

# GenRx Standard Quantity Limit, Specialty, and Step Therapy Drug List



## How to use the drug list

This drug list includes drugs that have a quantity limitation, step therapy requirement, or it is a specialty drug. The drug's preferred or non-preferred status is also included. Generic drugs are shown in lowercase (e.g. acetaminophen) and brand name drugs are shown in capital letters (e.g. ACIPHEX). For additional information about the various drug programs, you can refer to [bluelinktpamn.com](http://bluelinktpamn.com).

## Helpful hints

- [Quantity Limitations:](#) If your physician feels that a change to your prescription is not right for you, your physician must submit a Quantity Limit override request form.
- [Specialty Drug Program:](#) Refer to the topic 'Specialty Drug Program' on [bluelinktpamn.com](http://bluelinktpamn.com) for a list of specialty drug vendors.
- [Step Therapy Program:](#) To help you find alternative drugs, refer to the list of GenRx Standard Step Therapy Drug Alternatives at the end of this document. You and your physician can review your options. If your physician feels that a change to your prescription is not right for you, your physician must submit a Step Therapy Authorization request form.

## Acronyms

NP = Non-preferred, P = Preferred, PA = Prior Authorization, QL = Quantity Limit per 30 days, SP = Specialty Drug Program, ST = Step Therapy Program

**These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.**

## Product Name and Requirements

ABILIFY Discmelt (NP)(ST=Atypical Antipsychotics)(QL=60 tablets)
ABILIFY injection (NP)(ST=Atypical Antipsychotics)(QL=90 vials)
ABILIFY oral soln (NP)(ST=Atypical Antipsychotics)(QL=750 mL)
ABILIFY tablet (NP)(ST=Atypical Antipsychotics)(QL=30 tablets)
ACCOLATE 10mg (NP)(ST=Leukotriene Modifiers)
ACCOLATE 20mg (NP)(ST=Leukotriene Modifiers)
ACCUPRIL (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
ACCURETIC (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
ACEON (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
acetaminophen / caffeine / dihydrocodeine 712.8 mg-60 mg-320 mg (P)(QL=150 tablets)
acetaminophen / codeine solution 120 mg-12 mg/5 mL (P)(QL=2700 mL)
ACIPHEX (NP)(ST=Proton Pump Inhibitors)(QL=30 tablets)
ACTEMRA (NP)(SP)
ACTHAR HP (NP)(SP)
ACTIMMUNE (P)(SP)
ACTONEL 150 mg (NP)(QL=1 tablet)
ACTONEL 35 mg (NP)(QL=4 tablets)
ACTONEL 5 mg, 30 mg (NP)(QL=30 tablets)
ADCIRCA (P)(PA)(SP)

## Product Name and Requirements

ADDERALL (amphetamine/dextroamphetamine) 20 mg (generic (P); brand (NP))(QL=90 tablets)
ADDERALL (amphetamine/dextroamphetamine) 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (generic (P); brand (NP))(QL=60 tablets)
ADDERALL XR (P)(QL=30 capsules)
ADVAIR Diskus 250/50 mcg, 500/50 mcg (NP)(QL=1 canister)
ADVAIR Diskus, covered only for patients < 12 years 100/50 mcg (P)(QL=1 canister)
ADVAIR HFA (NP)(QL=1 canister)
ADVATE (P)(SP)
ADVICOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
AFINITOR (P)(SP)
ALDURAZYME (NP)(SP)
ALFERON N (NP)(SP)
ALPHANATE (P)(SP)
ALPHANINE SD (P)(SP)
ALSUMA injection (NP)(QL=12 doses)
ALTACE (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
ALTOPREV (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
ALVESCO 160 mcg (NP)(QL=2 canisters)
ALVESCO 80 mcg (NP)(QL=1 canister)
AMERGE (naratriptan) (generic (P); brand (NP))(QL=18 tablets)
AMEVIVE (NP)(SP)(ST=Biological Immunomodulators)

**This list is subject to change without notice.**

## Product Name and Requirements

AMPHETAMIN/DEXTROAMPHETAMINE extended-release (NP)(QL=30 capsules)

AMPYRA (NP)(PA)(SP)

AMTURNIDE (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

APLENZIN (NP)(ST=Antidepressants)

APOKYN (P)(SP)

ARALAST (NP)(SP)

ARALAST NP (NP)(SP)

ARANESP (NP)(SP)

ARCALYST (NP)(SP)

ASMANEX (P)(QL=1 canister)

ATACAND, ATACAND HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

ATROVENT HFA (NP)(QL=2 canisters)

AVALIDE (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

AVAPRO (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

AVINZA (NP)(QL=30 capsules)

AVONEX (NP)(SP)

AXERT (NP)(QL=12 tablets)

AZOR (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

BEBULIN VH (P)(SP)

BENEFIX (P)(SP)

BENICAR, BENICAR HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

BENLYSTA (NP)(PA)(SP)

BETASERON (NP)(SP)

BONIVA 150 mg (NP)(QL=1 blister pack)

BONIVA injection (NP)(QL=1 kit per 90 days)

BRAVELLE (NP)(PA)(SP)

butalbital/aspirin/caffeine 50 mg/325 mg/40 mg (P)(QL=180 tablets)

butorphanol nasal spray (P)(QL=3 x 2.5 mL)

BUTRANS (NP)(QL=1 patch per 7 days)

CAFERGOT (ergotamine tartrate/caffeine) (generic (P); brand (NP))(QL=40 tablets)

CAPITAL w/CODEINE (NP)(QL=2700 mL)

CAPOTEN (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

CAPOZIDE (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

## Product Name and Requirements

CAPRELSA (P)(SP)

CARBAGLU (NP)(SP)

CAYSTON (NP)(SP)

CELEBREX (NP)(ST=Cox-2 Inhibitor)

CELEXA (NP)(ST=Antidepressants)

CEREDASE (NP)(SP)

CEREZYME (NP)(SP)

CETROTIDE (NP)(PA)(SP)

CHANTIX (P)(QL=Maximum of 24 weeks per year )

CHENODAL (P)(SP)

chorionic gonadotropin (P)(SP)

CIALIS, covered for males only > 18 years (NP)(QL=6 tablets)

CIMZIA (NP)(SP)(ST=Biological Immunomodulators)

CINRYZE (NP)(PA)(SP)

clozapine 100 mg (P)(QL=270 tablets)

clozapine 200 mg (P)(QL=120 tablets)

clozapine 25mg (P)(QL=90 tablets)

clozapine 50 mg (P)(QL=90 tablets)

CLOZARIL 100 mg (NP)(ST=Atypical Antipsychotics)(QL=270 tablets)

CLOZARIL 25 mg (NP)(ST=Atypical Antipsychotics)(QL=90 tablets)

COCET Plus (NP)(QL=180 tablets)

COMBIVENT (NP)(QL=2 canisters)

COMMIT (nicotine) lozenges (P)(QL=680 lozenges)

CONCERTA 18 mg, 27 mg, 54 mg (NP)(QL=30 tablets)

CONCERTA 36 mg (NP)(QL=60 tablets)

COPAXONE (P)(SP)

COPEGUS (NP)(SP)

CORIFACT (NP)(SP)

COZAAR (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

CRESTOR 40 mg (P)(ST=Cholesterol Lowering-Statins (Lipid Management))

CRESTOR, all other strengths (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))

CYMBALTA (NP)(ST=Antidepressants)

D. H. E. 45 (dihydroergotamine) (generic (P); brand (NP))(QL=20 ampules)

DAYTRANA (NP)(QL=30 patches)

DESOXYN (methamphetamine) (generic (P); brand (NP))(QL=150 tablets )

DETROL (NP)(QL=60 tablets)

DETROL LA (NP)(QL=30 capsules)

DEXEDRINE Spansules (dextroamphetamine extended-release) 10 mg, 15 mg (generic (P); brand (NP))(QL=120 capsules)

DEXEDRINE Spansules (dextroamphetamine extended-release) 5 mg (generic (P); brand (NP))(QL=90 capsules)

**This list is subject to change without notice.**

## Product Name and Requirements

DEXILANT (NP)(ST=Proton Pump Inhibitors)(QL=30 capsules)

DEXTROAMPHETAMINE 10 mg (P)(QL=180 tablets)

dextroamphetamine 5 mg (P)(QL=60 tablets)

DIOVAN, DIOVAN HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

DITROPAN XL (oxybutynin chloride extended-release) 10 mg, 15 mg (generic (P); brand (NP))(QL=60 tablets)

DITROPAN XL (oxybutynin chloride extended-release) 5 mg (generic (P); brand (NP))(QL=30 tablets)

DOLGIC Plus (NP)(QL=150 tablets )

DULERA (NP)(QL=1 canister)

EDARBI (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

EFFEXOR (NP)(ST=Antidepressants)

EFFEXOR XR (NP)(ST=Antidepressants)

EGRIFTA (NP)(SP)

ELAPRASE (NP)(SP)

ELIDEL (P)(ST=Atopic Dermatitis)

ELIGARD (NP)(SP)

ENABLEX (NP)(QL=30 tablets)

ENBREL (NP)(SP)(ST=Biological Immunomodulators)

EPOGEN (NP)(SP)

epoprostenol sodium (P)(SP)

ERGOMAR (NP)(QL=40 tablets)

ESGIC (butalbital/acetaminophen/caffeine) 50 mg-325 mg-40 mg (generic (P); brand (NP))(QL=180 tablets/capsules)

ESGIC-Plus (butalbital/acetaminophen/caffeine) 50 mg-500 mg-40 mg (generic (P); brand (NP))(QL=180 tablets/capsules)

EXALGO (NP)(QL=30 tablets)

EXFORGE, EXFORGE HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

EXJADE (NP)(SP)

EXTAVIA (NP)(SP)

FABRAZYME (NP)(SP)

FANAPT (NP)(ST=Atypical Antipsychotics)(QL=60 tablets)

FAZACLO 100 mg (NP)(ST=Atypical Antipsychotics)(QL=90 tablets)

FAZACLO 12.5 mg (NP)(ST=Atypical Antipsychotics)(QL=90 tablets)

FAZACLO 150 mg (NP)(ST=Atypical Antipsychotics)(QL=180 tablets)

FAZACLO 200 mg (NP)(ST=Atypical Antipsychotics)(QL=120 tablets)

FAZACLO 25 mg (NP)(ST=Atypical Antipsychotics)(QL=270 tablets)

FEIBA VH (P)(SP)

## Product Name and Requirements

FLORICET (butalbital/acetaminophen/caffeine) 50 mg-325 mg-40 mg (generic (P); brand (NP))(QL=180 tablets)

FLORICET w/CODEINE (butalbital/acetaminophen/caffeine/codeine) 50 mg-325 mg-40 mg-30 mg (generic (P); brand (NP))(QL=180 tablets)

FIORINAL (butalbital/aspirin/caffeine) 50 mg-325 mg-40 mg (generic (P); brand (NP))(QL=180 capsules)

FIORINAL w/CODEINE (butalbital/aspirin/caffeine/codeine) 50 mg-325 mg-40 mg-30 mg (generic (P); brand (NP))(QL=180 capsules)

FIRAZYR (NP)(SP)

FIRMAGON (P)(SP)

FLOLAN (NP)(SP)

FLOVENT Diskus (NP)(QL=1 canister)

FLOVENT HFA 220 mcg (NP)(QL=2 canisters)

FLOVENT HFA 44 mcg, 110 mcg (NP)(QL=1 canister)

FOCALIN (dexamethylphenidate) (generic (P); brand (NP))(QL=60 tablets)

FOCALIN XR (NP)(QL=30 capsules)

FOLLISTIM AQ (P)(PA)(SP)

FORADIL (P)(QL=1 blister pack)

FORTEO (NP)(SP)

FOSAMAX (alendronate) tablets 35 mg, 70 mg (generic (P); brand (NP))(QL=4 tablets)

FOSAMAX (alendronate) tablets 5 mg, 10 mg, 40 mg (generic (P); brand (NP))(QL=30 tablets)

FOSAMAX Plus D (NP)(QL=4 tablets)

FOSAMAX solution (NP)(QL=4 bottles)

FROVA (NP)(QL=18 tablets)

FUZEON (P)(SP)

GANIRELIX ACETATE (NP)(PA)(SP)

GELNIQUE (NP)(QL=30 sachets)

GENOTROPIN (NP)(PA)(SP)(ST=Growth Hormone)

GEODON capsules (NP)(ST=Atypical Antipsychotics)(QL=60 capsules)

GEODON injection (NP)(ST=Atypical Antipsychotics)(QL=60 vials)

GILENYA (NP)(SP)

GLASSIA (NP)(SP)

GLEEVEC (P)(SP)

Glucose test strips & discs (Bayer (P); all others (NP))(QL=204 strips and disks)

GONAL-F (NP)(PA)(SP)

HELIXATE FS (P)(SP)

HEMOFIL M (P)(SP)

HEXALEN (P)(SP)

HIZENTRA 20% (NP)(PA)(SP)

HUMATE-P (P)(SP)

HUMATROPE (NP)(PA)(SP)(ST=Growth Hormone)

HUMIRA (P)(SP)(ST=Biological Immunomodulators)

HYCAMTIN (P)(SP)

**This list is subject to change without notice.**

## Product Name and Requirements

HYCET (hydrocodone/acetaminophen) solution 7.5 mg/325 mg/15 mL (generic (P); brand (NP))(QL=3600 mL)

hydrocodone/acetaminophen capsules 5 mg-500 mg (P)(QL=240 capsules)

HYDROCODONE/ACETAMINOPHEN solution 10 mg/325 mg/15 mL (NP)(QL=2700 mL)

hydrocodone/acetaminophen tablets 2.5 mg-500 mg (P)(QL=240 tablets)

hydroxyprogesterone powder (P)(SP)

HYZAAR (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

IBUDONE (hydrocodone/ibuprofen) 10 mg-200 mg (generic (P); brand (NP))(QL=150 tablets)

IMITREX (sumatriptan) single dose vial 6 mg/0.5 mL (generic (P); brand (NP))(QL=10 vials)

IMITREX (sumatriptan) tablets (generic (P); brand (NP))(QL=18 tablets)

IMITREX nasal spray 20 mg (NP)(QL=12 spray units)

IMITREX nasal spray 5 mg (NP)(QL=12 spray units)

IMITREX STATdose (sumatriptan) (generic (P); brand (NP))(QL=12 syringes)

INCIVEK (P)(SP)

INCRELEX (P)(PA)(SP)

INFERGEN (NP)(SP)

INTRON-A (P)(SP)

INTUNIV (NP)(QL=30 tablets)

INVEGA 1.5 mg, 3 mg, 9 mg (NP)(ST=Atypical Antipsychotics)(QL=30 tablets)

INVEGA 6 mg (NP)(ST=Atypical Antipsychotics)(QL=60 tablets)

INVEGA SUSTENNA (NP)(ST=Atypical Antipsychotics)(QL=1 kit)

JANUMET (P)(ST=DPP-4 Inhibitors)

JANUVIA (P)(ST=DPP-4 Inhibitors)

KADIAN (NP)(QL=60 capsules)

KAPVAY (NP)(QL=120 tablets)

KEPPRA (NP)(ST=Anticonvulsants)

KEPPRA XR (NP)(ST=Anticonvulsants)

ketorolac tablets (P)(QL=21 tablets)

KINERET (NP)(SP)(ST=Biological Immunomodulators)

KOATE-DVI (P)(SP)

KOGENATE FS (P)(SP)

KOMBIGLYZE XR (NP)(ST=DPP-4 Inhibitors)

KRYSTEXXA (NP)(PA)(SP)

KUVAN (NP)(SP)

LAMICTAL (NP)(ST=Anticonvulsants)

LAMICTAL ODT (NP)(ST=Anticonvulsants)

LAMICTAL XR (NP)(ST=Anticonvulsants)

lansoprazole, lansoprazole orally disintegrating tablet (P)(QL=30 capsules, packets, or tablets)

## Product Name and Requirements

lansoprazole, lansoprazole orally disintegrating tablet (P)(QL=30 capsules, packets, or tablets)

LATUDA (NP)(ST=Atypical Antipsychotics)(QL=30 tablets)

LESCOL (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))

LESCOL XL (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))

LETAIRIS (NP)(SP)

LEUKINE (NP)(SP)

leuprolide acetate (P)(SP)

LEVITRA, covered for males only > 18 years (NP)(QL=6 tablets)

LEXAPRO (NP)(ST=Antidepressants)

LEXXEL (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

LIPITOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))

LIVALO (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))

LORCET (hydrocodone/acetaminophen) tablets 10 mg-650 mg (generic (P); brand (NP))(QL=180 tablets)

LORCET Plus (hydrocodone/acetaminophen) tablets 7.5 mg-650 mg (generic (P); brand (NP))(QL=180 tablets)

LORTAB (hydrocodone/acetaminophen) solution 7.5 mg-500 mg/15 mL (generic (P); brand (NP))(QL=2700 mL)

LORTAB (hydrocodone/acetaminophen) tablets 5 mg-500 mg (generic (P); brand (NP))(QL=240 tablets)

LORTAB (hydrocodone/acetaminophen) tablets 7.5 mg-500 mg, 10 mg-500 mg (generic (P); brand (NP))(QL=180 tablets)

LOTENSIN, LOTENSIN HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

LOTREL (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

LUCENTIS (NP)(SP)

LUMIGAN (NP)(QL=2.5 mL)

LUMIZYME (NP)(SP)

LUPRON (NP)(SP)

LUPRON DEPOT (P)(SP)

LUVERIS (NP)(PA)(SP)

LUVOX CR (NP)(ST=Antidepressants)

LYRICA (NP)(ST=Anticonvulsants)

LYSODREN (P)(SP)

MACUGEN (NP)(SP)

MAGNACET (oxycodone/acetaminophen) 10 mg-400 mg (NP)(QL=180 tablets)

MAGNACET (oxycodone/acetaminophen) 2.5 mg-400 mg, 5 mg-400 mg (NP)(QL=300 tablets)

MAGNACET (oxycodone/acetaminophen) 7.5 mg-400 mg (NP)(QL=240 tablets)

MAKENA (NP)(SP)(ST=Makena)(QL=1 vial)

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## Product Name and Requirements

MATULANE (P)(SP)
MAVIK (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
MAXAIR Autohaler (NP)(QL=1 canister)
MAXALT, MAXALT MLT (NP)(QL=24 tablets)
MAXIDONE (hydrocodone/acetaminophen) 10 mg-750 mg (generic (P); brand (NP))(QL=150 tablets )
MENOPUR (NP)(PA)(SP)
METADATE CD (NP)(QL=30 capsules)
METHYLIN (methylphenidate) solution 10 mg/5 mL (generic (P); brand (NP))(QL=900 mL)
METHYLIN (methylphenidate) solution 5 mg/5 mL (generic (P); brand (NP))(QL=450 mL)
METHYLIN chewable tablets 10 mg (NP)(QL=180 tablets)
METHYLIN chewable tablets 2.5 mg, 5 mg (NP)(QL=90 tablets)
METHYLPHENIDATE extended-release 10 mg (P)(QL=90 tablets)
METHYLPHENIDATE extended-release OSM 18 mg, 27 mg, 54 mg (NP)(QL=30 tablets)
METHYLPHENIDATE extended-release OSM 36 mg (NP)(QL=60 tablets)
MEVACOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
MICARDIS, MICARDIS HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
MIGERGOT (NP)(QL=40 supp )
MIGRANAL (NP)(QL=16 ampules)
MONOCLATE-P (P)(SP)
MONONINE (P)(SP)
MONOPRIL, MONOPRIL HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
MS CONTIN (morphine sulfate extended-release) (generic (P); brand (NP))(QL=90 tablets)
MYOZYME (NP)(SP)
NAGLAZYME (NP)(SP)
NEULASTA (NP)(SP)
NEUMEGA (NP)(SP)
NEUPOGEN (P)(SP)
NEXAVAR (P)(SP)
NEXIUM (NP)(ST=Proton Pump Inhibitors)(QL=30 capsules or packets)
NICORETTE (nicotine) gum (P)(QL=816 pieces)
NICOTROL nasal spray (P)(QL=12 bottles)
NICOTROL oral inhaler (P)(QL=3 inhalers)
NORCO (hydrocodone/acetaminophen) 5 mg-325 mg (generic (P); brand (NP))(QL=360 tablets)
NORCO (hydrocodone/acetaminophen) 7.5 mg-325 mg, 10 mg-325 mg (generic (P); brand (NP))(QL=180 tablets)

## Product Name and Requirements

NORDITROPIN (NP)(PA)(SP)(ST=Growth Hormone)
novarel (P)(SP)
NOVOSEVEN (P)(SP)
NUCYNTA (NP)(QL=180 tablets)
NUTROPIN (NP)(PA)(SP)(ST=Growth Hormone)
NUTROPIN AQ (NP)(PA)(SP)(ST=Growth Hormone)
OFORTA (P)(SP)
OLEPTRO (NP)(ST=Antidepressants)
omeprazole/sodium bicarbonate (P)(ST=Proton Pump Inhibitors)(QL=30 capsules)
OMNITROPE (P)(PA)(SP)
ONGLYZA (NP)(ST=DPP-4 Inhibitors)
OPANA ER (NP)(QL=60 tablets)
ORAMORPH SR (NP)(QL=90 tablets)
ORENCIA (NP)(SP)(ST=Biological Immunomodulators)
OVIDREL (P)(SP)
oxybutynin (P)(QL=120 tablets)
oxybutynin syrup (P)(QL=600 mL)
oxycodone/ibuprofen 5 mg-400 mg (P)(QL=120 tablets)
OXYCONTIN 10 mg, 15 mg, 20 mg, 30 mg, 40 mg (P)(ST=Oxycodone (Pain Management))(QL=60 tablets)
OXYCONTIN 60 mg, 80 mg (P)(ST=Oxycodone (Pain Management))(QL=120 tablets)
OXYTROL (NP)(QL=8 patches)
pantoprazole (P)(QL=30 tablets)
PAXIL (NP)(ST=Antidepressants)
PAXIL CR (NP)(ST=Antidepressants)
PEGASYS (P)(SP)
PEG-INTRON (NP)(SP)
pentazocine/acetaminophen 25 mg-650 mg (NP)(QL=180 tablets)
PERCOCET (oxycodone/acetaminophen) 10 mg-325 mg, 10 mg-650 mg (generic (P); brand (NP))(QL=180 tablets)
PERCOCET (oxycodone/acetaminophen) 2.5 mg-325 mg, 5 mg-325 mg (generic (P); brand (NP))(QL=360 tablets)
PERCOCET (oxycodone/acetaminophen) 7.5 mg-325 mg, 7.5 mg-500 mg (generic (P); brand (NP))(QL=240 tablets)
PERCODAN (oxycodone/aspirin) 4.88 mg-325 mg (generic (P); brand (NP))(QL=360 tablets)
PEXEVA (NP)(ST=Antidepressants)
PHRENILIN FORTE (NP)(QL=180 capsules)
PRAVACHOL (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
pregnyl (P)(SP)
PREVACID, PREVACID SoluTab (NP)(ST=Proton Pump Inhibitors)(QL=30 capsules, packets, or tablets)
PRILOSEC (NP)(ST=Proton Pump Inhibitors)
PRILOSEC (omeprazole) capsules 10 mg, 40 mg (generic (P); brand (NP))(QL=30 capsules)
PRILOSEC (omeprazole) capsules 20 mg (generic (P); brand (NP))(QL=60 capsules)

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## Product Name and Requirements

PRILOSEC packets 10 mg (NP)(QL=30 packets)

PRILOSEC packets 2.5 mg (NP)(QL=60 packets)

PRINIVIL (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

PRINZIDE (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

PRISTIQ (NP)(ST=Antidepressants)

PROAIR HFA (P)(QL=2 canisters)

PROCENTRA (NP)(QL=1800 mL)

PROCURIT (P)(SP)

PROFILNINE SD (P)(SP)

PROLASTIN, PROLASTIN-C (NP)(SP)

PROMACTA (NP)(PA)(SP)

PROTONIX packets (NP)(ST=Proton Pump Inhibitors)(QL=30 packets)

PROTONIX tablets (NP)(ST=Proton Pump Inhibitors)(QL=30 tablets)

PROTOPIC (NP)(ST=Atopic Dermatitis)

PROVENTIL HFA (NP)(QL=2 canisters)

PROZAC (NP)(ST=Antidepressants)

PULMICORT Flexhaler 180 mcg (NP)(QL=2 canisters)

PULMICORT Flexhaler 90 mcg (NP)(QL=1 canister)

PULMOZYME (P)(SP)

QVAR 40 mcg (P)(QL=1 canister)

QVAR 80 mcg (P)(QL=3 canisters)

REBETOL (NP)(SP)

REBIF (P)(SP)

RECOMBINATE (P)(SP)

REFACTO (P)(SP)

RELPAK (NP)(QL=12 tablets)

REMERON (NP)(ST=Antidepressants)

REMERON SOLTAB (NP)(ST=Antidepressants)

REMICADE (NP)(ST=Biological Immunomodulators)

REMODULIN (NP)(SP)

REPRESAIN (hydrocodone/ibuprofen) 5 mg-200 mg (generic (P); brand (NP))(QL=150 tablets)

REPRESAIN 2.5 mg-200 mg (NP)(QL=150 tablets)

REPRONEX (NP)(PA)(SP)

REVATIO (NP)(PA)(SP)

REVLIMID (P)(SP)

RIBAPAK (NP)(SP)

RIBASPHERE (brand - NP; generic - P)(SP)

RIBATAB (NP)(SP)

ribavirin (P)(SP)

RISPERDAL Consta (NP)(ST=Atypical Antipsychotics)(QL=2 vials/4 weeks)

## Product Name and Requirements

RISPERDAL M-Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg (NP)(ST=Atypical Antipsychotics)(QL=60 tablets)

RISPERDAL M-Tab 4 mg (NP)(ST=Atypical Antipsychotics)(QL=120 tablets)

RISPERDAL solution (NP)(ST=Atypical Antipsychotics)(QL=480 mL)

RISPERDAL tablets 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg (generic (P); brand (NP))(ST=Atypical Antipsychotics)(QL=60 tablets)

RISPERDAL tablets 4 mg (generic (P); brand (NP))(ST=Atypical Antipsychotics)(QL=120 tablets)

risperidone orally disintegrating tablet 0.5 mg, 1 mg, 2 mg, 3 mg (P)(QL=60 tablets)

risperidone orally disintegrating tablet 4 mg (P)(QL=120 tablets)

RISPERIDONE orally disintegrating tablets 0.25 mg (NP)(ST=Atypical Antipsychotics)(QL=60 tablets)

risperidone solution (P)(QL=480 mL)

risperidone tablets 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg (P)(QL=60 tablets)

risperidone tablets 4 mg (P)(QL=120 tablets)

RITALIN (methylphenidate) (generic (P); brand (NP))(QL=90 tablets)

RITALIN LA 10 mg, 20 mg, 40 mg (NP)(QL=30 capsules)

RITALIN LA 30 mg (NP)(QL=60 capsules)

RITALIN SR (methylphenidate extended-release) 20 mg (generic (P); brand (NP))(QL=90 tablets)

ROFERON-A (P)(SP)

ROXICET 5 mg-500 mg (NP)(QL=240 tablets)

ROXICET solution (NP)(QL=1800 mL)

RYBIX (NP)(QL=240 tablets)

RYZOLT (NP)(QL=30 tablets)

SAIZEN (NP)(PA)(SP)(ST=Growth Hormone)

SAMSCA (NP)(SP)

SANCTURA (trospium) (generic (P); brand (NP))(QL=60 tablets)

SANCTURA XR (NP)(QL=30 capsules)

SAPHRIS (NP)(ST=Atypical Antipsychotics)

SEREVENT Diskus (NP)(QL=1 canister)

SEROQUEL 25 mg, 50 mg, 100 mg, 200 mg (P)(ST=Atypical Antipsychotics)(QL=90 tablets)

SEROQUEL 300 mg, 400 mg (P)(ST=Atypical Antipsychotics)(QL=60 tablets)

SEROQUEL XR 150 mg, 200 mg (P)(ST=Atypical Antipsychotics)(QL=30 tablets)

SEROQUEL XR 50 mg, 300 mg, 400 mg (P)(ST=Atypical Antipsychotics)(QL=60 tablets)

SEROSTIM (NP)(PA)(SP)(ST=Growth Hormone)

SIMCOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))

SIMPONI (NP)(SP)(ST=Biological Immunomodulators)

SINGULAIR 10 mg (P)(ST=Leukotriene Modifiers)

SINGULAIR 4 mg, 5 mg (P)(ST=Leukotriene Modifiers)

**This list is subject to change without notice.**

## Product Name and Requirements

SOMATULINE DEPOT (NP)(SP)
SPIRIVA HANDIHALER (P)(QL=30 capsules)
SPRIX (NP)(QL=5 bottles per Rx)
SPRYCEL (P)(SP)
STAXYN, covered for males only > 18 years 10 mg (NP)(QL=6 tablets)
STELARA (NP)(SP)(ST=Biological Immunomodulators)
STRATTERA 10 mg, 18 mg, 25 mg, 40 mg, 60 mg (NP)(QL=60 capsules)
STRATTERA 80 mg, 100 mg (NP)(QL=30 capsules)
SUMATRIPTAN nasal spray (P)(QL=12 spray units)
SUMATRIPTAN single dose vial 4 mg/0.5 mL (P)(QL=12 vials)
SUMAVEL DosePro (NP)(QL=12 doses)
SUTENT (P)(SP)
SYLATRON (P)(SP)
SYMBICORT (P)(QL=1 canister)
TARCEVA (P)(SP)
TARGRETIN (P)(SP)
TARKA (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
TASIGNA (P)(SP)
TEKAMLO (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
TEKURNA, TEKURNA HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
TEMODAR (P)(SP)
TEVETEN, TEVETEN HCT (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
TEV-TROPIN (NP)(PA)(SP)(ST=Growth Hormone)
THALOMID (P)(SP)
THROMBATE III (NP)(SP)
TOBI (P)(SP)
TOPAMAX (NP)(ST=Anticonvulsants)
TOVIAZ (NP)(QL=30 tablets)
TRACLEER (P)(SP)
TRAVATAN Z (NP)(QL=2.5 mL)
TRELSTAR DEPOT (NP)(SP)
TRELSTAR LA (NP)(SP)
TRETINOIN (P)(SP)
TREXIMET (NP)(QL=18 tablets)
TREZIX (acetaminophen/cafeine/dihydrocodeine) 356.4 mg-30 mg-16 mg (NP)(QL=300 capsules)
TRIBENZOR (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)

## Product Name and Requirements

TRILEPTAL (NP)(ST=Anticonvulsants)
TWYNSTA (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
TYKERB (P)(SP)
TYLENOL w/CODEINE (acetaminophen/codeine) 300 mg-15 mg, 300 mg-30 mg (generic (P); brand (NP))(QL=360 tablets)
TYLENOL w/CODEINE (acetaminophen/codeine) 300 mg-60 mg (generic (P); brand (NP))(QL=180 tablets)
TYLOX (oxycodone/acetaminophen) (generic (P); brand (NP))(QL=240 capsules)
TYVASO (NP)(SP)
ULTRACET (tramadol/acetaminophen) (generic (P); brand (NP))(QL=240 tablets)
ULTRAM (tramadol) 50 mg (generic (P); brand (NP))(QL=240 tablets)
ULTRAM ER (tramadol extended-release) 100 mg, 200 mg (generic (P); brand (NP))(QL=30 tablets)
ULTRAM ER (tramadol extended-release) 300 mg (NP)(QL=30 tablets)
UNIRETIC (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
UNIVASC (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
VALTURNA (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
VANDETANIB (P)(SP)
VASERETIC (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
VASOTEC (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
VELETRI (NP)(SP)
VENLAFAXINE ext-release 225 mg (NP)(ST=Antidepressants)
VENTAVIS (NP)(SP)
VENTOLIN HFA 18 gm (NP)(QL=2 canisters)
VENTOLIN HFA 8 gm (NP)(QL=2 canisters)
VESANOID (NP)(SP)
VESICARE (NP)(QL=30 tablets)
VIAGRA, covered only for males > 18 years (P)(QL=6 tablets)
VICODIN (hydrocodone/acetaminophen) 5 mg-500 mg (generic (P); brand (NP))(QL=240 tablets)
VICODIN ES (hydrocodone/acetaminophen) 7.5 mg-750 mg (generic (P); brand (NP))(QL=150 tablets)
VICODIN HP (hydrocodone/acetaminophen) 10 mg-660 mg (generic (P); brand (NP))(QL=180 tablets)
VICOPROFEN (hydrocodone/ibuprofen) 7.5 mg-200 mg (generic (P); brand (NP))(QL=150 tablets)
VICTRELIS (P)(SP)

**This list is subject to change without notice.**

## Product Name and Requirements

VIMPAT (NP)(ST=Anticonvulsants)
VISUDYNE (NP)(SP)
VIVAGLOBIN (NP)(PA)(SP)
VOTRIENT (P)(SP)
VPRIV (NP)(SP)
VYTORIN (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
VYVANSE (P)(QL=30 capsules)
WELLBUTRIN (NP)(ST=Antidepressants)
WELLBUTRIN SR (NP)(ST=Antidepressants)
WELLBUTRIN XL (NP)(ST=Antidepressants)
WILATE (P)(SP)
XALATAN (latanoprost) (generic (P); brand (NP))(QL=2.5 mL)
XALKORI (P)(SP)
XELODA (P)(SP)
XENAZINE (NP)(SP)
XGEVA (NP)(SP)
XODOL (hydrocodone/acetaminophen) 5 mg-300 mg (generic (P); brand (NP))(QL=360 tablets)
XODOL (hydrocodone/acetaminophen) 7.5 mg-300 mg, 10mg-300 mg (generic (P); brand (NP))(QL=180 tablets)
XOLAIR (NP)(PA)(SP)
XOLOX (NP)(QL=240 tablets)
XOPENEX HFA (NP)(QL=2 canisters)
XYNTHA (P)(SP)
zafirlukast (P)(ST=Leukotriene Modifiers)
ZAMICET (NP)(QL=2700 mL)
ZAVESCA (NP)(SP)(QL=90 capsules)
ZEGERID (NP)(ST=Proton Pump Inhibitors)(QL=30 capsules or packets)
ZELBORAF (P)(SP)
ZEMAIRA (NP)(SP)
ZESTORETIC (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
ZESTRIL (NP)(ST=Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations)
ZOCOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
ZOLINZA (P)(SP)
ZOLOFT (NP)(ST=Antidepressants)
ZOLVIT (NP)(QL=2025 mL)
ZOMIG nasal spray (NP)(QL=12 spray units)
ZOMIG, ZOMIG ZMT (NP)(QL=12 tablets)
ZORBTIVE (NP)(PA)(SP)(ST=Growth Hormone)
ZYDONE 5 mg/400 mg (NP)(QL=240 tablets)
ZYDONE 7.5 mg/400 mg, 10 mg/400 mg (NP)(QL=180 tablets)

## Product Name and Requirements

ZYFLO (NP)(ST=Leukotriene Modifiers)
ZYFLO CR (NP)(ST=Leukotriene Modifiers)
ZYPREXA injection (NP)(ST=Atypical Antipsychotics)(QL=90 vials)
ZYPREXA tablets (NP)(ST=Atypical Antipsychotics)(QL=30 tablets)
ZYPREXA ZYDIS (NP)(ST=Atypical Antipsychotics)(QL=30 tablets)
ZYTIGA (P)(SP)

**This list is subject to change without notice.**

## GenRx Standard Step Therapy Program Alternative Drug List

### Angiotensin Converting Enzyme Inhibitors (ACEIs), Angiotensin II Receptor Antagonists (ARBs), Renin Inhibitors, and Combinations Step Therapy Alternatives

amlodipine/benazepril (P)  
benazepril (P)  
benazepril + hctz (P)  
captopril (P)  
captopril + hctz (P)  
enalapril (P)  
enalapril + hctz (P)  
fosinopril (P)  
fosinopril + hctz (P)  
lisinopril (P)  
lisinopril + hctz (P)  
losartan (P)  
losartan + hctz (P)  
moexipril (P)  
moexipril + hctz (P)  
quinapril (P)  
quinapril + hctz (P)  
ramipril capsules (P)  
trandolapril (P)

### Anticonvulsants Step Therapy Alternatives

carbamazepine (P)  
carbamazepine ext-release (P)  
clonazepam (P)  
DILANTIN 30mg, 50 mg (P)  
divalproex (P)  
divalproex ext-release (P)  
ethosuximide (P)  
gabapentin (P)  
lamotrigine (P)  
levetiracetam (P)  
NEURONTIN soln (P)  
oxcarbazepine (P)  
phenobarbital (P)  
phenytoin (P)  
primidone (P)  
TEGRETOL XR 100 mg (P)  
topiramate (P)  
valproic acid (P)  
zonisamide (P)

**Additional options for LAMICTAL and TRILEPTAL only**  
lithium (P)

**Additional options for LYRICA only**  
imipramine (P)

**Additional options for LYRICA or TOPAMAX only**  
amitriptyline (P)  
desipramine (P)  
nortriptyline (P)

**Additional options for TOPAMAX only**  
beta-blockers (such as propranolol) (P)  
calcium channel blockers (such as verapamil) (P)

### Antidepressants Step Therapy Alternatives

bupropion (P)  
bupropion ext-release (P)  
citalopram (P)  
fluoxetine (P)  
mirtazapine (P)  
paroxetine (P)  
paroxetine ext-release (P)  
sertraline (P)  
venlafaxine (P)  
venlafaxine ext-release except for 225 mg (P)

**Additional options for CYMBALTA only**  
amitriptyline (P)  
desipramine (P)  
gabapentin (P)  
imipramine (P)  
nortriptyline (P)

## GenRx Standard Step Therapy Program Alternative Drug List

### Atopic Dermatitis Step Therapy Alternatives

Any preferred topical corticosteroid or corticosteroid combination product. Examples: hydrocortisone, desonide, triamcinolone (P)

### Atypical Antipsychotics Step Therapy Alternatives

clozapine (P)  
risperidone orally disintegrating tablet 0.5 mg, 1 mg, 2 mg, 3 mg (P)(QL=60 tablets)  
risperidone orally disintegrating tablet 4 mg (P)(QL=120 tablets)  
risperidone solution (P)(QL=480 mL)  
risperidone tablets 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg (P)(QL=60 tablets)  
risperidone tablets 4 mg (P)(QL=120 tablets)

### Biological Immunomodulators Step Therapy Alternatives

#### Additional options for HUMIRA and Crohn's Disease

azathioprine (P)  
balsalazide (P)  
mercaptopurine (P)  
sulfasalazine (P)

#### Additional options for HUMIRA and Crohn's Disease/Psoriasis

cyclosporine (P)

#### Additional options for HUMIRA and Crohn's Disease/Rheumatoid Arthritis/Psoriasis

methotrexate (P)

#### Additional options for HUMIRA and Psoriasis

calcipotriene (P)  
TAZORAC (P)  
topical corticosteroids (P)

#### Additional options for HUMIRA and Rheumatoid Arthritis

leflunomide (P)

#### For AMEVIVE, CIMZIA, KINERET, ORENCIA, REMICADE, SIMPONI, STELERA

All preferred medications listed above and HUMIRA ( )

### Cholesterol Lowering-Statins (Lipid Management) Step Therapy Alternatives

lovastatin (P)  
pravastatin (P)  
simvastatin (P)

### Cox-2 Inhibitor Step Therapy Alternatives

diclofenac (P)  
etodolac (P)  
flurbiprofen (P)  
ibuprofen (P)  
indomethacin (P)  
ketoprofen (P)  
ketorolac (P)  
meloxicam (P)  
nabumetone (P)  
naproxen (P)  
oxaprozin (P)  
piroxicam (P)  
sulindac (P)

#### and, one of the following:

lansoprazole, lansoprazole orally disintegrating tablet (P)(QL=30 capsules, packets, or tablets)  
misoprostol (P)  
omeprazole (P)  
pantoprazole (P)

### DPP-4 Inhibitors Step Therapy Alternatives

#### Additional options for JANUVIA/JANUMET

glimepiride (P)  
glipizide (P)  
glipizide ext-release (P)  
glipizide/metformin (P)  
glyburide (P)  
glyburide micronized (P)  
glyburide/metformin (P)  
LANTUS (P)  
metformin (P)  
metformin ext-release (P)  
NOVOLIN (P)  
NOVOLOG (P)

#### Additional options for ONGLYZA/KOMBILGLYZE XR all of the above except:

LANTUS (P)  
NOVOLIN (P)  
NOVOLOG (P)

### Growth Hormone Step Therapy Alternatives

OMNITROPE (P)(PA)(SP)

**Leukotriene Modifiers Step Therapy Alternatives**

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Additional options for ACCOLATE, SINGULAIR, ZYFLO and ZYFLO CR

ASMANEX (P)(QL=1 canister)

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PULMICORT RESPULES (P)

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Additional options for members with the OTC Benefit

cetirizine (P)

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cetirizine/pseudoephedrine (P)

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loratadine (P)

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loratadine/pseudoephedrine (P)

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Additional options for SINGULAIR

fexofenadine 180 mg (P)

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flunisolide (P)

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fluticasone (P)

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SYMBICORT (P)(QL=1 canister)

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**Makena Step Therapy Alternatives**

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hypdroxyprogesterone powder (P)(SP)

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**Oxycodone (Pain Management) Step Therapy Alternatives**

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morphine extended-release (P)

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**Proton Pump Inhibitors Step Therapy Alternatives**

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lansoprazole, lansoprazole orally disintegrating tablet (P)(QL=30 capsules, packets, or tablets)

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omeprazole (P)

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pantoprazole (P)(QL=30 tablets)

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Additional options for members with the OTC Benefit

PRILOSEC OTC/OMEPRAZOLE OTC (P)

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