Dilantin infatabs)</td>
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<td>phenytoin sodium extended cap 100 mg (Dilantin)</td>
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<td>QUDEXY XR- topiramate cap er 24hr sprinkle 25 mg</td>
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<td>TEGRETOL-XR- carbamazepine tab er 12hr 100 mg</td>
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<td>Drug Name</td>
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<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>topiramate tab 200 mg (Topamax)</td>
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<td>TROKENDI XR- topiramate cap er 24hr 25 mg</td>
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<td>valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)</td>
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<td>vigabatrin tab 500 mg (Sabril)</td>
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<td>VIMPAT- lacosamide oral solution 10 mg/ml</td>
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<td>VIMPAT- lacosamide tab 50 mg</td>
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<td>VIMPAT- lacosamide tab 100 mg</td>
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<td>VIMPAT- lacosamide tab 150 mg</td>
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<td>VIMPAT- lacosamide tab 200 mg</td>
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<td>ZARONTIN- ethosuximide cap 250 mg</td>
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<td>ZARONTIN- ethosuximide soln 250 mg/5ml</td>
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<td>zonisamide cap 25 mg (Zonegran)</td>
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<td>zonisamide cap 50 mg</td>
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<td>zonisamide cap 100 mg (Zonegran)</td>
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<td>amantadine hcl cap 100 mg</td>
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<td>amantadine hcl syrup 50 mg/5ml</td>
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<td>APOKYN- apomorphine hcl soln cartridge 30 mg/3ml</td>
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<td>Drug Name</td>
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<td>bromocriptine mesylate cap 5 mg (base equivalent) (Parlodol)</td>
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<td>bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodol)</td>
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<td>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</td>
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<td>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</td>
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<td>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</td>
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<td>carbidopa &amp; levodopa tab er 25-100 mg (Sinemet cr)</td>
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<td>carbidopa &amp; levodopa tab 25-100 mg (Sinemet)</td>
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<td>carbidopa &amp; levodopa tab 25-250 mg (Sinemet)</td>
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<td>Drug Name</td>
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<td>INBRIJA- levodopa inhal powder cap 42 mg</td>
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<td>NEUPRO- rotigotine td patch 24hr 1 mg/24hr</td>
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<td>NEUPRO- rotigotine td patch 24hr 2 mg/24hr</td>
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<td>NEUPRO- rotigotine td patch 24hr 3 mg/24hr</td>
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<td>NEUPRO- rotigotine td patch 24hr 6 mg/24hr</td>
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<td>pramipexole dihydrochloride tab 0.125 mg (Mirapex)</td>
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<td>pramipexole dihydrochloride tab 1 mg (Mirapex)</td>
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<td>pramipexole dihydrochloride tab 1.5 mg (Mirapex)</td>
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<td>rasagiline mesylate tab 0.5 mg (base equiv) (Azilect)</td>
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<td>rasagiline mesylate tab 1 mg (base equiv) (Azilect)</td>
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<td>ropinirole hydrochloride tab 0.25 mg (Requip)</td>
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<td>ropinirole hydrochloride tab 0.5 mg (Requip)</td>
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<td>ropinirole hydrochloride tab 1 mg (Requip)</td>
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<td>ropinirole hydrochloride tab 2 mg (Requip)</td>
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<td>ropinirole hydrochloride tab 4 mg (Requip)</td>
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<td>ropinirole hydrochloride tab 5 mg (Requip)</td>
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<td>RYTARY- carbidopa &amp; levodopa cap er 23.75-95 mg</td>
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<td>RYTARY- carbidopa &amp; levodopa cap er 36.25-145 mg</td>
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<td>RYTARY- carbidopa &amp; levodopa cap er 48.75-195 mg</td>
<td>NP</td>
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<tr>
<td>RYTARY- carbidopa &amp; levodopa cap er 61.25-245 mg</td>
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<tr>
<td>selegiline hcl cap 5 mg (Eldepryl)</td>
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<tr>
<td>selegiline hcl tab 5 mg</td>
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<tr>
<td>STALEVO 100- carbidopa-levodopa-entacapone tabs 25-100-200 mg</td>
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<td>STALEVO 125- carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</td>
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<td>STALEVO 150- carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</td>
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<td>STALEVO 200- carbidopa-levodopa-entacapone tabs 50-200-200 mg</td>
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<tr>
<td>STALEVO 50- carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</td>
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<td>STALEVO 75- carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</td>
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<tr>
<td>tolcapone tab 100 mg (Tasmar)</td>
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<tr>
<td>trihexyphenidyl hcl elixir 0.4 mg/ml</td>
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<td>trihexyphenidyl hcl tab 2 mg</td>
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<td>NEUROMUSCULAR AGENTS</td>
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<td>riluzole tab 50 mg (Rilutek)</td>
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<td>MUSCULOSKELETAL THERAPY AGENTS</td>
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<tr>
<td>baclofen tab 10 mg</td>
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<td>baclofen tab 20 mg</td>
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<td>CHLORZOXAZONE- chlorzoxazone tab 500 mg</td>
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<tr>
<td>cyclobenzaprine hcl tab 5 mg</td>
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<td>Drug Name</td>
<td>Tier Designation</td>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<td>cyclobenzaprine hcl tab 7.5 mg (Fexmid)</td>
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<td>cyclobenzaprine hcl tab 10 mg</td>
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<td>dantrolene sodium cap 25 mg (Dantrium)</td>
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<td>dantrolene sodium cap 50 mg (Dantrium)</td>
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<td>dantrolene sodium cap 100 mg</td>
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<td>methocarbamol tab 500 mg (Robaxin)</td>
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<td>methocarbamol tab 750 mg (Robaxin-750)</td>
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<td>orphenadrine citrate tab er 12hr 100 mg</td>
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<tr>
<td>tizanidine hcl tab 2 mg (base equivalent)</td>
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<td>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)</td>
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**ANTIMYASTHENIC AGENTS**

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<th>Prior Authorization</th>
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<th>Step Therapy</th>
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<tbody>
<tr>
<td>GUANIDINE HCL- guanidine hcl tab 125 mg</td>
<td>NP</td>
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<tr>
<td>MESTINON- pyridostigmine bromide syrup 60 mg/5ml</td>
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<tr>
<td>pyridostigmine bromide syrup 60 mg/5ml (Mestinon)</td>
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<tr>
<td>pyridostigmine bromide tab er 180 mg (Mestinon timespan)</td>
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<tr>
<td>pyridostigmine bromide tab 60 mg (Mestinon)</td>
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**NUTRITIONAL PRODUCTS**

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<th>Prior Authorization</th>
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<tr>
<td>ergocalciferol cap 50000 unit</td>
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<tr>
<td>phytonadione tab 5 mg (Mephyton)</td>
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**MULTIVITAMINS**

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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>PRENATAKS RX- prenatal vit w/ iron carbonyl-fa tab 29-1 mg</td>
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<tr>
<td>PRENATAL PLUS IRON- prenatal vit w/ iron carbonyl-fa tab 29-1 mg</td>
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<tr>
<td>PRENATAL VITAMINS PLUS LO- prenatal vit w/ fe fumarate-fa tab 27-1 mg</td>
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<tr>
<td>PRENATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</td>
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<tr>
<td>PRENATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</td>
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<tr>
<td>PRENATAL-U- prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg</td>
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<tr>
<td>SE-NATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</td>
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<tr>
<td>SE-NATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</td>
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<tr>
<td>TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg</td>
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<tr>
<td>VINATE II- prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg</td>
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<tr>
<td>VINATE M- prenatal vit w/ sel-fe fumarate-fa tab 27-1 mg</td>
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<tr>
<td>VINATE ONE- prenatal vit w/ fe fumarate-fa tab 60-1 mg</td>
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**MINERALS and ELECTROLYTES**

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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>FLORIVA- sodium fluoride-vitamin d liqd drops 0.25 mg/ml-400 unit/ml</td>
<td>NP</td>
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<tr>
<td>FLUORABON- sodium fluoride soln 0.25 mg/0.6ml (from 0.55 mg/0.6ml naf)</td>
<td>NP</td>
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<tr>
<td>FLURA-DROPS- sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</td>
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<tr>
<td>GALZIN- zinc acetate cap 25 mg (elemental zinc)</td>
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<tr>
<td>GALZIN- zinc acetate cap 50 mg (elemental zinc)</td>
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<tr>
<td>K-PHOS- potassium phosphate monobasic tab 500 mg</td>
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<tr>
<td>K-TAB- potassium chloride tab er 8 meq (600 mg)</td>
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<tr>
<td>K-TAB- potassium chloride tab er 20 meq (1500 mg)</td>
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<tr>
<td>Drug Name</td>
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<td>Step Therapy</td>
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<tr>
<td>KLOK-CON M15- potassium chloride microencapsulated crys er tab 15 meq</td>
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<td>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (K-phos neutral)</td>
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<tr>
<td>potassium chloride cap er 8 meq (Micro-k)</td>
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<tr>
<td>potassium chloride cap er 10 meq (Micro-k)</td>
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<tr>
<td>POTASSIUM CHLORIDE ER-potassium chloride tab er 8 meq (600 mg)</td>
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<td>POTASSIUM CHLORIDE ER-potassium chloride tab er 20 meq (1500 mg)</td>
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<td>potassium chloride microencapsulated crys er tab 10 meq</td>
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<td>potassium chloride microencapsulated crys er tab 20 meq</td>
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<tr>
<td>potassium chloride oral soln 10% (20 meq/15ml)</td>
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<td>potassium chloride oral soln 20% (40 meq/15ml)</td>
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<td>potassium chloride powder packet 20 meq</td>
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<td>potassium chloride tab er 8 meq (600 mg)</td>
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<tr>
<td>potassium chloride tab er 10 meq (K-tab)</td>
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<tr>
<td>SODIUM FLUORIDE- sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</td>
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<tr>
<td>SODIUM FLUORIDE- sodium fluoride tab 1 mg f (from 2.2 mg naf)</td>
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<td>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</td>
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<td>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</td>
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<td>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</td>
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<table>
<thead>
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<th>Step Therapy</th>
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<td>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</td>
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<td>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</td>
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<td>DIETARY PRODUCTS</td>
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<td>folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg</td>
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<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln inj 25 mcg/ml</td>
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<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln inj 100 mcg/ml</td>
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<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln inj 300 mcg/ml</td>
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<tr>
<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml</td>
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<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml</td>
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<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml</td>
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<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml</td>
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<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml</td>
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<td>ARANESP ALBUMIN FREE-darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml</td>
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<td>ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml</td>
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<tr>
<td>ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 500 mcg/ml</td>
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**ANTICOAGULANTS**

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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>AMICAR- aminocaproic acid oral soln 0.25 gm/ml</td>
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<td>RECOTHROM- thrombin (recombinant) for soln 5000 unit</td>
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<td>ADYNOVATE- antihemophilic factor recom pegylated for inj 250 unit</td>
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<td>AFSTYLA- antihemophilic fact rcmb single chain for inj kit 250 unit</td>
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<td>BERNINERT- c1 esterase inhibitor (human) for iv inj kit 500 unit</td>
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<td>cilostazol tab 100 mg</td>
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<td>COAGADEX- coagulation factor x (human) for inj 500 unit</td>
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<td>CORIFACT- factor xii concentrate (human) for inj 1000-1600 unit</td>
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<td>ELOCTATE- antihemophilic factor (recomb) rFVIIa for inj 250 unit</td>
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<td>Step Therapy</td>
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<td>FEIBA- antiinhibitor coagulant complex for iv soln 1000 unit</td>
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<tr>
<td>FEIBA- antiinhibitor coagulant complex for iv soln 2500 unit</td>
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<tr>
<td>FIBRYGA- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)</td>
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<td>FIRAZYR- icatibant acetate inj 30 mg/3ml (base equivalent)</td>
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<tr>
<td>HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 2000 unit</td>
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<tr>
<td>HAEGARDA- c1 esterase inhibitor (human) for subcutaneous inj 3000 unit</td>
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<td>HELIXATE FS- antihemophilic factor (recombinant) for inj kit 250 unit</td>
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<tr>
<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 60 mg/0.4ml (150 mg/ml)</td>
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<td>HEMLIBRA- emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)</td>
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<td>HEMOFIL M- antihemophilic factor (human) for inj 250 unit</td>
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<tr>
<td>HEMOFIL M- antihemophilic factor (human) for inj 500 unit</td>
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<tr>
<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>icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)</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 2000 unit</td>
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<td>IXINITY- coagulation factor ix (recombinant) for inj 250 unit</td>
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<td>IXINITY- coagulation factor ix (recombinant) for inj 500 unit</td>
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<td>IXINITY- coagulation factor ix (recombinant) for inj 1000 unit</td>
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<td>IXINITY- coagulation factor ix (recombinant) for inj 1500 unit</td>
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<td>IXINITY- coagulation factor ix (recombinant) for inj 2000 unit</td>
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<td>IXINITY- coagulation factor ix (recombinant) for inj 3000 unit</td>
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<td>Drug Name</td>
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<tr>
<td>KOATE- antihemophilic factor (human) for inj 250 unit</td>
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<tr>
<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 (recombinant) for inj 250 unit</td>
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<td>KOGENATE FS- antihemophilic factor (recombinant) for inj 500 unit</td>
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<td>KOGENATE FS- antihemophilic factor (recombinant) for inj 1000 unit</td>
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<td>KOVALTRY- antihemophilic factor (recombinant) for inj 250 unit</td>
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<td>MONONINE- coagulation factor ix for inj 1000 unit</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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<tr>
<td>NOVOEIGHT- antihemophilic factor (recombinant) for inj 1 mg (1000 mcg)</td>
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<td>NOVOEIGHT- antihemophilic factor (recombinant) for inj 2 mg (2000 mcg)</td>
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<td>NOVOEIGHT- antihemophilic factor (recombinant) for inj 5 mg (5000 mcg)</td>
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<td>NOVOEIGHT- antihemophilic factor (recombinant) for inj 8 mg (8000 mcg)</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 250 unit</td>
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<tr>
<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 500 unit</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 1000 unit</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 2000 unit</td>
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<tr>
<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 2500 unit</td>
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<tr>
<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 3000 unit</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 4000 unit</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 250 unit</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 500 unit</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 1000 unit</td>
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<tr>
<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 2000 unit</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviia) for inj 2500 unit</td>
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<td>NUWIQ- antihemophilic factor (bdd-rfviii) for inj 3000 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>PROFILNINE- factor ix complex for inj 500 unit</td>
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<td>PROFILNINE- factor ix complex for inj 1000 unit</td>
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<td>REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unit</td>
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<td>REBINYN- coagulation factor ix recomb glycopegylated for inj 1000 unit</td>
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<td>REBINYN- coagulation factor ix recomb glycopegylated for inj 2000 unit</td>
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<td>RECOMBINATE- antihemophilic factor (recombinant) for inj 220-400 unit</td>
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<td>RECOMBINATE- antihemophilic factor (recombinant) for inj 401-800 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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<td>RIASTAP- fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)</td>
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<td>RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit</td>
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<tr>
<td>RIXUBIS- coagulation factor ix (recombinant) for inj 500 unit</td>
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<td>RIXUBIS- coagulation factor ix (recombinant) for inj 1000 unit</td>
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<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>RUONEST- c1 esterase inhibitor (recombinant) for iv inj 2100 unit</td>
<td>NP</td>
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<td>TAVALISSE- fostamatinib disodium tab 100 mg (base equivalent)</td>
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<td>TAVALISSE- fostamatinib disodium tab 150 mg (base equivalent)</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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<td>VONVENDI- von willebrand factor (recombinant) for inj 1300 unit</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>XYNTHA- antihemophilic factor recombinant paf for inj kit 250 unit</td>
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<tr>
<td>XYNTHA- antihemophilic factor recombinant paf for inj kit 500 unit</td>
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<td>XYNTHA- antihemophilic factor recombinant paf for inj kit 1000 unit</td>
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<td>XYNTHA- antihemophilic factor recombinant paf for inj kit 2000 unit</td>
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<tr>
<td>ZONTIVITY- vorapaxar sulfate tab 2.08 mg (base equivalent)</td>
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**TOPICAL PRODUCTS**

**OPHTHALMIC AGENTS**

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<th>Specialty</th>
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<th>Dispensing Limits</th>
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<tr>
<td>AKTEN- lidocaine hcl ophth gel 3.5%</td>
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<td>ALREX- loteprednol etabonate ophth susp 0.2%</td>
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<tr>
<td>apraclonidine hcl ophth soln 0.5% (base equivalent) (lopidine)</td>
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<td>ATROPINE SULFATE- atropine sulfate ophth soln 1%</td>
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<tr>
<td>azelastine hcl ophth soln 0.05%</td>
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<td>BACITRACIN- bacitracin ophth oint 500 unit/gm</td>
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<td>bacitracin-polymyxin b ophth oint</td>
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<td>betaxolol hcl ophth soln 0.5%</td>
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<td>brimonidine tartrate ophth soln 0.15% (Alphagan p)</td>
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<td>BROMFENAC- bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</td>
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<td>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)</td>
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<td>CYCLOMYDRIL- cyclopentolate w/ phenylephrine ophth soln 0.2-1%</td>
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<td>cyclopentolate hcl ophth soln 0.5% (Cyclogyl)</td>
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<td>cyclopentolate hcl ophth soln 1% (Cyclogyl)</td>
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<td>cyclopentolate hcl ophth soln 2% (Cyclogyl)</td>
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<td>CYSTARAN- cysteamine hcl ophth soln 0.44% (base equivalent)</td>
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<td>DEXAMETHASONE SODIUM PHOS- dexamethasone sodium phosphate ophth soln 0.1%</td>
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<td>diclofenac sodium ophth soln 0.1%</td>
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<td>dorzolamide hcl ophth soln 2% (Trusopt)</td>
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<td>erythromycin ophth oint 5 mg/gm</td>
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<td>FLAREX- fluorometholone acetate ophth susp 0.1%</td>
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<td>fluorometholone ophth susp 0.1% (Fml liquifilm)</td>
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<td>ISOPTO ATROPINE- atropine sulfate ophth soln 1%</td>
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<td>ketorolac tromethamine ophth soln 0.4% (Acular ls)</td>
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<td>LACRISERT- artificial tear ophth insert</td>
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<td>(Betagan)</td>
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<td>LOTEMAX- loteprednol etabonate</td>
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<td>LOTEMAX- loteprednol etabonate</td>
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<td>ophth oint 0.5%</td>
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<td>LOTEMAX- loteprednol etabonate</td>
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<td>ophth susp 0.5%</td>
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<td>LOTEMAX SM- loteprednol etabonate</td>
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<td>MAXIDEX- dexamethasone ophth susp</td>
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<td>0.1%</td>
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<td>(Maxitrol)</td>
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<td>NEOMYCIN/POLYMIXIN/GRAMIC-</td>
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<td>OXERVATE- cenegermin-bkbj ophth</td>
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<td>(Timoptic)</td>
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<td>(Timoptic)</td>
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<td>TIMOLOL MALEATE OPHTHALMIC-</td>
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<tr>
<td>timolol maleate ophth gel forming soln 0.5%</td>
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<tr>
<td>TIMOPTIC-XE- timolol maleate ophth gel forming soln 0.25%</td>
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<tr>
<td>Drug Name</td>
<td>Tier Designation</td>
<td>Specialty</td>
<td>Prior Authorization</td>
<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<tr>
<td>TIMOPTIC-XE- timolol maleate ophth gel forming soln 0.5%</td>
<td>NP</td>
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<tr>
<td>tobramycin ophth soln 0.3% (Tobrex)</td>
<td>p</td>
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<tr>
<td>tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)</td>
<td>np</td>
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<tr>
<td>TRIFLURIDINE- trifluridine ophth soln 1%</td>
<td>np</td>
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<tr>
<td><strong>OTIC AGENTS</strong></td>
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<tr>
<td>acetic acid otic soln 2%</td>
<td>np</td>
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<tr>
<td>CETRAXAL- ciprofloxacin hcl otic soln 0.2% (base equivalent)</td>
<td>NP</td>
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<tr>
<td>CIPRODEX- ciprofloxacin-dexamethasone otic susp 0.3-0.1%</td>
<td>NP</td>
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<tr>
<td>CIPROFLOXACIN- ciprofloxacin hcl otic soln 0.2% (base equivalent)</td>
<td>NP</td>
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<tr>
<td>COLY-MYCIN S- neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml</td>
<td>NP</td>
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<tr>
<td>fluocinolone acetonide (otic) oil 0.01% (Dermotic)</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>
<td>np</td>
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<tr>
<td>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml</td>
<td>np</td>
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<tr>
<td>ofloxacin otic soln 0.3% (Floxin otc)</td>
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<tr>
<td><strong>MOUTH/THROAT/DENTAL AGENTS</strong></td>
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<tr>
<td>cevimeline hcl cap 30 mg (Evoxac)</td>
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<tr>
<td>chlorhexidine gluconate soln 0.12% (Peridex)</td>
<td>p</td>
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<tr>
<td>clotrimazole troche 10 mg</td>
<td>np</td>
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<tr>
<td>LIDOCAINE HCL- lidocaine hcl laryngotracheal soln 4%</td>
<td>NP</td>
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<tr>
<td>lidocaine hcl viscous soln 2%</td>
<td>p</td>
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<tr>
<td>NAFRINSE DAILY/ACIDULATED - sodium fluoride-phosphoric acid for soln 1 mg/5ml (f equiv)</td>
<td>NP</td>
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<tr>
<td><strong>ANORECTAL AGENTS</strong></td>
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<tr>
<td>ANALPRAM-HC- hydrocortisone acetate w/ pramoxine rectal lotn 2.5-1%</td>
<td>NP</td>
<td></td>
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<tr>
<td>CORTIFOAM- hydrocortisone acetate rectal foam 10% (90 mg/dose)</td>
<td>P</td>
<td></td>
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<tr>
<td>hydrocortisone acetate w/ pramoxine rectal cream 1-1% (Analpram-hc)</td>
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<td>hydrocortisone enema 100 mg/60ml (Cortenema)</td>
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<tr>
<td>hydrocortisone rectal cream 1% (Proctocort)</td>
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<tr>
<td>hydrocortisone rectal cream 2.5% (Anusol-hc)</td>
<td>np</td>
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<tr>
<td>Drug Name</td>
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<td>Dispensing Limits</td>
<td>Step Therapy</td>
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<tr>
<td>PROCTOFOAM HC- hydrocortisone acetate w/ pramoxine rectal foam 1-1%</td>
<td>NP</td>
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<tr>
<td>RECTIV- nitroglycerin oint 0.4%</td>
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<tr>
<td>UCERIS- budesonide rectal foam 2 mg/act</td>
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<tr>
<td>DERMATOLOGICALS</td>
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<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>alclometasone dipropionate cream 0.05%</td>
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<tr>
<td>alclometasone dipropionate oint 0.05%</td>
<td>np</td>
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<tr>
<td>AUGMENTED BETAMETHASONE</td>
<td>NP</td>
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<tr>
<td>D- betamethasone dipropionate augmented gel 0.05%</td>
<td>NP</td>
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<tr>
<td>azelaic acid gel 15% (Finacea)</td>
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<tr>
<td>betamethasone dipropionate augmented cream 0.05% (Diprolene af)</td>
<td>np</td>
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<tr>
<td>betamethasone dipropionate augmented lotion 0.05% (Diprolene)</td>
<td>np</td>
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<tr>
<td>betamethasone dipropionate augmented oint 0.05% (Diprolene)</td>
<td>np</td>
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<tr>
<td>betamethasone dipropionate cream 0.05%</td>
<td>np</td>
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<tr>
<td>betamethasone dipropionate lotion 0.05%</td>
<td>np</td>
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<tr>
<td>betamethasone dipropionate oint 0.05%</td>
<td>np</td>
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<tr>
<td>betamethasone valerate aerosol foam 0.12% (Luxiq)</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>
<td>np</td>
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<tr>
<td>betamethasone valerate oint 0.1% (base equivalent)</td>
<td>np</td>
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<tr>
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<tr>
<td>calcipotriene cream 0.005% (Dovonex)</td>
<td>np</td>
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<tr>
<td>calcipotriene oint 0.005%</td>
<td>np</td>
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<tr>
<td>calcipotriene soln 0.005% (50 mcg/ml)</td>
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<tr>
<td>ciclopirox gel 0.77%</td>
<td>np</td>
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<tr>
<td>ciclopirox oamine cream 0.77% (base equiv) (Loprox)</td>
<td>np</td>
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<tr>
<td>ciclopirox oamine susp 0.77% (base equiv) (Loprox)</td>
<td>np</td>
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<tr>
<td>ciclopirox shampoo 1% (Loprox shampoo)</td>
<td>np</td>
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<tr>
<td>ciclopirox solution 8% (Penlac Nail Lacquer)</td>
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<tr>
<td>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)</td>
<td>np</td>
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<tr>
<td>clindamycin phosphate gel 1% (Cleocin-t)</td>
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<tr>
<td>clindamycin phosphate lotion 1% (Cleocin-t)</td>
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<tr>
<td>clindamycin phosphate soln 1% (Cleocin-t)</td>
<td>np</td>
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<tr>
<td>clindamycin phosphate swab 1% (Cleocin-t)</td>
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<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)</td>
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<tr>
<td>clobetasol propionate cream 0.05% (Temovate)</td>
<td>np</td>
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<tr>
<td>clobetasol propionate emollient base cream 0.05%</td>
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<tr>
<td>clobetasol propionate gel 0.05% (Temovate)</td>
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<tr>
<td>clobetasol propionate lotion 0.05% (Clobex)</td>
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<tr>
<td>clobetasol propionate oint 0.05% (Temovate)</td>
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<tr>
<td>clobetasol propionate shampoo 0.05% (Clobex)</td>
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<tr>
<td>clobetasol propionate soln 0.05% (Temovate)</td>
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<tr>
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<tr>
<td>clotrimazole w/ betamethasone cream 1-0.05%</td>
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<tr>
<td>(Lotrisone)</td>
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<tr>
<td>clotrimazole w/ betamethasone lotion 1-0.05%</td>
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<tr>
<td>CONDYLOX- podofilox gel 0.5%</td>
<td>NP</td>
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<tr>
<td>COSENTYX- secukinumab subcutaneous soln prefilled syringe 150 mg/ml</td>
<td>P • • •</td>
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<tr>
<td>COSENTYX SENSOREADY PEN-</td>
<td>P • • •</td>
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<tr>
<td>secukinumab subcutaneous soln auto-injector 150 mg/ml</td>
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<tr>
<td>crotamiton lotion 10% (Eurax)</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%</td>
<td>np</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>
<td>np</td>
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<tr>
<td>diclofenac sodium (actinic keratoses) gel 3% (Solaraze)</td>
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<tr>
<td>diclofenac sodium gel 1% (Voltaren)</td>
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<tr>
<td>diclofenac sodium soln 1.5%</td>
<td>np</td>
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<tr>
<td>DUPIXENT- dupilumab subcutaneous soln prefilled syringe 300 mg/2ml</td>
<td>NP • • •</td>
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<tr>
<td>econazole nitrate cream 1%</td>
<td>np</td>
<td>P</td>
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<tr>
<td>ENSTILAR- calcipotriene-betamethasone dipropionate foam 0.005-0.064%</td>
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<td>erythromycin gel 2% (Erygel)</td>
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<tr>
<td>erythromycin pads 2%</td>
<td>np</td>
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<tr>
<td>erythromycin soln 2%</td>
<td>np</td>
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<tr>
<td>EURAX- crotamiton cream 10%</td>
<td>NP</td>
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<tr>
<td>fluocinolone acetonide cream 0.01%</td>
<td>np</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>
<td>np</td>
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<tr>
<td>fluocinolone acetonide soln 0.01% (Synalar)</td>
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<tr>
<td>flucinonide cream 0.05%</td>
<td>np</td>
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<tr>
<td>flucinonide emulsified base cream 0.05%</td>
<td>np</td>
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<tr>
<td>flucinonide gel 0.05%</td>
<td>np</td>
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<td>flucinonide oint 0.05%</td>
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<td>FLUOROURACIL- fluorouracil soln 2%</td>
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<td>FLUOROURACIL- fluorouracil soln 5%</td>
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<td>halobetasol propionate cream 0.05% (Ultravate)</td>
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<td>hydrocortisone valerate oint 0.2% (Westcort)</td>
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<td>ketoconazole shampoo 2% (Nizoral)</td>
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<td>lidocaine hcl soln 4% (Xylocaine)</td>
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<td>lidocaine-prilocaine cream 2.5-2.5%</td>
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<td>LINDANE- lindane shampoo 1%</td>
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<td>malathion lotion 0.5% (Ovide)</td>
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<td>metronidazole cream 0.75%</td>
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<td>metronidazole gel 0.75%</td>
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<td>metronidazole gel 1% (Metrogel)</td>
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<td>(Metrolotion)</td>
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<td>MIRVASO- brimonidine tartrate gel 0.33% (base equivalent)</td>
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<td>(Elocon)</td>
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<td>mometasone furoate oint 0.1%</td>
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<tr>
<td>(Elocon)</td>
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<td>mometasone furoate solution 0.1% (lotion) (Elocon)</td>
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<td>mupirocin oint 2%</td>
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<td>NATROBA- spinosad susp 0.9%</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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<td>permethrin cream 5% (Elimite)</td>
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<td>podofilox soln 0.5% (Condylox)</td>
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<td>PREDNICARBATE- prednicarbate cream 0.1%</td>
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<td>PREDNICARBATE- prednicarbate oint 0.1%</td>
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<td>REGRANEX- becapermin gel 0.01%</td>
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<td>SANYL- collagenase oint 250 unit/gm</td>
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<td>selenium sulfide lotion 2.5%</td>
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<td>silver sulfadiazine cream 1%</td>
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<td>(Silvadene)</td>
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<tr>
<td>SKLICE- ivermectin lotion 0.5%</td>
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<td>SKYRIZI- risankizumab-rzaa sol  prefilled syringe 2 x 75 mg/0.83ml kit</td>
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<tr>
<td>SOOLANTRA- ivermectin cream 1%</td>
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<tr>
<td>SPINOSAD- spinosad susp 0.9%</td>
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<td>STELARA- ustekinumab inj 45 mg/0.5ml</td>
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<td>STELARA- ustekinumab soln prefilled syringe 45 mg/0.5ml</td>
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<td>STELARA- ustekinumab soln prefilled syringe 90 mg/ml</td>
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<td>sulfacetamide sodium lotion 10% (acne) (Klaron)</td>
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<td>SULFAMYLON- mafenide acetate cream 85 mg/gm</td>
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<td>tacrolimus oint 0.03% (Protopic)</td>
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<td>tacrolimus oint 0.1% (Protopic)</td>
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<td>tazarotene cream 0.1% (Tazorac)</td>
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<tr>
<td>TAZORAC- tazarotene cream 0.05%</td>
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<tr>
<td>TAZORAC- tazarotene gel 0.05%</td>
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<tr>
<td>TAZORAC- tazarotene gel 0.1%</td>
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<tr>
<td>TREMFYA- guselkumab soln pen-injector 100 mg/ml</td>
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<td>TREMFYA- guselkumab soln prefilled syringe 100 mg/ml</td>
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<td>tretinoin cream 0.025% (Retin-a)</td>
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<td>tretinoin cream 0.05% (Retin-a)</td>
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<td>tretinoin cream 0.1% (Retin-a)</td>
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<td>Drug Name</td>
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<td>triamcinolone acetonide aerosol soln 0.147 mg/gm (Kenalog)</td>
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<td>triamcinolone acetonide cream 0.025%</td>
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<td>triamcinolone acetonide cream 0.1%</td>
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<td>triamcinolone acetonide cream 0.5%</td>
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<td>triamcinolone acetonide lotion 0.025%</td>
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<td>triamcinolone acetonide lotion 0.1%</td>
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<td>triamcinolone acetonide oint 0.025%</td>
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<td>ULESFIA- benzyl alcohol lotion 5%</td>
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<td>VALCHLOR- meclorothamine hcl gel 0.016% (base equivalent)</td>
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<td>VEREGEN- sinecactehins oint 15%</td>
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**MISCELLANEOUS PRODUCTS**

**ANTIDOTES**

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<td>CHEMET- succimer cap 100 mg</td>
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<td>deferasirox tab for oral susp 125 mg (Exjade)</td>
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<td>deferasirox tab for oral susp 250 mg (Exjade)</td>
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<td>deferasirox tab for oral susp 500 mg (Exjade)</td>
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<td>EXJADE- deferasirox tab for oral susp 125 mg</td>
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<td>EXJADE- deferasirox tab for oral susp 250 mg</td>
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<td>EXJADE- deferasirox tab for oral susp 500 mg</td>
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<td>FERRIPROX- deferiprone oral soln 100 mg/ml</td>
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**DIAGNOSTIC PRODUCTS**

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<td>CONTOUR BLOOD GLUCOSE TES- glucose blood test strip</td>
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<td>CONTOUR NEXT BLOOD GLUCOS- glucose blood test strip</td>
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<td>KETOSTIX- acetone (urine) test strip</td>
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**MEDICAL DEVICES**

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<th>Step Therapy</th>
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<td>ADULT MASK- respiratory therapy supplies - devices</td>
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<td>AEROBIKA- respiratory therapy supplies - devices</td>
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<td>AEROCHAMBER MINI AEROSOL-spacer/aerosol-holding chambers - device</td>
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<td>AEROCHAMBER MV- spacer/ aerosol-holding chambers - device</td>
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<td>AEROCHAMBER PLUS FLOW-VU-spacer/aerosol-holding chambers - device</td>
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<td>Drug Name</td>
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<td>Prior Authorization</td>
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<td>ARIPIRRAZOLE ORAL SOLUTION 1 MG/ML</td>
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<tr>
<td>ARIPIRRAZOLE TAB 2 MG (Abilify)</td>
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<tr>
<td>ARIPIRRAZOLE TAB 5 MG (Abilify)</td>
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<tr>
<td>ARIPIRRAZOLE TAB 10 MG (Abilify)</td>
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<tr>
<td>ARIPIRRAZOLE TAB 15 MG (Abilify)</td>
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<tr>
<td>Drug Name</td>
<td>Dosage Remarks</td>
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<tr>
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<tr>
<td>aripiprazole tab 20 mg (Abilify)</td>
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<tr>
<td>aripiprazole tab 30 mg (Abilify)</td>
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<tr>
<td>armodafinil tab 50 mg (Nuvigil)</td>
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<tr>
<td>armodafinil tab 150 mg (Nuvigil)</td>
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<tr>
<td>armodafinil tab 200 mg (Nuvigil)</td>
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<tr>
<td>aripiprazole tab 250 mg (Abilify)</td>
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<tr>
<td>ARMOUR THYROID -thyroid tab 15 mg (1/4 grain)</td>
<td>23</td>
</tr>
<tr>
<td>ARMOUR THYROID -thyroid tab 30 mg (1/2 grain)</td>
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</tr>
<tr>
<td>ARMOUR THYROID -thyroid tab 90 mg (1 1/2 grain)</td>
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</tr>
<tr>
<td>ARMOUR THYROID -thyroid tab 60 mg (1 grain)</td>
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</tr>
<tr>
<td>ARMOUR THYROID -thyroid tab 120 mg (2 grain)</td>
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</tr>
<tr>
<td>ARMOUR THYROID -thyroid tab 180 mg (3 grain)</td>
<td>23</td>
</tr>
<tr>
<td>ARMOUR THYROID -thyroid tab 240 mg (4 grain)</td>
<td>23</td>
</tr>
<tr>
<td>ARMOUR THYROID -thyroid tab 300 mg (5 grain)</td>
<td>24</td>
</tr>
<tr>
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<td>41</td>
</tr>
<tr>
<td>ARNUNITY ELLIPTA -fluticasone furoate aerosol powder breath activ 100 mcg/act</td>
<td>41</td>
</tr>
<tr>
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<td>76</td>
</tr>
<tr>
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<td>41</td>
</tr>
<tr>
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<td>41</td>
</tr>
<tr>
<td>ASMANEX TWISTHALER 120 ME -mometasone furoate inhal powd 220 mcg/inh (breath activated)</td>
<td>41</td>
</tr>
<tr>
<td>ASMANEX TWISTHALER 30 MET -mometasone furoate inhal powd 110 mcg/inh (breath activated)</td>
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<tr>
<td>ASMANEX TWISTHALER 30 MET -mometasone furoate inhal powd 220 mcg/inh (breath activated)</td>
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</tr>
<tr>
<td>ASMANEX TWISTHALER 60 MET -mometasone furoate inhal powd 220 mcg/inh (breath activated)</td>
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<tr>
<td>aspirin chew tab 81 mg</td>
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<tr>
<td>aspirin-dipyridamole cap er 12hr 25-200 mg</td>
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<tr>
<td>azithromycin tab 600 mg (Zithromax)</td>
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</tr>
<tr>
<td>azithromycin tab 250 mg (Zithromax)</td>
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</tr>
<tr>
<td>atomoxetine hcl cap 25 mg (base equiv)</td>
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</tr>
<tr>
<td>(Strattera)</td>
<td>55</td>
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<tr>
<td>atomoxetine hcl cap 40 mg (base equiv)</td>
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<tr>
<td>(Strattera)</td>
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<tr>
<td>atomoxetine hcl cap 60 mg (base equiv)</td>
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<tr>
<td>(Strattera)</td>
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<tr>
<td>atomoxetine hcl cap 80 mg (base equiv)</td>
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<tr>
<td>(Strattera)</td>
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<tr>
<td>atomoxetine hcl cap 100 mg (base equiv)</td>
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<td>(Strattera)</td>
<td>55</td>
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<tr>
<td>atorvastatin calcium tab 10 mg (base equivalent)</td>
<td>(Lipitor)</td>
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<tr>
<td>atorvastatin calcium tab 20 mg (base equivalent)</td>
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<td>atorvastatin calcium tab 40 mg (base equivalent)</td>
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<tr>
<td>atorvastatin calcium tab 80 mg (base equivalent)</td>
<td>(Lipitor)</td>
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<tr>
<td>atovaquone-proguanil hcl tab 62.5-25 mg</td>
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<tr>
<td>(Malarone)</td>
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<tr>
<td>atovaquone-proguanil hcl tab 250-100 mg</td>
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<tr>
<td>(Malarone)</td>
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<tr>
<td>atovaquone susp 750 mg/5ml (Mepron)</td>
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<tr>
<td>ATRIPLA -efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</td>
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<tr>
<td>ATROPINE SULFATE -atropine sulfate ophth soln 1%</td>
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<tr>
<td>ATROVENT HFA -ipratropium bromide hfa inhal aerosol 17 mcg/act</td>
<td>41</td>
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<tr>
<td>AUBAGIO -teriflunomide tab 7 mg</td>
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<tr>
<td>AUBAGIO -teriflunomide tab 14 mg</td>
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<tr>
<td>AUGMENTED BETAMETHASONE D -betamethasone dipropionate augmented gel 0.05%</td>
<td>84</td>
</tr>
<tr>
<td>AUGMENTIN -amoxicillin &amp; k clavulanate for susp 125-31.25 mg/5ml</td>
<td>1</td>
</tr>
<tr>
<td>AURYXIA -ferric citrate tab 1 gm (210 mg ferric iron)</td>
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<tr>
<td>AUSTEDO -deutetrabenzaine tab 6 mg</td>
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<td>AUSTEDO -deutetrabenzaine tab 9 mg</td>
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<tr>
<td>AUSTEDO -deutetrabenzaine tab 12 mg</td>
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<tr>
<td>AVC -sulfanilamide vaginal cream 15%</td>
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<tr>
<td>AVONEX -interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml</td>
<td>57</td>
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<tr>
<td>AVONEX PEN -interferon beta-1a im auto-injector kit 30 mcg/0.5ml</td>
<td>57</td>
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<tr>
<td>AZASAN -azathioprine tab 75 mg</td>
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<tr>
<td>AZASAN -azathioprine tab 100 mg</td>
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<tr>
<td>azathioprine tab 50 mg (Imuran)</td>
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<tr>
<td>azelaic acid gel 15% (Finacea)</td>
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<tr>
<td>azelastine hcl nasal spray 0.1% (137 mcg/spray)</td>
<td>40</td>
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<td>azelastine hcl ophth soln 0.05%</td>
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<tr>
<td>AZITHROMYCIN -azithromycin powd pack for susp 1 gm</td>
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<tr>
<td>azithromycin for susp 100 mg/5ml (Zithromax)</td>
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<tr>
<td>azithromycin for susp 200 mg/5ml (Zithromax)</td>
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<tr>
<td>azithromycin tab 250 mg (Zithromax)</td>
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<tr>
<td>azithromycin tab 500 mg (Zithromax)</td>
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<tr>
<td>azithromycin tab 600 mg (Zithromax)</td>
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<tr>
<td>Drug Name</td>
<td>Description</td>
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<tr>
<td>-----------</td>
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<tr>
<td>BENEFIX</td>
<td>-coagulation factor ix (recombinant) for inj kit 250 unit</td>
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<tr>
<td>BENEFIX</td>
<td>-coagulation factor ix (recombinant) for inj kit 500 unit</td>
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<tr>
<td>BENEFIX</td>
<td>-coagulation factor ix (recombinant) for inj kit 1000 unit</td>
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<td>BENEFIX</td>
<td>-coagulation factor ix (recombinant) for inj kit 2000 unit</td>
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<tr>
<td>BENEFIX</td>
<td>-coagulation factor ix (recombinant) for inj kit 3000 unit</td>
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<tr>
<td>BENLYSTA</td>
<td>-belimumab subcutaneous solution auto-injector 200 mg/ml</td>
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<tr>
<td>BENLYSTA</td>
<td>-belimumab subcutaneous solution prefilled syringe 200 mg/ml</td>
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<td>BENZNIDAZOLE</td>
<td>-benznidazole tab 12.5 mg</td>
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<td>BENZNIDAZOLE</td>
<td>-benznidazole tab 100 mg</td>
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<tr>
<td>benzonate cap</td>
<td>150 mg</td>
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<td>benzonate cap</td>
<td>200 mg</td>
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<tr>
<td>benzonate cap</td>
<td>100 mg (Tessalon perles)</td>
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<td>benztrpine mesylate tab</td>
<td>0.5 mg</td>
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<td>benztrpine mesylate tab</td>
<td>1 mg</td>
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<tr>
<td>benztrpine mesylate tab</td>
<td>2 mg</td>
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<tr>
<td>BERINERT</td>
<td>-c1 esterase inhibitor (human) for iv inj kit 500 unit</td>
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<tr>
<td>betamethasone dipropionate augmented cream 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 aerosol foam 0.12% (Luxiq)</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>
<td>.84</td>
</tr>
<tr>
<td>betamethasone valerate oint 0.1% (base equivalent)</td>
<td>.84</td>
</tr>
<tr>
<td>BETASERON</td>
<td>-interferon beta-1b for inj kit 0.3 mg</td>
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<tr>
<td>betaxolol hcl ophth soln 0.5%</td>
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<tr>
<td>betaxolol hcl tab 10 mg</td>
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<tr>
<td>betaxolol hcl tab 20 mg</td>
<td>.29</td>
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<tr>
<td>bethanechol chloride tab 5 mg (Urecholine)</td>
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<tr>
<td>bethanechol chloride tab 10 mg (Urecholine)</td>
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<tr>
<td>bethanechol chloride tab 25 mg (Urecholine)</td>
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</tr>
<tr>
<td>bethanechol chloride tab 50 mg (Urecholine)</td>
<td>.46</td>
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<tr>
<td>BETHKIS</td>
<td>-tobramycin nebu soln 300 mg/4ml</td>
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<td>BEVYXXA</td>
<td>-betrixaban maleate cap 40 mg (base equivalent)</td>
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<td>BEVYXXA</td>
<td>-betrixaban maleate cap 80 mg (base equivalent)</td>
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<td>bexarotene cap 75 mg (Targetin)</td>
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<tr>
<td>BEXSERO</td>
<td>-meningococcal vac b (recomb omv adjuv) inj prefilled syringe</td>
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<tr>
<td>bicamline tar 50 mg (Casodex)</td>
<td>.11</td>
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<tr>
<td>BIDIL</td>
<td>-isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</td>
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<td>BIKTARVY</td>
<td>-bictegravir-emricitabine-tenofovir af tab 50-200-25 mg</td>
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<td>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</td>
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<tr>
<td>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (Ziac)</td>
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<td>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac)</td>
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<td>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac)</td>
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<tr>
<td>bisoprolol fumarate tab 5 mg</td>
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<td>bisoprolol fumarate tab 10 mg</td>
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<td>BOOSTRIX</td>
<td>-tct ox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml</td>
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<td>bosentan tab 62.5 mg (Tracleer)</td>
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<tr>
<td>bosentan tab 125 mg (Tracleer)</td>
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<tr>
<td>BOSULIF</td>
<td>-bosutinib tab 100 mg</td>
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<td>BOSULIF</td>
<td>-bosutinib tab 400 mg</td>
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<td>BOSULIF</td>
<td>-bosutinib tab 500 mg</td>
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<tr>
<td>BRAFTOVI</td>
<td>-encorafenib cap 75 mg</td>
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</tr>
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**Blue Cross and Blue Shield October 2019 Performance Drug List**

- clotrimazole w/ betamethasone cream 1-0.05%
- clotrimazole w/ betamethasone cream 0.05% (Temovate)
- clotrimazole cream 1%
- clotrimazole cream 0.05% (Temovate)
- clotrimazole shampoo 0.05% (Clobex)
- clotrimazole soln 0.05% (Temovate)
- clotrimazole cream 1%
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- clotrimazole cream 0.05% (Temovate)
- clotrimazole shampoo 0.05% (Clobex)
- clotrimazole soln 0.05% (Temovate)
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Strength/Details</th>
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<tbody>
<tr>
<td>COPAXONE -glatiramer acetate soln prefilled syringe 20 mg/ml</td>
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<tr>
<td>COPAXONE -glatiramer acetate soln prefilled syringe 40 mg/ml</td>
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<tr>
<td>COPIKTRA -duvelisib cap 15 mg</td>
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<tr>
<td>COPIKTRA -duvelisib cap 25 mg</td>
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<td>CORIFACT -factor xii concentrate (human) for inj kit 1000-1600 unit</td>
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<tr>
<td>CORLANOR -ivabradine hcl tab 5 mg (base equiv)</td>
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<tr>
<td>CORLANOR -ivabradine hcl tab 7.5 mg (base equiv)</td>
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<tr>
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<td>83</td>
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<tr>
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<tr>
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<tr>
<td>COSENTYX SENSEREADY PEN -secukinumab subcutaneous soln auto-injector 150 mg/ml</td>
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<td>COTELLIC -cobimetinib fumarate tab 20 mg (base equivalent)</td>
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<tr>
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<td>COUMADIN -warfarin sodium tab 2.5 mg</td>
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<td>COUMADIN -warfarin sodium tab 3 mg</td>
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<td>COUMADIN -warfarin sodium tab 10 mg</td>
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<td>CREON -pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit</td>
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<td>CREON -pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit</td>
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<td>CREON -pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit</td>
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<td>CREON -pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit</td>
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<td>CREON -pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit</td>
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<td>CRESEMBA -isavuconazonium sulfate cap 186 mg</td>
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<td>CRIXIVAN -indinavir sulfate cap 200 mg</td>
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<tr>
<td>CUVOPSA -glycopyrrolate oral soln 1 mg/5ml</td>
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<td>Cyanocobalamin inj 1000 mcg/ml</td>
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<td>Cyclobenzaprine hcl tab 5 mg</td>
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<td>Cyclobenzaprine hcl tab 10 mg</td>
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<td>Cyclobenzaprine hcl tab 7.5 mg (Fexmid)</td>
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<td>Cyclopentolate hcl opth soln 1% (Cyclogyl)</td>
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<td>Cyclopentolate hcl opth soln 2% (Cyclogyl)</td>
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<td>Cyclophosphamide cap 25 mg</td>
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<td>Cyclophosphamide cap 50 mg</td>
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<td>Cycloserine cap 250 mg</td>
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<td>Cyclosporine modified cap 25 mg (Neoral)</td>
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<td>CYCLOSPORINE MODIFIED -cyclosporine modified cap 50 mg</td>
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<tr>
<td>Cyclosporine modified oral soln 100 mg/ml (Neoral)</td>
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<td>Cyproheptadine hcl syrup 2 mg/5ml</td>
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<td>Cyproheptadine hcl tab 4 mg</td>
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<td>CYSTADANE -betaine powder for oral solution</td>
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<td>CYSTAGON -cysteamine bitartrate cap 50 mg</td>
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<tr>
<td>CYSTAGON -cysteamine bitartrate cap 150 mg</td>
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<tr>
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<td>Dalfampridine tab er 12hr 10 mg (Amrya)</td>
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<td>DALIRESP -rolflumilast tab 250 mcg</td>
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<td>DALIRESP -rolflumilast tab 500 mcg</td>
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<td>Danazol cap 50 mg</td>
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<td>Dapsone tab 25 mg</td>
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<td>Dapsone tab 100 mg</td>
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<td>Daptacel -diph, acellular pert &amp; tet tox inj 15 If-23 mcg-5 If/0.5ml</td>
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<td>DARAPRIM -pyrimethamine tab 25 mg</td>
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<td>DAURISMO -gladsegib maleate tab 25 mg (base equivalent)</td>
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<td>DAURISMO -gladsegib maleate tab 100 mg (base equivalent)</td>
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<tr>
<td>DDAVP -desmopressin acetate nasal soln 0.01% (refrigerated)</td>
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desvenlafaxine succinate tab er 24hr 50 mg (base)

Desogestrel & ethinyl estradiol tab 0.15-0.02/0.01 mg (21/5) (Mircette)

DEPA-SUBQ PROVERA 104 -medroxyprogesterone acetate susp pref syr 104 mg/0.65ml

desipramine hcl tab 75 mg

desipramine hcl tab 100 mg

desipramine hcl tab 150 mg

desipramine hcl tab 10 mg (Norpramin)

desipramine hcl tab 25 mg (Norpramin)

desmopressin acetate inj 4 mcg/ml (Davp)

desmopressin acetate nasal spray soln 0.01%

(Davp)

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5) (Mircette)

DIAZEPAM RECTAL GEL -diazepam rectal gel delivery system 10 mg

DIAZEPAM -diazepam oral soln 1 mg/ml

DIAZEPAM RECTAL GEL -diazepam rectal gel delivery system 2.5 mg

DIAZEPAM RECTAL GEL -diazepam rectal gel delivery system 10 mg

DIAZEPAM -diazepam rectal gel delivery system 20 mg

DIAZEPAM -diazepam rectal gel delivery system 2.5 mg

DIAZEPAM -diazepam rectal gel delivery system 10 mg

DIAZEPAM -diazepam rectal gel delivery system 20 mg

DIAZEPAM -diazepam rectal gel delivery system 2.5 mg

DIAZEPAM -diazepam rectal gel delivery system 10 mg

DIAZEPAM -diazepam rectal gel delivery system 20 mg

DICLOFENAC sodium (actinic keratoses) gel 3% (Solaraze)

DICLOFENAC sodium gel 1% (Voltaren)

DICLOFENAC sodium gel 0.1% (Voltaren)

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<td>FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg</td>
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<td>FOLLISTIM AQ - follitropin beta inj 900 unit/1.08ml</td>
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<td>Malathion lotion 0.5% (Ovide)</td>
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<td>(Percocet)</td>
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<tr>
<td>oxycodone w/ acetaminophen tab 7.5-325 mg</td>
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<tr>
<td>oxycodone w/ acetaminophen tab 10-325 mg</td>
<td>(Percocet)</td>
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<tr>
<td>oxycodone hcl tab 5 mg (Opana)</td>
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<td>oxycodone hcl tab 10 mg (Opana)</td>
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<td>OXYMORPHONE HYDROCHLORIDE -oxymorphone hcl</td>
<td>tab er 12hr 5 mg.</td>
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<td>tab er 12hr 7.5 mg.</td>
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<td>tab er 12hr 15 mg.</td>
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<td>OXYMORPHONE HYDROCHLORIDE -oxymorphone hcl</td>
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<td>paliperidone tab 24hr 1.5 mg (Invega)</td>
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<td>paliperidone tab 24hr 3 mg (Invega)</td>
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<td>paliperidone tab 24hr 6 mg (Invega)</td>
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<tr>
<td>paliperidone tab 24hr 9 mg (Invega)</td>
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<tr>
<td>PALYNZIQ -pegvaliase-pqz subcutaneous soin pref</td>
<td>syringe 2.5 mg/0.5ml.</td>
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<tr>
<td>PALYNZIQ -pegvaliase-pqz subcutaneous soin pref</td>
<td>syringe 10 mg/0.5ml.</td>
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<tr>
<td>PALYNZIQ -pegvaliase-pqz subcutaneous soin pref</td>
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<tr>
<td>PANDA MASK MEDIUM -spacer/aerosol-holding chamber</td>
<td>supplies - masks.</td>
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<td>PANDA MASK SMALL -spacer/aerosol-holding chamber</td>
<td>supplies - masks.</td>
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<tr>
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<tr>
<td>pantoprazole sodium ec tab 40 mg (base equiv)</td>
<td>(Protonix)</td>
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<td>paricalcitol cap 4 mcg.</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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<tr>
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<tr>
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<tr>
<td>paroxetine hcl tab 30 mg (Paxil)</td>
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<td>paroxetine hcl tab 40 mg (Paxil)</td>
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<td>PASER -aminosalicylic acid er granules packet 4 gm</td>
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<td>PEDIARIX -diph-tetanus tox-acell pert-hepatitis b-polio ipv vac in j</td>
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<td>PEDIATRIC PANDA MASK -spacer/aerosol-holding chamber supplies - masks</td>
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<td>PEGAV HIB -haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml</td>
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<td>PEGANONE -etothoin tab 250 mg</td>
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<tr>
<td>PEGASYS -peginterferon alfa-2a inj 180 mcg/ml</td>
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<td>PEGASYS -peginterferon alfa-2a inj 180 mcg/0.5ml</td>
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<td>PEGASYS PROCLICK -peginterferon alfa-2a inj 180 mcg/0.5ml</td>
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<td>PEGINTRON -peginterferon alfa-2b for inj kit 50 mcg/0.5ml</td>
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<tr>
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<td>PENICILLIN V POTASSIUM -penicillin v potassium for soln 125 mg/5ml</td>
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<td>PENICILLIN V POTASSIUM -penicillin v potassium for soln 250 mg/5ml</td>
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<td>penicillin v potassium tab 500 mg</td>
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<td>PENTACEL -dip-h-ac per-tet tox ad-poliova-haemoph b poly vac for im susp</td>
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<td>pentoxifylline tab er 400 mg</td>
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<td>permethrin cream 5% (Elimite)</td>
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<td>PERPHENAZINE/AMITRIPTYLIN -perphenazine-amitriptyline tab 2-10 mg</td>
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<td>PERPHENAZINE/AMITRIPTYLIN -perphenazine-amitriptyline tab 2-25 mg</td>
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<td>phenobarbital tab 64.8 mg</td>
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<td>phenobarbital tab 97.2 mg</td>
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<td>phenobarbital tab 100 mg</td>
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<td>phenoxybenzamine hcl cap 10 mg (Dibenzyline)</td>
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<td>phentermine hcl cap 15 mg</td>
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<td>phentermine hcl cap 30 mg</td>
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<td>phentermine hcl cap 37.5 mg (Adipex-p)</td>
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<td>phentermine hcl tab 37.5 mg (Adipex-p)</td>
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<td>phenylephrine hcl ophth soln 2.5%</td>
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<td>phenylephrine hcl ophth soln 10%</td>
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<td>PHENYTEK -phenytoin sodium extended cap 200 mg (Phenytek)</td>
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<td>PHENYTEK -phenytoin sodium extended cap 300 mg (Dilantin)</td>
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<td>phenytoin chew tab 50 mg (Dilantin infatabs)</td>
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<td>phenytoin sodium extended cap 100 mg (Dilantin)</td>
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<td>phytonadione tab 5 mg (Mephyton)</td>
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<td>pilocarpine hcl ophth soln 1% (Isopto carpine)</td>
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<td>pilocarpine hcl ophth soln 4% (Isopto carpine)</td>
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<td>PIMOZIDE -pimozide tab 2 mg</td>
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<td>pindolol tab 10 mg</td>
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<td>pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)</td>
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<td>pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)</td>
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<td>pioglitazone hcl tab 15 mg (base equiv) (Actos)</td>
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<td>pioglitazone hcl tab 30 mg (base equiv) (Actos)</td>
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<td>pioglitazone hcl tab 45 mg (base equiv) (Actos)</td>
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<td>piroxicam cap 10 mg (Feldene)</td>
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<td>piroxicam cap 20 mg (Feldene)</td>
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<td>PLEGRIDY -peginterferon beta-1a soln pen-injector 125 mcg/0.5ml</td>
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<td>PLEGRIDY STARTER PACK -peginterferon beta-1a soln pen-inj 63 &amp; 94 mcg/0.5ml pack</td>
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<tr>
<td>PNEUMOVAX 23/1 DOSE -pneumococcal vaccine polyvalent inj 25 mcg/0.5ml</td>
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<tr>
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<th>Description</th>
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<td>holding chambers - device</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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<td>PROCRIT - epoetin alfa inj 40000 unit/ml</td>
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<td>PROCTOFOAM HC - hydrocortisone acetate w/</td>
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<td>promoxine rectal foam 1-1%</td>
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<td>PROCYSB - cysteamine bitartrate cap delayed</td>
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<td>PROCYSB - cysteamine bitartrate cap delayed</td>
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<td>PROGLYCEM - diazoxide susp 50 mg/ml</td>
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<td>PROGRAF - tacrolimus cap 0.5 mg</td>
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<td>PROGRAF - tacrolimus cap 1 mg</td>
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<td>PROMACTA - eltrombopag olamine powder pack</td>
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<tr>
<td>for susp 12.5 mg (base eq)</td>
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<td>PROMACTA - eltrombopag olamine tab 12.5 mg</td>
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<td>(base eq)</td>
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<td>propafenone hcl cap er 12h 325 mg (Rythmol</td>
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<td>QUADRACEL</td>
<td>-diph-tetanus tox ad-acell pert &amp; polio</td>
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<td>QBRELIS</td>
<td>-lisinopril oral soln 1 mg/ml</td>
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<td>pyridostigmine bromide syrup 60 mg/5ml</td>
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<td>pyridostigmine bromide syrup 60 mg/5ml</td>
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<td>PROQUAD</td>
<td>-measles-mumps-rubella-varicella virus</td>
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<td>PULMOZYM</td>
<td>-dornase alfa inhal soln 1 mg/ml</td>
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<td>PURIXAN</td>
<td>-mercapturine susp 2000 mg/100ml</td>
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<td>pyridostigmine bromide syrup 60 mg/5ml</td>
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<td>QUADRAHEL</td>
<td>-beclomethasone diprop hfa breath act inh aero 40 mcg/act</td>
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<td>RABAVAX</td>
<td>-rabies vaccine, pcc for inj</td>
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<td>RAPIDEN</td>
<td>-clindamycin &amp; trimethoprim</td>
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<td>QUAXALION</td>
<td>-rifampicin suspension 100 mg/ml</td>
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<tr>
<td>QVAR REDIHALER</td>
<td>-beclomethasone diprop hfa breath act inh aero 40 mcg/act</td>
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</table>

Blue Cross and Blue Shield October 2019 Performance Drug List
reLENZA DISKHALER -zanamivir aero powder breath
RECTIV -nitroglycerin oint 0.4%
RECOMBANTE -antihemophilic factor (recombinant) for
REBIF -interferon beta-1a soln pref syr 22 mcg/0.5ml
(12mu/ml)...........................................59
REBIF -interferon beta-1a soln pref syr 44 mcg/0.5ml
(24mu/ml)...........................................59
REBIF REBIDOSE -interferon beta-1a soln auto-inj 22
mcg/0.5ml (24mu/ml)...............................59
REBIF REBIDOSE -interferon beta-1a soln auto-inj 44
mcg/0.5ml (24mu/ml)...............................59
REBIF TITRATION PACK -interferon beta-1a pref syr
6.8 mcg/0.2ml & 6x22 mcg/0.5ml...............59
REBINYN -coagulation factor ix recomb glycopegylated
for inj 500 unt......................................80
REBINYN -coagulation factor ix recomb glycopegylated
for inj 1000 unt.................................80
REBINYN -coagulation factor ix recomb glycopegylated
for inj 2000 unt.................................80
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 5 mcg/0.5ml................................10
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 10 mcg/ml..................................10
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 40 mcg/ml.................................10
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 100 mcg/ml.................................10
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 150 mcg/ml.................................12
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 200 mcg/ml.................................14
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 400 mcg/ml.................................20
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 500 mcg/ml.................................20
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 1000 mcg/ml...............................20
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 1500 mcg/ml...............................22
RECOMBIVAX HB -hepatitis b vaccine (recombinant)
susp 2000 mcg/ml...............................24
RECOTHRM SPRAY KIT -thrombin (recombinant) for
soll 20000 unit..................................76
RECOTHROM -thrombin (recombinant) for soll 5000
unit..................................................76
RECOTHROM -thrombin (recombinant) for soll 20000
unit..................................................76
RECTIV -nitroglycerin oint 0.4%.....................84
REGRANEX -becaplermin gel 0.01%.................86
RELENZA DISKHALER -zanamivir aero powder breath
activated 5 mg/blister..........................6
REPAGLINIDE/MEFORMIN HYD -repaglinide-metformin
hcl tab 1-500 mg................................22
REPAGLINIDE/MEFORMIN HYD -repaglinide-metformin
hcl tab 2-500 mg................................22
repaglinide tab 0.5 mg................................22
repaglinide tab 1 mg (Prandin).....................22
repaglinide tab 2 mg (Prandin).....................22
REPATHA -evolocumab subcutaneous soln prefilled
syringe 140 mg/ml.............................38
REPATHA PUSHTRONEX SYSTEM -evolocumab
subcutaneous soln cartridge/infusor 420 mg/3.5ml.....38
REPATHA SURECLICK -evolocumab subcutaneous soln
auto-injector 140 mg/ml..........................38
RESCRIPTOR -delavirdine mesylate tab 200 mg........6
RETACRIT -epoetin alfa-epbx inj 2000 unit/ml......74
RETACRIT -epoetin alfa-epbx inj 3000 unit/ml......74
RETACRIT -epoetin alfa-epbx inj 4000 unit/ml......74
RETACRIT -epoetin alfa-epbx inj 10000 unit/ml......74
REVATIO -sildenafil citrate for suspension 10 mg/ml....39
REVOCVI -alphagammadex-ivl im soln 2.4 mg/1.5ml...........
REVLIMID -lenalidomide cap 5 mg................92
REVLIMID -lenalidomide cap 10 mg................92
REVLIMID -lenalidomide cap 15 mg................92
REVLIMID -lenalidomide cap 20 mg................92
REVLIMID -lenalidomide cap 25 mg................92
REVLIMID -lenalidomide caps 2.5 mg..............92
REXULTI -brexpiprazole tab 0.25 mg...............53
REXULTI -brexpiprazole tab 0.5 mg...............53
REXULTI -brexpiprazole tab 1 mg.................53
REXULTI -brexpiprazole tab 2 mg.................53
REXULTI -brexpiprazole tab 3 mg.................53
REXULTI -brexpiprazole tab 4 mg.................53
REYAZ -atazanavir sulfate oral powder packet 50 mg
(base equiv)...6
RIASTAP -fibrinogen conc (human) inj approximately 1
gm (900-1300 mg)...............................80
RIBASPHERE RIBAPAK -ribavirin tab 400 mg.........6
RIBASPHERE RIBAPAK -ribavirin tab 600 mg.........6
RIBASPHERE RIBAPAK -ribavirin tab 200 mg & ribavirin
400 mg tab therapy pack.....................6
RIBASPHERE RIBAPAK -ribavirin tab 400 mg & ribavirin
600 mg tab therapy pack.....................6
RIBASPHERE -ribavirin tab 400 mg................6
RIBASPHERE -ribavirin tab 600 mg................6
ribavirin cap 200 mg (Rebetol)..................6
ribavirin for inhal soln 6 gm (Virazole).............6
ribavirin tab 200 mg (Copegus)..................6
RIDAURA -auranofin cap 3 mg..................64
rifabutin cap 150 mg (Mycobutin)...............3
RIFAMATE -isoniazid & rifampin cap 150-300 mg......4
rifampin cap 300 mg................................4
rifampin cap 150 mg (Rifadin)..................4
RIFATER -isoniazid-rifampin w/ pyrazinamide tab
50-120-300 mg................................4
riluzole tab 50 mg (Rilutek)......................70
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<thead>
<tr>
<th>Drug Name</th>
<th>Strength/Formulation</th>
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<tr>
<td>ropinirole hydrochloride tab 4 mg (Requip)</td>
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<td>ropinirole hydrochloride tab 5 mg (Requip)</td>
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<tr>
<td>rosuvastatin calcium tab 5 mg (Crestor)</td>
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<td>rosuvastatin calcium tab 20 mg (Crestor)</td>
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<td>rosuvastatin calcium tab 40 mg (Crestor)</td>
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<td>ROTARIX - rotavirus vaccine, live for oral susp.</td>
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<td>ROTATEQ - rotavirus vaccine, live oral pentavalent soln.</td>
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<td>RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)</td>
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<td>RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)</td>
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<td>RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)</td>
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<td>RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit</td>
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<td>RYDAPT - midostaurin cap 25 mg</td>
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<td>RYTARY - carbidopa &amp; levodopa cap er 23.75-95 mg...</td>
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<td>RYTARY - carbidopa &amp; levodopa cap er 36.25-145 mg...</td>
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<td>RYTARY - carbidopa &amp; levodopa cap er 48.75-195 mg...</td>
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<td>RYTARY - carbidopa &amp; levodopa cap er 61.25-245 mg...</td>
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<td>SAMSCA - tolvaptan tab 15 mg</td>
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<td>SAMSCA - tolvaptan tab 30 mg</td>
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<td>SANDIMMUNE - cyclosporine cap 25 mg</td>
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<td>SANDIMMUNE - cyclosporine cap 100 mg</td>
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<td>SANDIMMUNE - cyclosporine oral soln 100 mg/ml...</td>
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<td>SANTYL - collagenase oint 250 unit/gm</td>
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<td>SAPHRIS - asenapine malele sl tab 2.5 mg (base equiv)</td>
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<td>SAPHRIS - asenapine malele sl tab 5 mg (base equiv)</td>
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<td>SAPHRIS - asenapine malele sl tab 10 mg (base equiv)</td>
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<td>SAVELLA - milnacipran hcl tab 12.5 mg</td>
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<td>SAVELLA - milnacipran hcl tab 50 mg</td>
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<td>SAVELLA - milnacipran hcl tab 100 mg</td>
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<td>SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5 &amp; 25 mg (8) &amp; 50 mg (42) pak</td>
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<td>SAXENDA - liraglutide (weight mgmgt) soln pen-inj 18 mg/3ml (6 mg/ml)....</td>
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<td>SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS (TRANSDERM-SCOP)</td>
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<td>SEGLUOMET - erugliflozin-metformin hcl tab 2.5-1000 mg</td>
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<td>SEGLUOMET - erugliflozin-metformin hcl tab 2.5-500 mg</td>
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<td>SEGLUOMET - erugliflozin-metformin hcl tab 7.5-1000 mg</td>
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<td>Blue Cross and Blue Shield October 2019 Performance Drug List</td>
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selegiline hcl cap 5 mg (Eldepryl).......................... 70
selegiline hcl tab 5 mg........................................... 70
selenium sulfide lotion 2.5%................................. 86
SELZENTRY -maraviroc oral soln 20 mg/ml............. 6
SELZENTRY -maraviroc tab 25 mg.............................. 6
SELZENTRY -maraviroc tab 75 mg.............................. 6
SELZENTRY -maraviroc tab 150 mg............................ 6
SELZENTRY -maraviroc tab 300 mg............................ 6
SE-NATAL 19 -prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg... 71
SE-NATAL 19 -prenatal vit w/ fe fumarate-fa chew tab 29-1 mg... 71
SENSIPAR -cinacalcet hcl tab 30 mg (base equiv)........ 28
SENSIPAR -cinacalcet hcl tab 60 mg (base equiv)........ 28
SENSIPAR -cinacalcet hcl tab 90 mg (base equiv)........ 28
SEREVENT DISKUS -salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)................................. 42
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft).................................................. 50
sertraline hcl tab 25 mg (Zoloft).............................. 50
sertraline hcl tab 50 mg (Zoloft).............................. 51
sertraline hcl tab 100 mg (Zoloft)............................. 51
sevelamer carbonate packet 0.8 gm (Renvela)........... 46
sevelamer carbonate packet 2.4 gm (Renvela)........... 46
sevelamer carbonate tab 800 mg (Renvela)................. 46
sevelamer hcl tab 800 mg (Renagel)......................... 46
SEVELAMER HYDROCHLORIDE -sevelamer hcl tab 400 mg................................................................. 46
SFROWASA -mesalamine sulfate-free (sf) enema 4 gm/60ml............................................................... 46
SHINGRIX -zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml................................................. 10
SHUR-SEAL -nonoxynol-9 gel 2%............................. 47
SIGNIFOR -pasireotide diaspargate inj 0.3 mg/ml (base equiv).......................................................... 28
SIGNIFOR -pasireotide diaspargate inj 0.6 mg/ml (base equiv).......................................................... 28
SIGNIFOR -pasireotide diaspargate inj 0.9 mg/ml (base equiv).......................................................... 28
SIKLOS -hydroxyurea tab 100 mg.............................. 74
SIKLOS -hydroxyurea tab 1000 mg............................. 74
sildenafil citrate for suspension 10 mg/ml (Revatio).......................... 39
sildenafil citrate tab 20 mg (Revatio).......................... 39
sildenafil citrate tab 25 mg (Viagra).......................... 39
sildenafil citrate tab 50 mg (Viagra).......................... 39
sildenafil citrate tab 100 mg (Viagra)......................... 39
silver sulfadiazine cream 1% (Silvadene)............... 86
SIMBRINZA -brinzolamide-brimonidine tartrate ophth susp 1-0.2%.................................................... 82
SIMPONI -golimumab subcutaneous soln auto-injector 50 mg/0.5ml.................................................. 64
SIMPONI -golimumab subcutaneous soln auto-injector 100 mg/ml.................................................. 64
SIMPONI -golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml.................................................. 64
SIMPONI -golimumab subcutaneous soln prefilled syringe 100 mg/ml.................................................. 64
simvastatin tab 5 mg (Zocor)................................. 38
simvastatin tab 10 mg (Zocor)................................. 38
simvastatin tab 20 mg (Zocor)................................. 38
simvastatin tab 40 mg (Zocor)................................. 38
simvastatin tab 80 mg (Zocor)................................. 38
sirolimus oral soln 1 mg/ml (Rapamune).................... 92
sirolimus tab 0.5 mg (Rapamune)............................. 92
sirolimus tab 1 mg (Rapamune)............................... 92
sirolimus tab 2 mg (Rapamune)............................... 92
SIRTURO -bedaquiline fumarate tab 100 mg (base equiv).................................................. 8
SIVEXTO -tedizolid phosphate tab 200 mg................... 4
SKLICE ivermectin lotion 0.5%................................. 86
SKYRIZI -risankizumab-rjava sol prefilled syringe 2 x 75 mg/0.83ml kit................................................. 86
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution mod)............................................. 48
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf).......................................................... 72
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<td>TRANSDERM SCOP -scopolamine td patch 72hr</td>
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