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, also known as a formulary, is regularly updated. Please visit bcbstx.com for the most up-to-date information.

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

Find and estimate prices for medicines on this formulary at:
Introduction

Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to present the 2016 Drug List. This is a list of preferred drugs which includes Brand drugs and a partial listing of generic drugs. Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.

Drug List updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit bcbstx.com and log in to Blue Access for MembersSM or call the number on the back of your ID card. Physicians can access the list from the provider portal at 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 BCBS TX, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

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

How member payment is determined

This list shows prescription drug products in tiers. Generally, each drug is placed into one of three or four member payment tiers: generic, Preferred Brand or Non-Preferred Brand (not listed in this document). Specialty drugs can either be within the previous three tiers or can be a separate fourth tier depending on your benefit design. To verify your payment amount for a drug, visit bcbstx.com and log in to Blue Access for Members or call the number on the back of your ID card.

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

Find and estimate prices for medicines on this formulary at:
How to use this list

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

Example: **atorvastatin** (Lipitor)

Brand drugs are listed in all CAPITAL letters.

Example: PROAIR HFA

Drugs used to treat multiple conditions

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

Generic drugs

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

There are two types of generic drugs:

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

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

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

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

Preferred brand drugs typically move to a non-preferred brand tier after a generic equivalent becomes available. You may be responsible for the brand member payment amount plus the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs 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.

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

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

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

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

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication will be covered under your plan. For the preferred 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 preferred 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 preferred 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, quantity of covered medication in a given time period, coverage only for members within a certain age range, and coverage only for members of a specific gender. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you will be responsible for the full cost of the prescription beyond what your coverage allows.* For a list of medications and their dispensing limits, visit bcbstx.com.

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

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. BCBSTX does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Find and estimate prices for medicines on this formulary at: https://www.myprime.com/v/BCBSTX/COMMERCIAL/TXPREFDRUG/en/find-medicine.html
Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. For a current list of specialty medications, visit myprime.com or bcbstx.com and log in to Blue Access for Members.

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

Prime Therapeutics Specialty Pharmacy Program

Through Prime Therapeutics Specialty Pharmacy, members can have covered specialty medications delivered directly to them or their doctor’s office. When you receive specialty medications through 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 Prime Therapeutics Specialty Pharmacy:

- Have your doctor call or fax your prescription to Prime Therapeutics Specialty Pharmacy. Your doctor can call 877-627-6337 or fax to 877-828-3939.
- If you have an existing prescription for a covered specialty medication, you can call 877-627-6337 to transfer your prescription.
- A Prime Therapeutics 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 Prime Therapeutics Specialty Pharmacy at 877-627-6337, visit www.PrimeTherapeutics.com/specialty, or call the number on the back of 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 and Blue Shield Association. BCBSTX contracts with Prime Therapeutics to provide pharmacy benefit management, home delivery pharmacy and specialty pharmacy services. BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Find and estimate prices for medicines on this formulary at:
### Abbreviation key

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<th>Meaning</th>
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Find and estimate prices for medicines on this formulary at:
https://www.myprime.com/v/BCBSTX/COMMERCIAL/TXPREFDENUM/EN/find-medicine.html

Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List
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<th>Prior Authorization</th>
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<th>Step Therapy</th>
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Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List
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<thead>
<tr>
<th>Drug Name</th>
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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</td>
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<td>VIRAMUNE XR – nevirapine tab sr 24hr 100 mg</td>
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<td>tretinoin cap 10 mg</td>
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<tr>
<td>TREXALL – methotrexate sodium tab 5 mg (base equiv)</td>
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<tr>
<td>TREXALL – methotrexate sodium tab 7.5 mg (base equiv)</td>
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<tr>
<td>TREXALL – methotrexate sodium tab 10 mg (base equiv)</td>
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<tr>
<td>TREXALL – methotrexate sodium tab 15 mg (base equiv)</td>
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<tr>
<td>VOTRIENT – pazopanib hcl tab 200 mg (base equiv)</td>
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<tr>
<td>XALKORI – crizotinib cap 200 mg</td>
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<tr>
<td>XALKORI – crizotinib cap 250 mg</td>
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<tr>
<td>ZELBORAF – vemurafenib tab 240 mg</td>
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<tr>
<td>ZYTIGA – abiraterone acetate tab 250 mg</td>
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**HORMONES, DIABETES AND RELATED DRUGS**

**CORTICOSTEROIDS**

<p>| Drug Name                                      |              |                     | •                 |              |
| budesonide cap sr 24hr 3 mg (Entocort ec)      | •           |                     |                   |              |
| CORTISONE ACETATE – cortisone acetate tab 25 mg |           |                     |                   |              |
| DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml   | •           |                     |                   |              |
| dexamethasone elixir 0.5 mg/5ml                | •           |                     |                   |              |
| dexamethasone tab 0.5 mg                       | •           |                     |                   |              |
| dexamethasone tab 0.75 mg                      | •           |                     |                   |              |
| dexamethasone tab 1.5 mg                       | •           |                     |                   | •            |
| dexamethasone tab 4 mg                         | •           |                     |                   | •            |
| dexamethasone tab 6 mg                         | •           |                     |                   | •            |
| fludrocortisone acetate tab 0.1 mg             | •           |                     |                   | •            |
| hydrocortisone tab 5 mg (Cortef)               | •           |                     |                   | •            |
| hydrocortisone tab 10 mg (Cortef)              | •           |                     |                   | •            |
| hydrocortisone tab 20 mg (Cortef)              | •           |                     |                   | •            |
| methylprednisolone tab 4 mg dose pack (Medrol dosepak) | •       |                     |                   | •            |
| methylprednisolone tab 4 mg (Medrol)           | •           |                     |                   | •            |
| methylprednisolone tab 8 mg (Medrol)           | •           |                     |                   | •            |
| methylprednisolone tab 16 mg (Medrol)          | •           |                     |                   | •            |
| methylprednisolone tab 32 mg (Medrol)          | •           |                     |                   | •            |</p>
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>prednisolone sod phosph oral soln 6.7 mg/5ml</td>
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<tr>
<td>prednisolone sod phosphate oral soln 15 mg/5ml</td>
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<tr>
<td>prednisolone syrup 15 mg/5ml (usp solution equivalent)</td>
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<tr>
<td>PREDNISONE – prednisone tab 50 mg</td>
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<tr>
<td>PREDNISONE – prednisone oral soln 5 mg/5ml</td>
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<tr>
<td>PREDNISONE INTENSOL – prednisone conc 5 mg/ml</td>
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<tr>
<td>prednisone tab 1 mg</td>
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<td>prednisone tab 2.5 mg</td>
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<tr>
<td>prednisone tab 5 mg</td>
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<tr>
<td>prednisone tab 10 mg</td>
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<tr>
<td>prednisone tab 20 mg</td>
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<td><strong>MALE HORMONES</strong></td>
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<td>ANDRODERM – testosterone td patch 24hr 2 mg/24hr</td>
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<tr>
<td>ANDRODERM – testosterone td patch 24hr 4 mg/24hr</td>
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<tr>
<td>ANDROGEL – testosterone td gel 20.25 mg/1.25gm (1.62%)</td>
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<tr>
<td>ANDROGEL – testosterone td gel 40.5 mg/2.5gm (1.62%)</td>
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<tr>
<td>ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%)</td>
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<tr>
<td>ANDROXY – fluoxymesterone tab 10 mg</td>
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<tr>
<td>danazol cap 50 mg</td>
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<tr>
<td>danazol cap 100 mg</td>
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<tr>
<td>danazol cap 200 mg</td>
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<tr>
<td><strong>testosterone cypionate im inj in oil 100 mg/ml</strong> (Depo-testosterone)</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<tr>
<td>testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)</td>
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<tr>
<td>testosterone enanthate im inj in oil 200 mg/ml</td>
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<tr>
<td>testosterone td gel 25 mg/2.5gm (1%) (Androgel)</td>
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<tr>
<td>testosterone td gel 50 mg/5gm (1%) (Androgel)</td>
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<tr>
<td>testosterone td gel 12.5 mg/act (1%) (Androgel pump)</td>
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<td><strong>ESTROGENS</strong></td>
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<td>COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day</td>
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<tr>
<td>COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day</td>
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<tr>
<td>DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)</td>
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<tr>
<td>DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)</td>
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<tr>
<td>DIVIGEL – estradiol td gel 1 mg/gm (0.1%)</td>
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<tr>
<td>ENJUVIA – estrogens, conjugated synthetic b tab 0.3 mg</td>
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<td>ENJUVIA – estrogens, conjugated synthetic b tab 0.45 mg</td>
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<td>ENJUVIA – estrogens, conjugated synthetic b tab 0.625 mg</td>
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<td>ENJUVIA – estrogens, conjugated synthetic b tab 0.9 mg</td>
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<tr>
<td>ENJUVIA – estrogens, conjugated synthetic b tab 1.25 mg</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg (Activella)</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Activella)</td>
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<tr>
<td>Drug Name</td>
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<td>Step Therapy</td>
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<tr>
<td>estradiol tab 0.5 mg (Estrace)</td>
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<td>estradiol tab 1 mg (Estrace)</td>
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<td>estradiol tab 2 mg (Estrace)</td>
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<tr>
<td>estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)</td>
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<tr>
<td>estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)</td>
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<tr>
<td>estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)</td>
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<tr>
<td>estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)</td>
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<tr>
<td>estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)</td>
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<tr>
<td>estradiol td patch weekly 0.025 mg/24hr (Climara)</td>
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<tr>
<td>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)</td>
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<tr>
<td>estradiol td patch weekly 0.05 mg/24hr (Climara)</td>
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<td>estradiol td patch weekly 0.06 mg/24hr (Climara)</td>
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<td>estradiol td patch weekly 0.075 mg/24hr (Climara)</td>
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<tr>
<td>estradiol td patch weekly 0.1 mg/24hr (Climara)</td>
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<tr>
<td>estropipate tab 0.75 mg</td>
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<td>estropipate tab 1.5 mg</td>
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<tr>
<td>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)</td>
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<tr>
<td>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</td>
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<td>PROGESTINS</td>
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<tr>
<td>medroxyprogesterone acetate tab 2.5 mg (Provera)</td>
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<td>BIRTH CONTROL</td>
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<td>ELLA – ulipristal acetate tab 30 mg</td>
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<td>levonorgestrel tab 1.5 mg (Plan b one-step)</td>
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<td>medroxyprogesterone acetate tab 5 mg (Provera)</td>
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<td>medroxyprogesterone acetate tab 10 mg (Provera)</td>
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<tr>
<td>norethindrone acetate tab 5 mg (Aygestin)</td>
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<td>progestrone micronized cap 100 mg (Prometrium)</td>
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<td>progestrone micronized cap 200 mg (Prometrium)</td>
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<tr>
<td>MIRENA – levonorgestrel releasing iud 20 mcg/day (52 mg total)</td>
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<tr>
<td>NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</td>
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<tr>
<td>oral contraceptives— all generics</td>
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<td>SKYLAR – levonorgestrel releasing iud 14 mcg/day (13.5 mg total)</td>
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<td>INFERTILITY</td>
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<td>chorionic gonadotropin for inj 10000 unit</td>
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<td>clomiphene citrate tab 50 mg (Clomid)</td>
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<td>FOLLISTIM AQ – follitropin beta inj 75 unit/0.5ml</td>
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<td>FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml</td>
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<td>FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml</td>
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<td>FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml</td>
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### Drug Name

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<td>GANIRELIX ACETATE – ganirelix acetate inj 250 mcg/0.5ml</td>
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<td>REPRONEX – menotropins for inj 75 unit</td>
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<td><strong>DIABETES</strong></td>
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<td>acarbose tab 25 mg (Precose)</td>
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<td>acarbose tab 50 mg (Precose)</td>
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<td>acarbose tab 100 mg (Precose)</td>
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<td>BYDUREON – exenatide extended release for susp pen-injector 2 mg</td>
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<td>BYDUREON – exenatide extended release for inj susp 2 mg</td>
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<td>glimepiride tab 1 mg (Amaryl)</td>
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<td>glimepiride tab 4 mg (Amaryl)</td>
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<td>glipizide tab sr 24hr 2.5 mg (Glucotrol xl)</td>
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<td>glipizide-metformin hcl tab 2.5-250 mg</td>
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<td>glipizide-metformin hcl tab 5-500 mg</td>
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<td>GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg</td>
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<td>glyburide micronized tab 1.5 mg (Glynase)</td>
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<td>glyburide micronized tab 3 mg (Glynase)</td>
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<td>glyburide micronized tab 6 mg (Glynase)</td>
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<tr>
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<td>glyburide-metformin tab 1.25-250 mg (Glucovance)</td>
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<td>glyburide-metformin tab 2.5-500 mg (Glucovance)</td>
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<td>INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg</td>
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<td>INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg</td>
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<td>JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)</td>
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<td>nateglinide tab 120 mg (Starlix)</td>
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<td>repaglinide tab 2 mg (Prandin)</td>
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### DIABETES - INSULINS

#### Rapid-Acting Insulins

- NOVOLOG – insulin aspart inj 100 unit/ml
- NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml
- NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml
- NOVOLOG PENFILL – insulin aspart inj 100 unit/ml

#### Short-Acting Insulins

- NOVOLIN R – insulin regular (human) inj 100 unit/ml

#### Intermediate-Acting Insulins

- NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml
- NOVOLOG 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)
- NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
- NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)

### Basal Insulins

- SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg
- SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg
- SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg
- SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg
- VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>LANTUS – insulin glargine inj 100 unit/ml</td>
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<tr>
<td>LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml</td>
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<tr>
<td>LEVEMIR – insulin detemir inj 100 unit/ml</td>
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<td>LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml</td>
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<td>TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml</td>
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<td>TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml</td>
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<td>Drug Name</td>
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<td>Dispensing Limits</td>
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<td>levothyroxine sodium tab 200 mcg (Synthroid)</td>
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<tr>
<td>levothyroxine sodium tab 300 mcg (Synthroid)</td>
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<td>liothyronine sodium tab 25 mcg (Cytomel)</td>
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<td>methimazole tab 5 mg (Tapazole)</td>
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<td>methimazole tab 10 mg (Tapazole)</td>
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<td>propylthiouracil tab 50 mg</td>
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<td>GROWTH HORMONE</td>
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<td>INCRELEX – mecamsermin inj 40 mg/4ml (10 mg/ml)</td>
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<td>OMNITROPE – somatropin for inj 5.8 mg</td>
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<td>OMNITROPE – somatropin inj 5 mg/1.5ml</td>
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<td>OMNITROPE – somatropin inj 10 mg/1.5ml</td>
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<td>OTHER HORMONES AND RELATED DRUGS</td>
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<td>ACTONEL – risedronate sodium tab 5 mg</td>
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<td>ACTONEL – risedronate sodium tab 30 mg</td>
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<td>ACTONEL – risedronate sodium tab 35 mg</td>
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<td>ACTONEL – risedronate sodium tab 150 mg</td>
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<td>alendronate sodium tab 5 mg</td>
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Find and estimate prices for medicines on this formulary at: https://www.myprime.com/v/BCBSTX/COMMERCIAL/TX PREFDRUG/en/find-medicine.html

Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List
<table>
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<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>cabergoline tab 0.5 mg</td>
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<td>calcitriol oral soln 1 mcg/ml</td>
<td>(Rocaltrol)</td>
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<td>desmopressin acetate inj 4 mcg/ml</td>
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<td>desmopressin acetate nasal soln 0.01% (refrigerated)</td>
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<td>desmopressin acetate tab 0.2 mg</td>
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<td>(Boniva)</td>
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<td>levocarnitine oral soln 1 gm/10ml</td>
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<td>(Carnitor)</td>
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<td>octreotide acetate inj 50 mcg/ml</td>
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<td>(Sandostatin)</td>
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<td>ORFADIN – nitisinone cap 2 mg</td>
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<td>raloxifene hcl tab 60 mg</td>
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<td>risedronate sodium tab 30 mg</td>
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<td>SENSIPAR – cinacalcet hcl tab 30 mg</td>
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<td>SENSIPAR – cinacalcet hcl tab 60 mg</td>
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<td>STIMATE – desmopressin acetate nasal soln 1.5 mg/ml</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml</td>
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<td>STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml</td>
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**HEART AND CIRCULATORY DRUGS**

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

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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<td>benazepril &amp; hydrochlorothiazide tab</td>
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<td>5-6.25 mg</td>
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Find and estimate prices for medicines on this formulary at: https://www.myprime.com/v/BCBSTX/COMMERCIAL/TXPREFDRUG/en/find-medicine.html
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Find and estimate prices for medicines on this formulary at:

Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List
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<td>triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Nasacort aq)</td>
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<tr>
<td><strong>COUGH/COLD/ALLERGY</strong></td>
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<tr>
<td>acetylcysteine inhal soln 10%</td>
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<tr>
<td>acetylcysteine inhal soln 20%</td>
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<tr>
<td><strong>ASTHMA/COPD</strong></td>
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<tr>
<td>ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose</td>
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<td>ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose</td>
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<td>ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose</td>
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<td>ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act</td>
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<tr>
<td>ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act</td>
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<tr>
<td>ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act</td>
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<tr>
<td>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</td>
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<tr>
<td>albuterol sulfate soln nebu 0.5% (5 mg/ml)</td>
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<tr>
<td>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</td>
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<tr>
<td>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</td>
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<tr>
<td>albuterol sulfate syrup 2 mg/5ml</td>
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<tr>
<td>albuterol sulfate tab 2 mg</td>
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<tr>
<td>albuterol sulfate tab 4 mg</td>
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<tr>
<td>ANORO ELLIPTA – umeclidinium- vilanterol aero powd ba 62.5-25 mcg/ inh</td>
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<tr>
<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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<td>ASMANEX TWISTHALER 14 MET – 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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Find and estimate prices for medicines on this formulary at: https://www.myprime.com/v/BCBSTX/COMMERCIAL/TXPREFDRUG/en/find-medicine.html
<table>
<thead>
<tr>
<th>Drug Name</th>
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<tr>
<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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<tr>
<td>ASMANEX TWISTHALER 7 METE – mometasone furoate inhal powd 110 mcg/inh (breath activated)</td>
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<tr>
<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>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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<tr>
<td>budesonide inhalation susp 1 mg/2ml (Pulmicort)</td>
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<tr>
<td>COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act</td>
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<td>DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act</td>
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<td>DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act</td>
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<tr>
<td>FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister</td>
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<tr>
<td>FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/ blister</td>
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<td>FLOVENT DISKUS – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</td>
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<td>FORADIL AEROLIZER – formoterol fumarate inhal cap 12 mcg</td>
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<tr>
<td>INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)</td>
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<td>ipratropium bromide inhal soln 0.02%</td>
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<td>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml (Duoneb)</td>
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<td>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</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>
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<tr>
<td>montelukast sodium chew tab 5 mg (base equiv) (Singulair)</td>
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<tr>
<td>montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)</td>
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<tr>
<td>montelukast sodium tab 10 mg (base equiv) (Singulair)</td>
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</table>

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
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<tr>
<td>PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90mcg base equiv)</td>
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<tr>
<td>QVAR – beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)</td>
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<td>QVAR – beclomethasone diprop inhal aero soln 80 mcg/act (100/valve)</td>
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<td>SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)</td>
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<tr>
<td>SPIRIVA HANDBOGGER – 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>
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<td>SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</td>
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<td>SYMBICORT – 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>theophylline tab sr 12hr 100 mg</td>
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<td>theophylline tab sr 12hr 200 mg</td>
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<td>theophylline tab sr 12hr 300 mg</td>
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<td>theophylline tab sr 12hr 450 mg</td>
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<td>theophylline tab sr 24hr 400 mg</td>
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<td>theophylline tab sr 24hr 600 mg</td>
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<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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<td>zafirlukast tab 20 mg (Accolate)</td>
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<td>OTHER RESPIRATORY DRUGS</td>
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<tr>
<td>KALYDECO – ivacaftor tab 150 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>PULMOZYME – dornase alfa inhal soln 1 mg/ml</td>
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<td>GASTROINTESTINAL DRUGS</td>
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<td>LAXATIVES</td>
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<td>lactulose solution 10 gm/15ml</td>
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<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/ flavor pack)</td>
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<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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<td>diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)</td>
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<td>loperamide hcl cap 2 mg</td>
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<td>ULCER/GERD</td>
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<td>cimetidine hcl soln 300 mg/5ml</td>
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<td>dicyclomine hcl cap 10 mg (Bentyl)</td>
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<td>dicyclomine hcl tab 20 mg (Bentyl)</td>
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<td>DONNATAL – pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</td>
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<tr>
<td>esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium)</td>
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<td>famotidine tab 20 mg (Pepcid)</td>
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<td>hyoscymine sulfate elixir 0.125 mg/5ml</td>
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<td>hyoscymine sulfate soln 0.125 mg/ml</td>
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<td>hyoscymine sulfate tab sl 0.125 mg (Levsin/sl)</td>
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<td>methscopolamine bromide tab 2.5 mg (Pamine)</td>
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<td>methscopolamine bromide tab 5 mg (Pamine forte)</td>
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<td>misoprostol tab 100 mcg (Cytotec)</td>
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<td>NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg</td>
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<td>NEXIUM – esomeprazole magnesium for delayed release susp packet 40 mg</td>
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<td>omeprazole cap delayed release 10 mg (Prilosec)</td>
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<td>omeprazole cap delayed release 20 mg (Prilosec)</td>
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<td>omeprazole cap delayed release 40 mg (Prilosec)</td>
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<td>pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)</td>
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<td>pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)</td>
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<tr>
<td>ranitidine hcl cap 150 mg</td>
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<td>ranitidine hcl cap 300 mg</td>
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<tr>
<td>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</td>
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<td>ranitidine hcl tab 150 mg (Zantac)</td>
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<tr>
<td>ranitidine hcl tab 300 mg (Zantac)</td>
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<td>sucralfate tab 1 gm (Carafate)</td>
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<td>sulcraflate tab 1 gm (Carafate)</td>
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<td>EMEND – aprepitant capsule therapy pack 80 &amp; 125 mg</td>
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<td>EMEND – aprepitant capsule 40 mg</td>
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<td>EMEND – apreplant capsule 80 mg</td>
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<td>EMEND – aprepitant capsule 125 mg</td>
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<td>granisetron hcl tab 1 mg</td>
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<td>meclizine hcl tab 12.5 mg</td>
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<td>meclizine hcl tab 25 mg</td>
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<thead>
<tr>
<th>Drug Name</th>
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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
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<tbody>
<tr>
<td>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</td>
<td>•</td>
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<tr>
<td>ondansetron hcl inj 40 mg/20ml (2 mg/ml) (Zofran)</td>
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<td>ondansetron hcl oral soln 4 mg/5ml (Zofran)</td>
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<tr>
<td>ondansetron hcl tab 4 mg (Zofran)</td>
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<tr>
<td>ondansetron hcl tab 8 mg (Zofran)</td>
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<tr>
<td>ondansetron orally disintegrating tab 4 mg (Zofran odt)</td>
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<tr>
<td>ondansetron orally disintegrating tab 8 mg (Zofran odt)</td>
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<tr>
<td>trimethobenzamide hcl cap 300 mg (Tigan)</td>
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<td>DIGESTIVE ENZYMES</td>
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<tr>
<td>CREON – pancrelipse (lip-prot-amyl) dr cap 3000-9500-15000 unit</td>
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<tr>
<td>CREON – pancrelipse (lip-prot-amyl) dr cap 6000-19000-30000 unit</td>
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<tr>
<td>CREON – pancrelipse (lip-prot-amyl) dr cap 12000-38000-60000 unit</td>
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<td>CREON – pancrelipse (lip-prot-amyl) dr cap 24000-76000-120000 unit</td>
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<tr>
<td>CREON – pancrelipse (lip-prot-amyl) dr cap 36000-114000-180000 unit</td>
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<tr>
<td>ZENPEP – pancrelipse (lip-prot-amyl) dr cap 3000-10000-16000 unit</td>
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<tr>
<td>ZENPEP – pancrelipse (lip-prot-amyl) dr cap 5000-17000-27000 unit</td>
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<td>ZENPEP – pancrelipse (lip-prot-amyl) dr cap 10000-34000-55000 unit</td>
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<td>ZENPEP – pancrelipse (lip-prot-amyl) dr cap 15000-51000-82000 unit</td>
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<tr>
<td>ZENPEP – pancrelipse (lip-prot-amyl) dr cap 20000-68000-109000 unit</td>
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<td>Drug Name</td>
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<td>Step Therapy</td>
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<tr>
<td>ZENPEP – pancrelipse (lip-prot-amyl) dr cap 25000-85000-136000 unit</td>
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<td>ZENPEP – pancrelipse (lip-prot-amyl) dr cap 40000-136000-218000 unit</td>
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<td>OTHER GASTROINTESTINAL DRUGS</td>
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<tr>
<td>ASACOL HD – mesalamine tab delayed release 800 mg</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) (Phoslo)</td>
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<tr>
<td>calcium acetate (phosphate binder) tab 667 mg (Eliphos)</td>
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<tr>
<td>CANASA – mesalamine suppos 1000 mg</td>
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<tr>
<td>CHENODAL – chenodiol tab 250 mg</td>
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<td>DELZICOL – mesalamine cap dr 400 mg</td>
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<tr>
<td>lactulose (encephalopathy) solution 10 gm/15ml</td>
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<td>LIALDA – mesalamine tab delayed release 1.2 gm</td>
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<td>LINZESS – linaclotide cap 145 mcg</td>
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<td>LINZESS – linaclotide cap 290 mcg</td>
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<td>mesalamine enema 4 gm</td>
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<tr>
<td>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</td>
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<tr>
<td>metoclopramide hcl tab 5 mg (Reglan)</td>
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<tr>
<td>metoclopramide hcl tab 10 mg (Reglan)</td>
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<tr>
<td>PENTASA – mesalamine cap cr 250 mg</td>
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<tr>
<td>PENTASA – mesalamine cap cr 500 mg</td>
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<tr>
<td>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>sulfasalazine tab 500 mg</td>
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<tr>
<td>(Azulfidine)</td>
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<tr>
<td>ursodiol cap 300 mg</td>
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<tr>
<td>(Actigall)</td>
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<tr>
<td>ursodiol tab 250 mg</td>
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<tr>
<td>(Urso 250)</td>
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<tr>
<td>ursodiol tab 500 mg</td>
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<tr>
<td>(Urso forte)</td>
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**GENITOURINARY DRUGS**

**URINARY TRACT INFECTIONS**

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<tr>
<th>Drug Name</th>
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<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>nitrofurantoin macrocrystalline cap 25 mg (Macrobid)</td>
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<td>nitrofurantoin macrocrystalline cap 50 mg (Macrobid)</td>
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<td>nitrofurantoin macrocrystalline cap 100 mg (Macrobid)</td>
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<td>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</td>
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<tr>
<td>nitrofurantoin susp 25 mg/5ml (Furadantin)</td>
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**URINARY TRACT SPASMS**

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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>oxybutynin chloride syrup 5 mg/5ml</td>
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<tr>
<td>oxybutynin chloride tab sr 24hr 5 mg (Ditropan xl)</td>
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<tr>
<td>oxybutynin chloride tab sr 24hr 10 mg (Ditropan xl)</td>
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<tr>
<td>oxybutynin chloride tab sr 24hr 15 mg (Ditropan xl)</td>
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<tr>
<td>oxybutynin chloride tab 5 mg</td>
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<tr>
<td>tolterodine tartrate cap sr 24hr 2 mg (Detrol la)</td>
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<tr>
<td>tolterodine tartrate cap sr 24hr 4 mg (Detrol la)</td>
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<tr>
<td>tolterodine tartrate tab 1 mg (Detrol)</td>
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<tr>
<td>tolterodine tartrate tab 2 mg (Detrol)</td>
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<tr>
<td>VESICARE – solifenacin succinate tab 5 mg</td>
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<tr>
<td>VESICARE – solifenacin succinate tab 10 mg</td>
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**VAGINAL PRODUCTS**

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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>CLEOCIN – clindamycin phosphate vaginal suppos 100 mg</td>
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<tr>
<td>clindamycin phosphate vaginal cream 2% (Cleocin)</td>
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<tr>
<td>CRINONE – progesterone vaginal gel 4%</td>
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<tr>
<td>CRINONE – progesterone vaginal gel 8%</td>
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<tr>
<td>ESTRACE – estradiol vaginal cream 0.1 mg/gm</td>
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<tr>
<td>metronidazole vaginal gel 0.75% (Metrogel-vaginal)</td>
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<tr>
<td>terconazole vaginal cream 0.4% (Terazol 7)</td>
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<td>terconazole vaginal cream 0.8% (Terazol 3)</td>
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<tr>
<td>terconazole vaginal suppos 80 mg</td>
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<tr>
<td>VAGIFEM – estradiol vaginal tab 10 mcg</td>
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**OTHER GENITOURINARY DRUGS**

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<tbody>
<tr>
<td>alfuzosin hcl tab sr 24hr 10 mg (Uroxatral)</td>
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<tr>
<td>AVODART – dutasteride cap 0.5 mg</td>
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<tr>
<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>
<td>dutasteride cap 0.5 mg (Avodart)</td>
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<tr>
<td>finasteride tab 5 mg (Proscar)</td>
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<tr>
<td>pot &amp; sod citrates w/ cit ac soln</td>
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<tr>
<td>550-500-334 mg/5ml</td>
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<tr>
<td>potassium citrate &amp; citric acid powder pack 3300-1002 mg</td>
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<tr>
<td>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</td>
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Find and estimate prices for medicines on this formulary at:

Potassium citrate tab cr 5 meq (540 mg) (Urocit-k 5)  
Potassium citrate tab cr 10 meq (1080 mg) (Urocit-k 10)  
Potassium citrate tab cr 15 meq (1620 mg) (Urocit-k 15)  
Sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)  
Tamsulosin hcl cap 0.4 mg (Flomax)  
Drug Name | Specialty | Prior Authorization | Dispensing Limits | Step Therapy  
--- | --- | --- | --- | ---  
Potassium citrate tab cr 5 meq (540 mg) (Urocit-k 5)  
Potassium citrate tab cr 10 meq (1080 mg) (Urocit-k 10)  
Potassium citrate tab cr 15 meq (1620 mg) (Urocit-k 15)  
Sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi)  
Tamsulosin hcl cap 0.4 mg (Flomax)  
Drug Name | Specialty | Prior Authorization | Dispensing Limits | Step Therapy  
--- | --- | --- | --- | ---  
Alprazolam tab sr 24hr 0.5 mg (Xanax xr)  
Alprazolam tab sr 24hr 1 mg (Xanax xr)  
Alprazolam tab sr 24hr 2 mg (Xanax xr)  
Alprazolam tab sr 24hr 3 mg (Xanax xr)  
Alprazolam tab 0.25 mg (Xanax)  
Alprazolam tab 0.5 mg (Xanax)  
Alprazolam tab 1 mg (Xanax)  
Alprazolam tab 2 mg (Xanax)  
Buspirone hcl tab 5 mg  
Buspirone hcl tab 10 mg  
Buspirone hcl tab 15 mg  
Buspirone hcl tab 30 mg  
Diazepam – diazepam soln 1 mg/ml  
Diazepam tab 2 mg (Valium)  
Diazepam tab 5 mg (Valium)  
Diazepam tab 10 mg (Valium)  
Hydroxyzine hcl syrup 10 mg/5ml  
Hydroxyzine hcl tab 10 mg  
Hydroxyzine hcl tab 25 mg  
Drug Name | Specialty | Prior Authorization | Dispensing Limits | Step Therapy  
--- | --- | --- | --- | ---  
Hydroxyzine hcl tab 50 mg  
Hydroxyzine pamoate cap 25 mg (Vistaril)  
Hydroxyzine pamoate cap 50 mg (Vistaril)  
Lorazepam conc 2 mg/ml (Lorazepam intensol)  
Lorazepam tab 0.5 mg (Ativan)  
Lorazepam tab 1 mg (Ativan)  
Lorazepam tab 2 mg (Ativan)  
Drug Name | Specialty | Prior Authorization | Dispensing Limits | Step Therapy  
--- | --- | --- | --- | ---  
Amitriptyline hcl tab 10 mg  
Amitriptyline hcl tab 25 mg  
Amitriptyline hcl tab 50 mg  
Amitriptyline hcl tab 75 mg  
Amitriptyline hcl tab 100 mg  
Amitriptyline hcl tab 150 mg  
Bupropion hcl tab sr 12hr 100 mg (Wellbutrin sr)  
Bupropion hcl tab sr 12hr 150 mg (Wellbutrin sr)  
Bupropion hcl tab sr 12hr 200 mg (Wellbutrin sr)  
Bupropion hcl tab sr 24hr 150 mg (Wellbutrin xl)  
Bupropion hcl tab sr 24hr 300 mg (Wellbutrin xl)  
Bupropion hcl tab 75 mg (Wellbutrin)  
Bupropion hcl tab 100 mg (Wellbutrin)  
Citalopram hydrobromide oral soln 10 mg/5ml  
Citalopram hydrobromide tab 10 mg (base equiv) (Celexa)  
Citalopram hydrobromide tab 20 mg (base equiv) (Celexa)
<table>
<thead>
<tr>
<th>Drug Name</th>
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Find and estimate prices for medicines on this formulary at: https://www.myprime.com/v/BCBSTX/COMMERCIAL/TXPREFDRUG/en/find-medicine.html
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**MULTIPLE SCLEROSIS**

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</table>

**OTHER CENTRAL NERVOUS SYSTEM DRUGS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate calcium tab delayed release 333 mg (Campral)</td>
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<tr>
<td>bupropion hcl (smoking deterrent) tab sr 12hr 150 mg (Zyban)</td>
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<tr>
<td>CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)</td>
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<tr>
<td>CHANTIX – varenicline tartrate tab 1 mg (base equiv)</td>
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<tr>
<td>CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)</td>
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<tr>
<td>CHANTIX STARTING MONTH PA – varenicline tartrate tab 0.5 mg x 11 &amp; tab 1 mg x 42 pack</td>
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<tr>
<td>disulfiram tab 250 mg (Antabuse)</td>
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<tr>
<td>disulfiram tab 500 mg (Antabuse)</td>
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<tr>
<td>donepezil hydrochloride orally disintegrating tab 5 mg (Aricept odt)</td>
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<tr>
<td>donepezil hydrochloride orally disintegrating tab 10 mg (Aricept odt)</td>
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<tr>
<td>donepezil hydrochloride tab 5 mg (Aricept)</td>
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<tr>
<td>donepezil hydrochloride tab 10 mg (Aricept)</td>
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<tr>
<td>EXELON – rivastigmine td patch 24hr 4.6 mg/24hr</td>
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<tr>
<td>EXELON – rivastigmine td patch 24hr 9.5 mg/24hr</td>
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<tr>
<td>EXELON – rivastigmine td patch 24hr 13.3 mg/24hr</td>
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<tr>
<td>galantamine hydrobromide cap sr 24hr 8 mg (Razadyne er)</td>
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<tr>
<td>galantamine hydrobromide cap sr 24hr 16 mg (Razadyne er)</td>
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<tr>
<td>galantamine hydrobromide cap sr 24hr 24 mg (Razadyne er)</td>
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<tr>
<td>galantamine hydrobromide tab 4 mg (Razadyne)</td>
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<tr>
<td>galantamine hydrobromide tab 8 mg (Razadyne)</td>
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<tr>
<td>galantamine hydrobromide tab 12 mg (Razadyne)</td>
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<tr>
<td>memantine hcl oral solution 2 mg/ml (Namenda)</td>
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<tr>
<td>memantine hcl tab 5 mg (Namenda)</td>
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<tr>
<td>memantine hcl tab 10 mg (Namenda)</td>
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<tr>
<td>memantine hcl tab 5 mg (28) &amp; 10 mg (21) titration pak (Namenda titration pa)</td>
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<td>NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)</td>
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<tr>
<td>NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)</td>
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Find and estimate prices for medicines on this formulary at:
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg</td>
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<tr>
<td>ORAP – pimozide tab 1 mg</td>
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<tr>
<td>ORAP – pimozide tab 2 mg</td>
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<tr>
<td>pimozide tab 1 mg (Orap)</td>
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<tr>
<td>pimozide tab 2 mg (Orap)</td>
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<tr>
<td>rivastigmine tartrate cap 1.5 mg (Exelon)</td>
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<td>rivastigmine tartrate cap 3 mg (Exelon)</td>
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<tr>
<td>rivastigmine tartrate cap 4.5 mg (Exelon)</td>
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<tr>
<td>rivastigmine tartrate cap 6 mg (Exelon)</td>
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<tr>
<td>tetrabenazine tab 12.5 mg (Xenazine)</td>
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<tr>
<td>tetrabenazine tab 25 mg (Xenazine)</td>
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**PAIN RELIEF DRUGS**

**NON-NARCOTIC DRUGS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>butalbital-acetaminophen tab 50-325 mg</td>
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<tr>
<td>butalbital-acetaminophen-caffeine cap 50-325-40 mg</td>
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<tr>
<td>butalbital-acetaminophen-caffeine tab 50-325-40 mg</td>
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<tr>
<td>butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)</td>
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<tr>
<td>salsalate tab 500 mg</td>
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<tr>
<td>salsalate tab 750 mg</td>
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**NARCOTIC DRUGS**

<table>
<thead>
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<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen w/ codeine soln 120-12 mg/5ml</td>
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<tr>
<td>acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)</td>
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<tr>
<td>acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)</td>
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<tr>
<td>acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)</td>
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<tr>
<td>buprenorphine hcl sl tab 2 mg (base equiv)</td>
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<tr>
<td>buprenorphine hcl sl tab 8 mg (base equiv)</td>
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<tr>
<td>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3)</td>
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<td>codeine sulfate tab 15 mg (Codeine sulfate)</td>
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<td>codeine sulfate tab 30 mg</td>
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<td>codeine sulfate tab 60 mg</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 200 mcg (Actiq)</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 400 mcg (Actiq)</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 600 mcg (Actiq)</td>
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<td>fentanyl citrate lozenge on a handle 800 mcg (Actiq)</td>
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<td>fentanyl citrate lozenge on a handle 1200 mcg (Actiq)</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 1600 mcg (Actiq)</td>
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<tr>
<td>fentanyl td patch 72hr 12 mcg/hr (Duragesic)</td>
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<tr>
<td>fentanyl td patch 72hr 25 mcg/hr (Duragesic)</td>
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<tr>
<td>fentanyl td patch 72hr 50 mcg/hr (Duragesic)</td>
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<tr>
<td>fentanyl td patch 72hr 75 mcg/hr (Duragesic)</td>
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<td></td>
<td>*</td>
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<tr>
<td>fentanyl td patch 72hr 100 mcg/hr (Duragesic)</td>
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<tr>
<td>hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)</td>
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</tbody>
</table>
### Drug Name | Specialty | Prior Authorization | Dispensing Limits | Step Therapy | Drug Name | Specialty | Prior Authorization | Dispensing Limits | Step Therapy
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
hydrocodone-acetaminophen tab 10-325 mg | (Norco) | | | | hydrocodone-acetaminophen tab 10-325 mg | (Norco) | | | |
hydrocodone-acetaminophen tab 5-325 mg | (Norco) | | | | hydrocodone-acetaminophen tab 5-325 mg | (Norco) | | | |
hydrocodone-acetaminophen tab 7.5-325 mg | (Norco) | | | | hydrocodone-acetaminophen tab 7.5-325 mg | (Norco) | | | |
hydrocodone-ibuprofen tab 5-200 mg | (Reprexain) | | | | hydrocodone-ibuprofen tab 5-200 mg | (Reprexain) | | | |
hydrocodone-ibuprofen tab 7.5-200 mg | (Vicoprofen) | | | | hydrocodone-ibuprofen tab 7.5-200 mg | (Vicoprofen) | | | |
hydrocodone-ibuprofen tab 10-200 mg | (Ibuprofen) | | | | hydrocodone-ibuprofen tab 10-200 mg | (Ibuprofen) | | | |
ydromorphone hcl liqd 1 mg/ml | (Dilaudid) | | | | ydromorphone hcl liqd 1 mg/ml | (Dilaudid) | | | |
ydromorphone hcl tab 2 mg | (Dilaudid) | | | | ydromorphone hcl tab 2 mg | (Dilaudid) | | | |
ydromorphone hcl tab 4 mg | (Dilaudid) | | | | ydromorphone hcl tab 4 mg | (Dilaudid) | | | |
ydromorphone hcl tab 8 mg | (Dilaudid) | | | | ydromorphone hcl tab 8 mg | (Dilaudid) | | | |
KADIAN – morphine sulfate cap sr 24hr 10 mg | | | | • | KADIAN – morphine sulfate cap sr 24hr 10 mg | | | | •
KADIAN – morphine sulfate cap sr 24hr 20 mg | | | | • | KADIAN – morphine sulfate cap sr 24hr 20 mg | | | | •
KADIAN – morphine sulfate cap sr 24hr 30 mg | | | | • | KADIAN – morphine sulfate cap sr 24hr 30 mg | | | | •
KADIAN – morphine sulfate cap sr 24hr 40 mg | | | | • | KADIAN – morphine sulfate cap sr 24hr 40 mg | | | | •
KADIAN – morphine sulfate cap sr 24hr 50 mg | | | | • | KADIAN – morphine sulfate cap sr 24hr 50 mg | | | | •
KADIAN – morphine sulfate cap sr 24hr 60 mg | | | | • | KADIAN – morphine sulfate cap sr 24hr 60 mg | | | | •
KADIAN – morphine sulfate cap sr 24hr 80 mg | | | | • | KADIAN – morphine sulfate cap sr 24hr 80 mg | | | | •
KADIAN – morphine sulfate cap sr 24hr 100 mg | | | | • | KADIAN – morphine sulfate cap sr 24hr 100 mg | | | | •
methadone hcl conc 10 mg/ml | (Methadose) | | | | methadone hcl conc 10 mg/ml | (Methadose) | | | •
methadone hcl soln 5 mg/5ml | (Methadone hcl) | | | | methadone hcl soln 5 mg/5ml | (Methadone hcl) | | | •
methadone hcl soln 10 mg/5ml | (Methadone hcl) | | | | methadone hcl soln 10 mg/5ml | (Methadone hcl) | | | •
methadone hcl tab for oral susp 40 mg | | | | | methadone hcl tab for oral susp 40 mg | | | | •
methadone hcl tab 5 mg | (Dolophine hcl) | | | | methadone hcl tab 5 mg | (Dolophine hcl) | | | •
methadone hcl tab 10 mg | (Dolophine) | | | | methadone hcl tab 10 mg | (Dolophine) | | | •
MORPHINE SULFATE – morphine sulfate tab 15 mg | | | | | MORPHINE SULFATE – morphine sulfate tab 15 mg | | | | •
MORPHINE SULFATE – morphine sulfate tab 30 mg | | | | | MORPHINE SULFATE – morphine sulfate tab 30 mg | | | | •
MORPHINE SULFATE – morphine sulfate suppos 5 mg | | | | | MORPHINE SULFATE – morphine sulfate suppos 5 mg | | | | •
MORPHINE SULFATE – morphine sulfate suppos 10 mg | | | | | MORPHINE SULFATE – morphine sulfate suppos 10 mg | | | | •
MORPHINE SULFATE – morphine sulfate suppos 20 mg | | | | | MORPHINE SULFATE – morphine sulfate suppos 20 mg | | | | •
MORPHINE SULFATE – morphine sulfate suppos 30 mg | | | | | MORPHINE SULFATE – morphine sulfate suppos 30 mg | | | | •
morphine sulfate oral soln 10 mg/5ml | | | | | morphine sulfate oral soln 10 mg/5ml | | | | •
morphine sulfate oral soln 20 mg/5ml | | | | | morphine sulfate oral soln 20 mg/5ml | | | | •
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) | | | | | morphine sulfate oral soln 100 mg/5ml (20 mg/ml) | | | | •
morphine sulfate tab cr 15 mg | (Ms contin) | | | | morphine sulfate tab cr 15 mg | (Ms contin) | | | •
morphine sulfate tab cr 30 mg | (Ms contin) | | | | morphine sulfate tab cr 30 mg | (Ms contin) | | | •
morphine sulfate tab cr 60 mg | (Ms contin) | | | | morphine sulfate tab cr 60 mg | (Ms contin) | | | •
morphine sulfate tab cr 100 mg | (Ms contin) | | | | morphine sulfate tab cr 100 mg | (Ms contin) | | | •
<table>
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<tr>
<td>morphine sulfate tab cr 200 mg (Ms contin)</td>
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<tr>
<td>NUCYNTA ER – tapentadol hcl tab sr 12hr 50 mg</td>
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<tr>
<td>NUCYNTA ER – tapentadol hcl tab sr 12hr 100 mg</td>
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<tr>
<td>NUCYNTA ER – tapentadol hcl tab sr 12hr 150 mg</td>
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<td>NUCYNTA ER – tapentadol hcl tab sr 12hr 200 mg</td>
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<td>NUCYNTA ER – tapentadol hcl tab sr 12hr 250 mg</td>
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<td>oxycodone hcl cap 5 mg</td>
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<td>oxycodone hcl conc 100 mg/5ml (20 mg/ml) (Oxycodone hcl)</td>
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<td>oxycodone hcl tab 15 mg (Roxicodone)</td>
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<td>oxycodone w/ acetaminophen tab 5-325 mg (Percocet)</td>
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<td>oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)</td>
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<td>oxycodone w/ acetaminophen tab 10-325 mg (Percocet)</td>
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<tr>
<td>OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg</td>
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<tr>
<td>OXYCONTIN – oxycodone hcl tab er 12hr deter 15 mg</td>
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<tr>
<td>OXYCONTIN – oxycodone hcl tab er 12hr deter 20 mg</td>
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<tr>
<td>OXYCONTIN – oxycodone hcl tab er 12hr deter 30 mg</td>
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<td>OXYCONTIN – oxycodone hcl tab er 12hr deter 40 mg</td>
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<tr>
<td>OXYCONTIN – oxycodone hcl tab er 12hr deter 60 mg</td>
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<td>OXYCONTIN – oxycodone hcl tab er 12hr deter 80 mg</td>
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<tr>
<td>tramadol hcl tab sr 24hr 100 mg (Ultram er)</td>
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<tr>
<td>tramadol hcl tab sr 24hr 200 mg (Ultram er)</td>
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<tr>
<td>tramadol hcl tab sr 24hr 300 mg (Ultram er)</td>
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<td>tramadol-acetaminophen tab 37.5-325 mg (Ultracet)</td>
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Find and estimate prices for medicines on this formulary at:
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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List
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Find and estimate prices for medicines on this formulary at:
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<th>Dispensing Limits</th>
<th>Step Therapy</th>
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### MINERALS AND ELECTROLYTES

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#### K-PHOS – potassium phosphate

- Monobasic tab 500 mg
- Pot bicarbonate & chloride effer tab 25 meq
- Pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)
- Potassium chloride cap cr 8 meq (Micro-k)
- Potassium chloride cap cr 10 meq (Micro-k)
- Potassium chloride microencapsulated crys cr tab 10 meq
- Potassium chloride microencapsulated crys cr tab 20 meq
- Potassium chloride oral soln 10% (20 meq/15ml)
- Potassium chloride oral soln 20% (40 meq/15ml)
- Potassium chloride powder packet 20 meq
- Potassium chloride tab cr 8 meq (600 mg)
- Potassium chloride tab cr 10 meq (K-tab)
- Sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)

### BLOOD MODIFYING DRUGS

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Find and estimate prices for medicines on this formulary at:


Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List 45
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<td>cyanocobalamin inj 1000 mcg/ml</td>
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<td>FEIBA – antihemophilic coagulant complex for inj</td>
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<td>FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)</td>
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<td>folic acid tab 1 mg</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 1700 unit</td>
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<tr>
<td>HEMOFIL M – antihemophilic factor (human) for inj 1501-2000 unit</td>
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<td>HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 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>KOATE-DVI – antihemophilic factor (human) for inj 250 unit</td>
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<td>KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit</td>
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<tr>
<td>KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 4000 unit</td>
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<tr>
<td>NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit</td>
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<tr>
<td>NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)</td>
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<td>NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)</td>
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<td>NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)</td>
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<td>NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)</td>
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<td>NUWIQ – antihemophilic factor (recombinant) for inj 250 unit</td>
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<td>NUWIQ – antihemophilic factor (recombinant) for inj 500 unit</td>
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<td>NUWIQ – antihemophilic factor (recombinant) for inj 1000 unit</td>
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<td>NUWIQ – antihemophilic factor (recombinant) for inj 2000 unit</td>
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<td>NUWIQ – antihemophilic factor (recombinant) for inj kit 250 unit</td>
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<td>NUWIQ – antihemophilic factor (recombinant) for inj kit 500 unit</td>
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<td>NUWIQ – antihemophilic factor (recombinant) for inj kit 1000 unit</td>
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<td>NUWIQ – antihemophilic factor (recombinant) for inj kit 2000 unit</td>
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<tr>
<td>OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit</td>
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<td>pentoxifylline tab cr 400 mg</td>
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<td>RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit</td>
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<td>TRETENN – coagulation factor xiii a-subunit for inj 2000-3125 unit</td>
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<td>warfarin sodium tab 1 mg (Coumadin)</td>
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<td>warfarin sodium tab 2 mg (Coumadin)</td>
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<td>warfarin sodium tab 2.5 mg (Coumadin)</td>
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<td>warfarin sodium tab 3 mg (Coumadin)</td>
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<td>warfarin sodium tab 4 mg (Coumadin)</td>
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<td>warfarin sodium tab 5 mg (Coumadin)</td>
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<td>warfarin sodium tab 6 mg (Coumadin)</td>
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<td>warfarin sodium tab 7.5 mg (Coumadin)</td>
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<tr>
<td>warfarin sodium tab 10 mg (Coumadin)</td>
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<td>WILATE – antihemophilic factor/vWF (human) for inj 500-500 unit</td>
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<td>WILATE – antihemophilic factor/vWF (human) for inj 1000-1000 unit</td>
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<td>XARELTO – rivaroxaban tab 10 mg</td>
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<td>XARELTO – rivaroxaban tab 15 mg</td>
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<td>XARELTO – rivaroxaban tab 20 mg</td>
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<tr>
<td>XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg &amp; 20 mg</td>
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<td>XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit</td>
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<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>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit</td>
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<tr>
<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit</td>
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<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit</td>
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<td>XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit</td>
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<tr>
<td>ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml</td>
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<tr>
<td>ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml</td>
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**TOPICAL PRODUCTS**

**EYE**

**Anti-infectives**

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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>BACITRACIN – bacitracin ophth oint 500 unit/gm</td>
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<tr>
<td>bacitracin-polymyxin b ophth oint</td>
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<tr>
<td>ciprofloxacin hcl ophth soln 0.3% (Ciloxan)</td>
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<tr>
<td>erythromycin ophth oint 5 mg/gm</td>
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<tr>
<td>gentamicin sulfate ophth oint 0.3%</td>
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<tr>
<td>gentamicin sulfate ophth soln 0.3% (Garamycin)</td>
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<tr>
<td>NATACYN – natamycin ophth susp 5%</td>
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<tbody>
<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
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<td>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</td>
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<td>ofloxacin opth soln 0.3% (Ocufox)</td>
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<td>polymyxin b-trimethoprim opth soln 10000 unit/ml-0.1% (Polytrim)</td>
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<td>sulfacetamide sodium opth soln 10% (Bleph-10)</td>
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<td>tobramycin opth soln 0.3% (Tobrex)</td>
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<td>trifluridine opth soln 1% (Viroptic)</td>
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<td>VIGAMOX – moxifloxacin hcl opth soln 0.5% (base equiv)</td>
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<td><strong>Steroids and Combination Products</strong></td>
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<td>bacitracin-polyoxymxin-neomycin-hc opth oint 1%</td>
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<td>fluorometholone opth susp 0.1% (Fml liqulim)</td>
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<td>LOTE MAX – loteprednol etabonate opth susp 0.5%</td>
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<tr>
<td>LOTE MAX – loteprednol etabonate opth gel 0.5%</td>
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<tr>
<td>LOTE MAX – loteprednol etabonate opth oint 0.5%</td>
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<tr>
<td>neomycin-polyoxymxin-dexamethasone opth oint 0.1% (Maxitrol)</td>
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<tr>
<td>neomycin-polyoxymxin-dexamethasone opth susp 0.1% (Maxitrol)</td>
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<td>prednisolone acetate opth susp 1% (Pred forte)</td>
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<td>PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate opth soln 1%</td>
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<td>sulfacetamide sodium-prednisolone opth soln 10-0.23(0.25)%</td>
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<td>tobramycin-dexamethasone opth susp 0.3-0.1% (Tobradex)</td>
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<td>ZYLET – loteprednol etabonate-tobramycin opth susp 0.5-0.3%</td>
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<td><strong>Glaucma</strong></td>
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<td>ALPHAGAN P – brimonidine tartrate opth soln 0.1%</td>
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<tr>
<td>AZOPT – brinzolamide opth susp 1%</td>
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<tr>
<td>brimonidine tartrate opth soln 0.15% (Alphagan p)</td>
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<td>brimonidine tartrate opth soln 0.2%</td>
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<tr>
<td>carteolol hcl opth soln 1%</td>
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<td>dorzolamide hcl opth soln 2%</td>
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<tr>
<td>dorzolamide hcl-timolol maleate opth soln 22.3-6.8 mg/ml (Cosopt)</td>
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<td>latanoprost opth soln 0.005% (Xalatan)</td>
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<td>levobunolol hcl opth soln 0.5% (Betagan)</td>
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<td>LUMIGAN – bimatoprost opth soln 0.01%</td>
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<td>pilocarpine hcl opth soln 1% (Isopto caine)</td>
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<tr>
<td>pilocarpine hcl opth soln 2% (Isopto caine)</td>
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<tr>
<td>pilocarpine hcl opth soln 4% (Isopto caine)</td>
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<td>SIMBRINZA – brinzolamide-brimonidine tartrate opth susp 1-0.2%</td>
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<td>timolol maleate opth gel forming soln 0.25% (Timoptic-xe)</td>
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<tr>
<td>timolol maleate opth gel forming soln 0.5% (Timoptic-xe)</td>
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Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List
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<tr>
<td>timolol maleate ophth soln 0.25% (Timoptic)</td>
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<tr>
<td>timolol maleate ophth soln 0.5% (Timoptic)</td>
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<tr>
<td>TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)</td>
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<tr>
<td>Other Eye Products</td>
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<tr>
<td>atropine sulfate ophth soln 1% (Isopto atropine)</td>
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<tr>
<td>azelastine hcl ophth soln 0.05% (Optivar)</td>
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<tr>
<td>cromolyn sodium ophth soln 4%</td>
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<tr>
<td>cyclopentolate hcl ophth soln 1% (Cyclogyl)</td>
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<tr>
<td>diclofenac sodium ophth soln 0.1%</td>
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<tr>
<td>flurbiprofen sodium ophth soln 0.03% (Ocufen)</td>
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<tr>
<td>homatropine hbr ophth soln 5% (Isopto homatropine)</td>
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<tr>
<td>ketorolac tromethamine ophth soln 0.4% (Acular Is)</td>
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<tr>
<td>ketorolac tromethamine ophth soln 0.5% (Acular)</td>
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<tr>
<td>PATADAY – olopatadine hcl ophth soln 0.2% (base equivalent)</td>
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<tr>
<td>PAZEO – olopatadine hcl ophth soln 0.7% (base equivalent)</td>
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<tr>
<td>tropicamide ophth soln 0.5%</td>
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<tr>
<td>tropicamide ophth soln 1% (Mydriacyl)</td>
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<tr>
<td>EAR</td>
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<tr>
<td>acetic acid otic soln 2%</td>
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<tr>
<td>CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%</td>
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<tr>
<td>hydrocortisone w/ acetic acid otic soln 1-2% (Vosol hc)</td>
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<thead>
<tr>
<th>Drug Name</th>
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<th>Step Therapy</th>
</tr>
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<tbody>
<tr>
<td>neomycin-polymyxin-hc otic soln 1% (Cortisporin)</td>
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<tr>
<td>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</td>
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<td>ofloxacin otic soln 0.3%</td>
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<td>MOUTH AND THROAT (LOCAL)</td>
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<td>cevimeline hcl cap 30 mg (Evoxac)</td>
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<td>chlorhexidine gluconate soln 0.12% (Peridex)</td>
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<td>clotrimazole troche 10 mg</td>
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<td>lidocaine hcl laryngotracheal soln 4% (Lta 360 kit)</td>
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<tr>
<td>lidocaine hcl viscous soln 2%</td>
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<td>nystatin susp 100000 unit/ml</td>
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<td>pilocarpine hcl tab 5 mg (Salagen)</td>
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<td>pilocarpine hcl tab 7.5 mg (Salagen)</td>
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<td>sodium fluoride cream 1.1% (Prevident 5000 plus)</td>
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<td>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)</td>
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<td>triamcinolone acetonide dental paste 0.1%</td>
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<td>ANORECTAL AGENTS</td>
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<tr>
<td>CORTIFOAM – hydrocortisone acetate rectal foam 10% (90 mg/dose)</td>
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<td>hydrocortisone acetate suppos 25 mg (Anusol-hc)</td>
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<td>hydrocortisone acetate suppos 30 mg (Proctocort)</td>
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<td>hydrocortisone enema 100 mg/60ml (Cortenema)</td>
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<tr>
<td>hydrocortisone rectal cream 2.5% (Anusol-hc)</td>
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<tr>
<td>SKIN CONDITIONS/PRODUCTS</td>
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<td>Acne</td>
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<tr>
<td>adapalene cream 0.1% (Differin)</td>
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Find and estimate prices for medicines on this formulary at:
<table>
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<tbody>
<tr>
<td>adapalene gel 0.1% (Differin)</td>
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<tr>
<td>adapalene gel 0.3% (Differin)</td>
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<tr>
<td>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</td>
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<tr>
<td>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</td>
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<tr>
<td>clindamycin phosphate gel 1% (Cleocin-t)</td>
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<td>clindamycin phosphate lotion 1% (Cleocin-t)</td>
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<td>clindamycin phosphate soln 1% (Cleocin-t)</td>
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<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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<td>erythromycin gel 2% (Erygel)</td>
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<td>erythromycin pads 2%</td>
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<td>erythromycin soln 2%</td>
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<tr>
<td>FINACEA – azelaic acid foam 15%</td>
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<tr>
<td>FINACEA – azelaic acid gel 15%</td>
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<tr>
<td>isotretinoin cap 10 mg</td>
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<td>isotretinoin cap 20 mg</td>
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<tr>
<td>isotretinoin cap 30 mg (Claravis)</td>
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<td>isotretinoin cap 40 mg</td>
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<tr>
<td>metronidazole cream 0.75% (Metrocream)</td>
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<tr>
<td>metronidazole gel 0.75%</td>
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<td>metronidazole gel 1% (Metrogel)</td>
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<tr>
<td>metronidazole lotion 0.75% (Metrolotion)</td>
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<tr>
<td>sulfacetamide sodium lotion 10% (acne) (Klaran)</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur cream 10-5%</td>
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<td>sulfacetamide sodium w/ sulfur emulsion 10-5%</td>
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<tr>
<td>sulfacetamide sodium w/ sulfur lotion 10-5%</td>
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<tr>
<td>TAZORAC – tazarotene cream 0.05%</td>
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<td>TAZORAC – tazarotene cream 0.1%</td>
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<td>TAZORAC – tazarotene gel 0.05%</td>
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<td>TAZORAC – tazarotene gel 0.1%</td>
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<tr>
<td>tretinoin cream 0.025% (Retin-a)</td>
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<tr>
<td>tretinoin cream 0.05% (Retin-a)</td>
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<td>tretinoin cream 0.1% (Retin-a)</td>
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<tr>
<td>tretinoin gel 0.01% (Retin-a)</td>
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<tr>
<td>tretinoin gel 0.025% (Retin-a)</td>
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<tr>
<td>tretinoin microsphere gel 0.04% (Retin-a micro)</td>
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<tr>
<td>tretinoin microsphere gel 0.1% (Retin-a micro)</td>
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<tr>
<td>Anti-infectives</td>
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<tr>
<td>ciclopirox gel 0.77% (Loprox)</td>
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<tr>
<td>ciclopirox olamine cream 0.77% (base equiv)</td>
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<tr>
<td>ciclopirox olamine susp 0.77% (base equiv)</td>
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<tr>
<td>ciclopirox shampoo 1% (Loprox shampoo)</td>
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<tr>
<td>ciclopirox solution 8% (Penlac nail lacquer)</td>
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<tr>
<td>econazole nitrate cream 1%</td>
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<tr>
<td>ketoconazole cream 2%</td>
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<tr>
<td>ketoconazole shampoo 2% (Nizoral)</td>
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<tr>
<td>mupirocin calcium cream 2% (Bactroban)</td>
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<td>mupirocin oint 2% (Bactroban)</td>
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<tr>
<td>nystatin cream 100000 unit/gm</td>
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<tr>
<td>nystatin oint 100000 unit/gm</td>
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Find and estimate prices for medicines on this formulary at: https://www.myprime.com/v/BCBSTX/COMMERCIAL/TXPREFDRUG/en/find-medicine.html

Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List
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<tbody>
<tr>
<td>nystatin topical powder</td>
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<tr>
<td>silver sulfadiazine cream 1%</td>
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<tr>
<td>(Silvadene)</td>
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<td><strong>Corticosteroids</strong></td>
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<tr>
<td>alclometasone dipropionate cream 0.05%</td>
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<tr>
<td>(Aclovate)</td>
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<tr>
<td>alclometasone dipropionate oint 0.05%</td>
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<tr>
<td>betamethasone dipropionate augmented cream 0.05%</td>
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<td>(Diprolene af)</td>
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<tr>
<td>clobetasol propionate cream 0.05%</td>
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<td>(Temovate)</td>
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<td>(Temovate)</td>
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<td>(Desowen)</td>
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<td>(Desowen)</td>
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<td>desoximetasone cream 0.25%</td>
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<td>desoximetasone gel 0.05%</td>
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<td>(Topicort)</td>
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<tr>
<td>(Synalar)</td>
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<td>fluocinolone acetonide oil 0.01% (body oil)</td>
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<td>(Derma-smoothe/fs bod)</td>
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<td>(Synalar)</td>
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<td>(Cutivate)</td>
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<td>(Ultravate)</td>
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<td>Prior Authorization</td>
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<td>(lotion)</td>
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<td>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</td>
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<td>Other Skin Products</td>
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<td>acitretin cap 10 mg</td>
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<td>(Dovonex)</td>
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<td>CARAC – fluorouracil cream 0.5%</td>
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<td>diclofenac sodium (actinic keratoses) gel 3%</td>
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<td>(Solaraze)</td>
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<td>ELIDEL – pimecrolimus cream 1%</td>
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<td>FLUOROPLEX – fluorouracil cream 1%</td>
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<td>fluorouracil cream 5%</td>
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<td>(Efudex)</td>
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<td>fluorouracil soln 5%</td>
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<td>imiquimod cream 5%</td>
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<td>(Aldara)</td>
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<td>lidocaine hcl gel 2%</td>
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<td>(Xylocaine)</td>
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<td>lidocaine oint 5%</td>
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<td>lidocaine patch 5%</td>
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<td>(Lidoderm)</td>
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<td>lindane lotion 1%</td>
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<td>lindane shampoo 1%</td>
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<td>malathion lotion 0.5%</td>
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<td>(Ovide)</td>
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<td>permethrin cream 5%</td>
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<td>(Elimite)</td>
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<td>podoflox soln 0.5%</td>
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<td>(Condylox)</td>
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<td>selenium sulfide lotion 2.5%</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>tacrolimus oint 0.03%</td>
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<tr>
<td>VALCHLOR – mechloretamine hcl gel 0.016% (base equivalent)</td>
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<tr>
<td>VOLTAREN – diclofenac sodium gel 1%</td>
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<td>ZYCLARA – imiquimod cream 3.75%</td>
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<td>(Protopic)</td>
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<td>ZYCLARA PUMP – imiquimod cream 2.5%</td>
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<tr>
<td>ZYCLARA PUMP – imiquimod cream 3.75%</td>
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**MISCELLANEOUS CATEGORIES**

**DIABETIC SUPPLIES**
## Drug Name

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Specialty</th>
<th>Prior Authorization</th>
<th>Dispensing Limits</th>
<th>Step Therapy</th>
</tr>
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<tr>
<td>TEST STRIPS – BAYER ASCENDIA AUTODISC, BREEZE 2, CONTOUR, CONTOUR NEXT</td>
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<tr>
<td>TEST STRIPS – ROCHE ACCUCHEK ACTIVE, AVIVA, AVIVA PLUS, COMPACT, SMARTVIEW</td>
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<td>TEST STRIPS – ROCHE ACCUTREND</td>
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<td>INSULIN PEN NEEDLES – BD ULTRAFINE, NOVOFINE, NOVOTWIST</td>
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<td>INSULIN SYRINGES – BD</td>
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<td>LANCETS – BAYER FINGERSTIX, MICROLET, SINGLE-LET</td>
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<td>LANCETS – BD MICROTAINER, ULTRAFINE</td>
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<tr>
<td>LANCETS – ROCHE ACCU-CHEK FASTCLIX, MULTICLIX, SOFT TOUCH, SOFTCLIX</td>
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<td>RESPIRATORY INHALER-ASSIST DEVICES</td>
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<td>BREATHERITE – spacer/aerosol-holding chambers - device</td>
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<td>MISCELLANEOUS DRUGS</td>
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<td>azathioprine tab 50 mg (Imuran)</td>
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<td>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</td>
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<tr>
<td>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</td>
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<td>CHEMET – succimer cap 100 mg</td>
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<td>CUPRIMINE – penicillamine cap 250 mg</td>
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<td>cyclosporine cap 25 mg (Sandimmune)</td>
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<td>cyclosporine cap 100 mg (Sandimmune)</td>
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<td>CYCLOSPORINE MODIFIED – cyclosporine modified cap 50 mg</td>
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<td>cyclosporine modified cap 25 mg (Neoral)</td>
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<td>cyclosporine modified oral soln 100 mg/ml (Neoral)</td>
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<td>mycophenolate mofetil cap 250 mg (Cellcept)</td>
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<td>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)</td>
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<td>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)</td>
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<td>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)</td>
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<td>naltrexone hcl tab 50 mg (Revia)</td>
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<td>RAPAMUNE – sirolimus oral soln 1 mg/ml</td>
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<td>REVLIMID – lenalidomide caps 2.5 mg</td>
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<td>REVLIMID – lenalidomide cap 25 mg</td>
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<td>sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps)</td>
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<td>sodium polystyrene sulfonate powder (Kayexalate)</td>
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</table>

<table>
<thead>
<tr>
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<th>Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</td>
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<td>SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</td>
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<td>SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</td>
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<td>tacrolimus cap 0.5 mg (Prograf)</td>
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<td>tacrolimus cap 5 mg (Prograf)</td>
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amoxicillin (trihydrate) for susp 250 mg/5ml............................ 1
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<td>Carbamazepine cap sr 12hr 100 mg (Carbamazepine)</td>
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<tr>
<td>Carbamazepine cap sr 12hr 200 mg (Carbamazepine)</td>
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<td>Carbamazepine cap sr 12hr 300 mg (Carbamazepine)</td>
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<td>Carbamazepine chew tab 100 mg</td>
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<tr>
<td>Carbamazepine sus 100 mg/5ml (Tegretol)</td>
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<td>doxycycline monohydrate tab 50 mg (Adoxa)</td>
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<td>doxycycline monohydrate tab 75 mg (Adoxa)</td>
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<td>doxycycline monohydrate tab 100 mg (Adoxa pak 1/100)</td>
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<td>doxycycline monohydrate tab 150 mg (Adoxa pak 1/150)</td>
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<td>duloxetine hcl enteric coated pellets cap 60 mg (Cymbalta)</td>
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<td>dutasteride cap 0.5 mg (Avodart)</td>
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<td>econazole nitrate cream 1%</td>
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<td>ELIDEL – pimecrolimus cream 1%</td>
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<td>ELIQUIS – apixaban tab 2.5 mg</td>
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<td>ELIQUIS – apixaban tab 5 mg</td>
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<td>ELLA – ulipristal acetate tab 30 mg</td>
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<td>EMEND – aprepitant capsule 40 mg</td>
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<td>EMEND – aprepitant capsule 80 mg</td>
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<td>EMEND – aprepitant capsule therapy pack 80 &amp; 125 mg</td>
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<td>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</td>
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<td>ENBREL – etanercept for subcutaneous inj kit 25 mg</td>
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<tr>
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<td>ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml</td>
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<td>ENJUVIA – estrogens, conjugated synthetic b tab 0.3 mg</td>
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<td>ENJUVIA – estrogens, conjugated synthetic b tab 0.45 mg</td>
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<td>ENJUVIA – estrogens, conjugated synthetic b tab 1.25 mg</td>
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<tr>
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<tr>
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<td>gentamicin sulfate ophth oint 0.3%</td>
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<td>ophth oint 0.3%</td>
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<td>HARVONI – ledipasvir-sofosbuvir tab 90-400 mg</td>
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<td>HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 220-400 unit</td>
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<td>HEMOFIL M – antihemophilic factor (human) for inj 401-800 unit</td>
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<tr>
<td>HEMOFIL M – antihemophilic factor (human) for inj 801-1500 unit</td>
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<tr>
<td>HEMOFIL M – antihemophilic factor (human) for inj 1501-2000 unit</td>
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<td>homatropine hbr ophth soln 5% (Isopto homatropine)</td>
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<td>HUMARE-P – antihemophilic factor/wvf (human) for inj 250-600 unit</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml</td>
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<td>HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml</td>
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<td>INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg</td>
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<td>INVOKANA – canagliflozin tab 100 mg</td>
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<td>ipratropium bromide inhal soln 0.02%</td>
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<td>ipratropium bromide nasal soln 0.03% (21 mcg/spray) (Atrovent)</td>
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<td>ipratropium bromide nasal soln 0.06% (42 mcg/spray) (Atrovent)</td>
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<td>irbesartan tab 75 mg (Avapro)</td>
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<td>irbesartan tab 300 mg (Avapro)</td>
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<td>ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)</td>
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<td>ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)</td>
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<td>itraconazole cap 100 mg (Sporanox)</td>
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<td>ivermectin tab 3 mg (Stromectol)</td>
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<td>IXINITY – coagulation factor ix (recombinant) for inj 500 unit</td>
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<td>JANUMET XR – sitagliptin-metformin hcl tab sr 24hr 50-500 mg</td>
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<td>KETOCONAZOLE cream 2%</td>
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<td>KETOCONAZOLE shampoo 2% (Nizoral)</td>
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<td>ketoprofen cap 50 mg</td>
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<td>ketorolac tromethamine ophth soln 0.5% (Acular)</td>
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<td>ketorolac tromethamine ophth soln 0.4% (Acular Is)</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 kit 250 unit</td>
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Blue Cross and Blue Shield of Texas April 2016 Standard Preferred Drug List
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<th>Unit</th>
<th>Dose</th>
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<td>Kogenate FS BIO-SET – antihemophilic factor (recombinant) for inj kit 250 unit</td>
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<td>Kogenate FS BIO-SET – antihemophilic factor (recombinant) for inj kit 2000 unit</td>
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<td>Kombiglyze XR – saxagliptin-metformin hcl tab sr 24hr 2.5-1000 mg</td>
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<td>Lactulose (encephalopathy) solution 10 gm/15ml</td>
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<td>Lamivudine oral soln 10 mg/ml (Epivir)</td>
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<td>Lancer 1 – Roche Accu-Chek Fastclix, Multiclix, Soft Touch, Softclix</td>
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<td>Lantus Solostar – insulin glargine soln pen-injector 100 unit/ml</td>
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<td>Letrozole tab 2.5 mg (Femara)</td>
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<td>Leukeran – chlorambucil tab 2 mg</td>
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<td>Levetiracetam oral soln 100 mg/ml (Keppra)</td>
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<td>Levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</td>
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<td>Levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) (Xyzal)</td>
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<td>Levonorgestrel tab 1.5 mg (Plan b one-step)</td>
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<td>Levothyroxine sodium tab 25 mcg (Synthroid)</td>
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<td>LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)</td>
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<td>lidocaine patch 5% (Lidoderm) ................</td>
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<td>lindane shampoo 1% ..................................</td>
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<td>MIRENA – levonorgestrel releasing iud 20 mcg/day (52 mg total)</td>
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<td>MONOClate-P – antihemophilic factor (human) for inj kit 1000 unit</td>
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<td>MONONINE – coagulation factor ix 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 8 mg (8000 mcg)</td>
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Find and estimate prices for medicines on this formulary at:

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- **Nystatin Triamcinolone Cream**
- **Nystatin Tab 500000 Unit**
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- **Ondansetron Oral Soln 4 mg/5ml**
- **Ondansetron Tab 4 mg (Zofran)**
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- **Omeprazole Oral Soln 40 mg/5ml**
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- **Orphenadrine W/ Aspirin & Caffeine Tab 25-385-30 mg**
- **Orphenadrine Citrate Tab Sr 12hr 100 mg**

### Find and Estimate Prices

Find and estimate prices for medicines on this formulary at:


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<th>Base Equiv.</th>
<th>Size</th>
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<td>pot bicarbonate &amp; chloride effer tab 25 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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<td>PRALUENT – alirocumab subcutaneous soln pen-injector 75 mg/ml</td>
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<td>PRALUENT – alirocumab subcutaneous soln pen-injector 150 mg/ml</td>
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<td>PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)</td>
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<td>primidone tab 50 mg (Mysoline)</td>
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<td>primidone tab 250 mg (Mysoline)</td>
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<td>PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</td>
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<td>probenecid tab 500 mg</td>
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PROCRIT – epoetin alfa inj 10000 unit/ml
PROCRIT – epoetin alfa inj 20000 unit/ml
PROCRIT – epoetin alfa inj 40000 unit/ml
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<td>Tobramycin-Dexamethasone Opth Susp 0.3-0.1%</td>
<td>51</td>
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<tr>
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<tr>
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<tr>
<td>Tobramycin Opth Soln 0.3% (Tobrex)</td>
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<tr>
<td>Tolterodine Tartrate Cap Sr 24hr 2 mg (Detrol La)</td>
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<tr>
<td>Tolterodine Tartrate Cap Sr 24hr 4 mg (Detrol La)</td>
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<tr>
<td>Tolterodine Tartrate Tab 1 mg (Detrol)</td>
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</tr>
<tr>
<td>Tolterodine Tartrate Tab 2 mg (Detrol)</td>
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<tr>
<td>Topiramate Sprinkle Cap 15 mg (Topamax Sprinkle)</td>
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<tr>
<td>Topiramate Sprinkle Cap 25 mg (Topamax Sprinkle)</td>
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<td>Topiramate Tab 25 mg (Topamax)</td>
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<tr>
<td>Topiramate Tab 50 mg (Topamax)</td>
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<td>Topiramate Tab 100 mg (Topamax)</td>
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<td>Topiramate Tab 200 mg (Topamax)</td>
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<td>Torsemide Tab 10 mg (Demadex)</td>
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<td>Torsemide Tab 20 mg (Demadex)</td>
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<tr>
<td>Torsemide Tab 100 mg (Demadex)</td>
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<td>TRACLEER – Bosentan Tab 62.5 mg</td>
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<td>TRACLEER – Bosentan Tab 125 mg</td>
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<tr>
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<td>Tramadol Hcl Tab 50 mg (Ultram)</td>
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<td>Tramadol Hcl Tab Sr 24hr 100 mg (Ultram Er)</td>
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<td>Tramadol Hcl Tab Sr 24hr 200 mg (Ultram Er)</td>
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<td>Trandolapril Tab 1 mg (Mavik)</td>
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<td>Trandolapril Tab 2 mg (Mavik)</td>
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<tr>
<td>Trandolapril Tab 4 mg (Mavik)</td>
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<tr>
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<td>Travatan Z – Travoprost Opth Soln 0.004%</td>
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<tr>
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<tr>
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<tr>
<td>Trazadone Hcl Tab 100 mg</td>
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<tr>
<td>Trazadone Hcl Tab 150 mg</td>
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<tr>
<td>Trazadone Hcl Tab 300 mg</td>
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<tr>
<td>Tresiba Flextouch – Insulin Degludec Soln Pen-Injector 100 Unit/ml</td>
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<tr>
<td>Tresiba Flextouch – Insulin Degludec Soln Pen-Injector 200 Unit/ml</td>
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<tr>
<td>Tretinoin Cap 10 mg</td>
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<td>Tretinoin Cream 0.025% (Retin-A)</td>
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<tr>
<td>Tretinoin Cream 0.05% (Retin-A)</td>
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<tr>
<td>Tretinoin Cream 0.1% (Retin-A)</td>
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<tr>
<td>Tretinoin Gel 0.01% (Retin-A)</td>
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<tr>
<td>Tretinoin Gel 0.025% (Retin-A)</td>
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<tr>
<td>Tretinoin Microsphere Gel 0.04% (Retin-A Micro)</td>
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<td>Tretinoin Microsphere Gel 0.1% (Retin-A Micro)</td>
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<tr>
<td>Tretten – Coagulation Factor XiII a-Subunit for Inj</td>
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Find and estimate prices for medicines on this formulary at: https://www.myprime.com/v/BCBSTX/COMMERCIAL/TXPREFDRUG/en/find-medicine.html
TREXALL – methotrexate sodium tab 5 mg (base equiv) ............................................. 8
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XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit ............. 50
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit ............. 50
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<td>zolpidem tartrate tab 10 mg (Ambien)</td>
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<td>zonisamide cap 25 mg (Zonegran)</td>
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<td>zonisamide cap 100 mg (Zonegran)</td>
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<td>ZORTRESS – everolimus tab 0.25 mg</td>
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<td>ZORTRESS – everolimus tab 0.75 mg</td>
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<tr>
<td>ZYCLARA PUMP – imiquimod cream 2.5%</td>
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<td>ZYCLARA PUMP – imiquimod cream 3.75%</td>
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<td>ZYLET – loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</td>
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<td>ZYTIGA – abiraterone acetate tab 250 mg</td>
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<tr>
<td>ZYVOX – linezolid for susp 100 mg/5ml</td>
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